



SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 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: 02/27/2015	TIME: 14:07
		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 checked="" 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 SAINT ANTHONY MEDICAL CENTER (14-0233) ((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.

(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL						1
2	SUBPROVIDER - IPF		-590,964	1,168,626	-31,950		2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-590,964	1,168,626	-31,950		200

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

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



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:										
1	Street: 5666 EAST STATE STREET	P.O. Box:								1
2	City: ROCKFORD	State: IL	ZIP Code: 61108-2472	County: WINNEBAGO						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	SAINT ANTHONY MEDICAL CENTER	14-0233	40420	1	07/01/1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19
20	Cost Reporting Period (mm/dd/yyyy)	From: 10 / 01 / 2013	To: 09 / 30 / 2014							20
21	Type of control (see instructions)	1								21
Inpatient PPS Information								1	2	
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.							N	N	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.	5,716							24	
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.								25	
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1								26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1								27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:			Ending:				36	
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.									37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	Beginning:			Ending:				38	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	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	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
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 as defined in CMS Pub 15-1, section 2148? If yes, complete Worksheet D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	Y			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, 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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						71
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		V	XIX	
Title V and XIX Services		1	2	
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		1	2	
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 5,446,443
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



COMPU-MAX

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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: WISCONSIN PHYSICIAN SERVICE Contractor's Number: 05901			141	
142	Street: 800 N.E. GLEN OAK AVENUE	P.O. Box:			142	
143	City: PEORIA	State: IL	ZIP Code: 61603		143	
144	Are provider based physicians' costs included in Worksheet A?	Y			144	
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	N			145	
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146	
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147	
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148	
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)						
		Title XVIII				
		Part A	Part B	Title V	Title XIX	
			1	2	3	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N			156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10
Multicampus						
165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N				165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5.					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?	Y	Y		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
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
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 RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.		22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		27
INTEREST EXPENSE			
28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (debt service reserve fund) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.		29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.		30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.		31
PURCHASED SERVICES			
32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.		32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.		33
PROVIDER-BASED PHYSICIANS			
34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.		34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		35
HOME OFFICE COSTS		Y/N	DATE
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: GOVERNMENT REPORTING SENIO
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	199	72,635			18,406	4,260	38,141	1
2	HMO AND OTHER (see instructions)						6,713			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)		199	72,635			18,406	4,260	38,141	7
8	INTENSIVE CARE UNIT	31	36	13,140			3,862	1,005	8,839	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						451	957	13
14	TOTAL (see instructions)		235	85,775			22,268	5,716	47,937	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								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)		235							27
28	OBSERVATION BED DAYS							536	4,733	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)									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 INTERNS & RESIDENTS	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		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)					4,855	1,298	10,408	1
2	HMO AND OTHER (see instructions)					1			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)		1,791.50			4,855	1,298	10,408	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)		1,791.50						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	125,772,946	-840,356	124,932,590	3,566,399.00	35.03	1
2							2
3							3
4							4
4.01							4.01
5		6,904,393		6,904,393	35,693.00	193.44	5
6							6
7	21	117,162	-117,162				7
7.01							7.01
8							8
9	44						9
10		27,154,866	-361,579	26,793,287	373,360.00	71.76	10
OTHER WAGES & RELATED COSTS							
11		581,005		581,005	9,171.00	63.35	11
12							12
13		5,292,504		5,292,504	69,183.00	76.50	13
14		23,921,797		23,921,797	436,279.00	54.83	14
15							15
16							16
WAGE-RELATED COSTS							
17		27,981,226		27,981,226			17
18							18
19		5,599,427		5,599,427			19
20							20
21							21
22							22
22.01							22.01
23		1,156,876		1,156,876			23
24							24
25							25
OVERHEAD COSTS - DIRECT SALARIES							
26							26
27		16,628,731	39,108	16,667,839	595,636.00	27.98	27
28		689,596		689,596	11,304.00	61.00	28
29		1,358,016	-16,571	1,341,445	49,122.00	27.31	29
30		587,649	-2,498	585,151	18,784.00	31.15	30
31		127,213	-334	126,879	8,627.00	14.71	31
32		1,530,324	-12,238	1,518,086	110,973.00	13.68	32
33							33
34		1,294,777	-835,127	459,650	26,386.00	17.42	34
35		172,715		172,715	4,560.00	37.88	35
36		196,669	813,840	1,010,509	71,724.00	14.09	36
37							37
38		2,618,969	17,310	2,636,279	61,061.00	43.17	38
39		1,254,918	-225	1,254,693	63,879.00	19.64	39
40		3,202,098	-33,478	3,168,620	75,325.00	42.07	40
41		1,426,535	-8,905	1,417,630	60,792.00	23.32	41
42		591,808	-346	591,462	19,081.00	31.00	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)	119,613,702	-723,194	118,890,508	3,546,570.00	33.52	1
2	EXCLUDED AREA SALARIES (see instructions)	27,154,866	-361,579	26,793,287	373,360.00	71.76	2
3	SUBTOTAL SALARIES (line 1 minus line 2)	92,458,836	-361,615	92,097,221	3,173,210.00	29.02	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)	29,795,306		29,795,306	514,633.00	57.90	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)	27,981,226		27,981,226		30.38%	5
6	TOTAL (sum of lines 3 through 5)	150,235,368	-361,615	149,873,753	3,687,843.00	40.64	6
7	TOTAL OVERHEAD COST (see instructions)	31,680,018	-39,464	31,640,554	1,177,254.00	26.88	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	8,232,800	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	1,207,686	3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (Purchased or Self Funded)	15,209,874	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (If employee is owner or beneficiary)	94,685	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	352,698	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	525,489	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-EMPLOYERS PORTION ONLY	8,345,434	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	128,695	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
	OTHER		
21	EXECUTIVE DEFERRED COMPENSATION (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	DAY CARE COSTS AND ALLOWANCES	40,452	22
23	TUITION REIMBURSEMENT	599,716	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	34,737,529	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE REL		25
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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 AVERAGING PERIOD FROM LINE 4 OR LINE 8, AS APPLICABLE		9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5		10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	DEPOSIT DATE(S)	CONTRIBUTION(S) 11
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			2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18



COMPU-MAX

SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 Version: 2014.10
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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)		0.224848	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID		24,395,982	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		131,317,285	6
7	MEDICAID COST (line 1 times line 6)		29,526,429	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (line 7 minus the sum of lines 2 and 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.		5,130,447	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)		5,130,447	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	24,422,008	7,500,599	31,922,607	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	5,491,240	1,686,495	7,177,735	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	208,567	375,889	584,456	22
23	COST OF CHARITY CARE (line 21 minus line 22)	5,282,673	1,310,606	6,593,279	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)		15,326,260	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)		1,034,567	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)		14,291,693	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)		3,213,459	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)		9,806,738	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)		14,937,185	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		4,645,154	4,645,154	80,858	4,726,012		4,726,012	1
2	00200	CAP REL COSTS-MVBLE EQUIP		6,030,439	6,030,439	116,662	6,147,101		6,147,101	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT		30,254,981	30,254,981	4,679,311	34,934,292	-1,036,471	33,897,821	4
5	00500	ADMINISTRATIVE & GENERAL	16,628,731	53,233,596	69,862,327	-112,388	69,749,939	-2,927,990	66,821,949	5
6	00600	MAINTENANCE & REPAIRS	1,358,016	3,928,607	5,286,623	-849,206	4,437,417	-160,045	4,277,372	6
7	00700	OPERATION OF PLANT	587,649	3,701,049	4,288,698	-1,541	4,287,157	-1,063,162	3,223,995	7
8	00800	LAUNDRY & LINEN SERVICE	127,213	715,797	843,010	-334	842,676		842,676	8
9	00900	HOUSEKEEPING	1,530,324	495,124	2,025,448	-4,013	2,021,435	-499	2,020,936	9
10	01000	DIETARY	1,294,777	1,547,033	2,841,810	-1,666,976	1,174,834	-7,570	1,167,264	10
11	01100	CAFETERIA	196,669	8,270	204,939	1,663,065	1,868,004	-866,205	1,001,799	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	2,618,969	303,846	2,922,815	-123,972	2,798,843	-283,476	2,515,367	13
14	01400	CENTRAL SERVICES & SUPPLY	1,254,918	471,283	1,726,201	-3,290	1,722,911	3,285	1,726,196	14
15	01500	PHARMACY	3,202,098	230,803	3,432,901	-8,396	3,424,505	-32,677	3,391,828	15
16	01600	MEDICAL RECORDS & LIBRARY	1,426,535	479,967	1,906,502	-3,740	1,902,762	-23,129	1,879,633	16
17	01700	SOCIAL SERVICE	591,808	50,663	642,471	-1,552	640,919	-11,544	629,375	17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL	2,828,315	683,925	3,512,240	-7,416	3,504,824	-3,504,824		20
20.01	02001	MEDTECH SCHOOL	111,937	5,522	117,459	-117,459				20.01
20.02	02002	PARAMED TRAINING	652,058	301,057	953,115	-123,641	829,474	-417,704	411,770	20.02
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	117,162	179,331	296,493	-307	296,186	-296,186		21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD								22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	17,271,226	2,206,173	19,477,399	-1,576,577	17,900,822	-62,152	17,838,670	30
31	03100	INTENSIVE CARE UNIT	6,644,744	2,923,045	9,567,789	-17,423	9,550,366	-40,754	9,509,612	31
43	04300	NURSERY				530,876	530,876	-23,299	507,577	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	5,892,556	24,792,867	30,685,423	-19,303,258	11,382,165	-438,869	10,943,296	50
51	05100	RECOVERY ROOM	904,369	42,746	947,115	-2,371	944,744	-311	944,433	51
52	05200	DELIVERY ROOM & LABOR ROOM				959,678	959,678	-42,119	917,559	52
53	05300	ANESTHESIOLOGY		1,769,823	1,769,823		1,769,823	-788,642	981,181	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,241,492	2,909,861	6,151,353	-1,808,576	4,342,777	-27,677	4,315,100	54
54.01	05401	ULTRASOUND	1,123,085	283,291	1,406,376	188,106	1,594,482	-1	1,594,481	54.01
55	05500	RADIOLOGY-THERAPEUTIC	6,919,068	1,187,889	8,106,957	-67,882	8,039,075	-4,324,506	3,714,569	55
56	05600	RADIOISOTOPE	384,249	1,121,890	1,506,139	525,658	2,031,797	-1,408	2,030,389	56
57	05700	CT SCAN	847,872	1,585,161	2,433,033	606,050	3,039,083	-8,333	3,030,750	57
58	05800	MRI	641,064	768,134	1,409,198	703,537	2,112,735	-6,879	2,105,856	58
59	05900	CARDIAC CATHETERIZATION	2,188,083	9,453,466	11,641,549	-8,104,269	3,537,280	-122,314	3,414,966	59
60	06000	LABORATORY	6,553,205	2,993,867	9,547,072	-12,697	9,534,375	-993,033	8,541,342	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.		1,795,654	1,795,654		1,795,654		1,795,654	63
65	06500	RESPIRATORY THERAPY	2,176,122	420,348	2,596,470	-252,919	2,343,551	-21,666	2,321,885	65
66	06600	PHYSICAL THERAPY	2,561,719	183,130	2,744,849	239,973	2,984,822	-62,651	2,922,171	66
67	06700	OCCUPATIONAL THERAPY	280,390	17,773	298,163	-735	297,428	-1	297,427	67
68	06800	SPEECH PATHOLOGY	230,308	3,798	234,106	-604	233,502	-1	233,501	68
69	06900	ELECTROCARDIOLOGY	356,865	58,108	414,973	-936	414,037	468	414,505	69
70	07000	ELECTROENCEPHALOGRAPHY	468,530	290,454	758,984	95,026	854,010	-11,008	843,002	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		862,736	862,736	10,236,783	11,099,519		11,099,519	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				18,019,518	18,019,518		18,019,518	72
73	07300	DRUGS CHARGED TO PATIENTS		23,297,832	23,297,832		23,297,832	-1,147	23,296,685	73
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	2,358,829	813,429	3,172,258	-236,009	2,936,249	-39,138	2,897,111	75.01
76	03950	DIABETIC SERVICE								76
76.01	03340	GASTRO INTESTINAL SERVICES	674,899	467,003	1,141,902	-268,918	872,984	-13,133	859,851	76.01
76.97	07697	CARDIAC REHABILITATION	436,744	124,726	561,470	92,416	653,886	-28	653,858	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY		46,965	46,965		46,965		46,965	76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	CLINIC	304,668	876,310	1,180,978	-799	1,180,179		1,180,179	90
91	09100	EMERGENCY	5,223,124	8,891,962	14,115,086	-39,226	14,075,860	-1,652,643	12,423,217	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		OTHER REIMBURSABLE COST CENTERS								
95	09500	AMBULANCE SERVICES	11,255	971,151	982,406	-29	982,377		982,377	95
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	102,221,645	198,426,039	300,647,684	4,020,058	304,667,742	-19,309,442	285,358,300	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		204	204		204		204	190
192	19200	PHYSICIANS' PRIVATE OFFICES	20,956,508	29,470,786	50,427,294	-3,371,211	47,056,083	1,018	47,057,101	192
193.01	19301	CONVENT		2,873	2,873		2,873		2,873	193.01
193.02	19302	OTHER NON-REIMBURSABLE	2,594,793	-1,740,685	854,108	-648,847	205,261	1,803	207,064	193.02
200		TOTAL (sum of lines 118-199)	125,772,946	226,159,217	351,932,163		351,932,163	-19,306,621	332,625,542	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		80,858	1
2			CAP REL COSTS-MVBLE EQUIP	2		116,662	2
500	TOTAL RECLASSIFICATIONS					197,520	500
	CODE LETTER - A						
1	CAFETERIA RECLASS	B	CAFETERIA	11	814,357	849,224	1
500	TOTAL RECLASSIFICATIONS				814,357	849,224	500
	CODE LETTER - B						
1	NURSERY RECLASS	C	NURSERY	43	428,333	102,543	1
500	TOTAL RECLASSIFICATIONS				428,333	102,543	500
	CODE LETTER - C						
1	LABOR AND DELIVERY RECLASS	D	DELIVERY ROOM & LABOR ROOM	52	774,309	185,369	1
500	TOTAL RECLASSIFICATIONS				774,309	185,369	500
	CODE LETTER - D						
1	CFH-RCC IMAGING	E	ULTRASOUND	54.01	43,657	86,208	1
2			RADIOISOTOPE	56	139,728	275,915	2
3			CT SCAN	57	248,634	490,966	3
4			MRI	58	198,848	392,657	4
500	TOTAL RECLASSIFICATIONS				630,867	1,245,746	500
	CODE LETTER - E						
1	EMPLOYEE BENEFIT RECLASS	F	EMPLOYEE BENEFITS DEPARTMENT	4		4,222,072	1
2							2
3							3
4							4
500	TOTAL RECLASSIFICATIONS					4,222,072	500
	CODE LETTER - F						
1	PHONE	G	ADMINISTRATIVE & GENERAL	5		29,283	1
500	TOTAL RECLASSIFICATIONS					29,283	500
	CODE LETTER - G						
1	TEAM AWARD	H	ADMINISTRATIVE & GENERAL	5	12,832		1
2			MAINTENANCE & REPAIRS	6		12,291	2
3			OPERATION OF PLANT	7		957	3
4			HOUSEKEEPING	9		275	4
5			DIETARY	10		7,283	5
6			CAFETERIA	11		1	6
7			NURSING ADMINISTRATION	13	24,558		7
8			CENTRAL SERVICES & SUPPLY	14	3,285		8
9			PHARMACY	15		7,677	9
10			MEDICAL RECORDS & LIBRARY	16		3,627	10
11			SOCIAL SERVICE	17	1,206		11
12			NURSING SCHOOL	20	41,931		12
13			PARAMED TRAINING	20.02		10,000	13
14			ADULTS & PEDIATRICS	30		26,948	14
15			INTENSIVE CARE UNIT	31		4,317	15
16			NURSERY	43		495	16
17			OPERATING ROOM	50		4,242	17
18			RECOVERY ROOM	51		311	18
19			DELIVERY ROOM & LABOR ROOM	52		896	19
20			RADIOLOGY-DIAGNOSTIC	54		1,588	20
21			ULTRASOUND	54.01		1	21
22			RADIOLOGY-THERAPEUTIC	55	5,163		22
23			CT SCAN	57		1	23
24			CARDIAC CATHETERIZATION	59	1,946		24
25			LABORATORY	60	2,249		25
26			RESPIRATORY THERAPY	65	1		26
27			PHYSICAL THERAPY	66		3,151	27
28			OCCUPATIONAL THERAPY	67		1	28
29			SPEECH PATHOLOGY	68		1	29
30			ELECTROCARDIOLOGY	69	468		30
31			CARDIAC REHABILITATION	76.97		28	31
32			ELECTROENCEPHALOGRAPHY	70	82		32
33			SURGERY/CARDIAC AMB DAY CARE	75.01		867	33
34			GASTRO INTESTINAL SERVICES	76.01		3,133	34
35			EMERGENCY	91		4,144	35
36			PHYSICIANS' PRIVATE OFFICES	192	1,018		36
37			OTHER NON-REIMBURSABLE	193.02	1,803		37
500	TOTAL RECLASSIFICATIONS				96,542	92,235	500
	CODE LETTER - H						
1	CARDIAC REHAB	J	PHYSICIANS' PRIVATE OFFICES	192	2,579		1



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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	
500	TOTAL RECLASSIFICATIONS				2,579		500
	CODE LETTER - J						
1	RCA RENT EXPENSE RECLASS	K	LABORATORY	60		13,514	1
2			ULTRASOUND	54.01		36,209	2
3			RADIOISOTOPE	56		31,134	3
4			CARDIAC REHABILITATION	76.97		96,140	4
5			ELECTROENCEPHALOGRAPHY	70		96,254	5
500	TOTAL RECLASSIFICATIONS					273,251	500
	CODE LETTER - K						
1	CFH RCC RENT EXPENSE RECLASS	L	LABORATORY	60		135,056	1
2			RADIOLOGY-DIAGNOSTIC	54		86,055	2
3			ULTRASOUND	54.01		24,977	3
4			RADIOISOTOPE	56		79,889	4
5			CT SCAN	57		142,174	5
6			MRI	58		113,713	6
7			PHYSICAL THERAPY	66		246,690	7
8			ADMINISTRATIVE & GENERAL	5		17,091	8
500	TOTAL RECLASSIFICATIONS					845,645	500
	CODE LETTER - L						
1	NON-ALLOWED I&R	M	I&R SERVICES-SALARY & FRINGES	21		116,855	1
500	TOTAL RECLASSIFICATIONS					116,855	500
	CODE LETTER - M						
1	VACATION ACCRUAL	N	EMPLOYEE BENEFITS DEPARTMENT	4		329,786	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
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33							33
34							34
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
500	TOTAL RECLASSIFICATIONS					329,786	500
	CODE LETTER - N						
1	DISABILITY	O	ADMINISTRATIVE & GENERAL	5		12,482	1
2			MAINTENANCE & REPAIRS	6		719	2
3			HOUSEKEEPING	9		7,950	3
4			DIETARY	10		10,092	4
5			NURSING ADMINISTRATION	13		381	5



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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	
6			CENTRAL SERVICES & SUPPLY	14		220	6
7			PHARMACY	15		17,405	7
8			MEDICAL RECORDS & LIBRARY	16		1,538	8
9			NURSING SCHOOL	20		3,202	9
10			ADULTS & PEDIATRICS	30		37,029	10
11			INTENSIVE CARE UNIT	31		25,294	11
12			NURSERY	43		695	12
13			OPERATING ROOM	50		6,838	13
14			DELIVERY ROOM & LABOR ROOM	52		1,256	14
15			RADIOLOGY-DIAGNOSTIC	54		2,201	15
16			RADIOLOGY-THERAPEUTIC	55		1,764	16
17			LABORATORY	60		5,880	17
18			RESPIRATORY THERAPY	65		1,597	18
19			PHYSICAL THERAPY	66		13,594	19
20			ELECTROCARDIOLOGY	69		1,757	20
21			EMERGENCY	91		3,983	21
22			PHYSICIANS' PRIVATE OFFICES	192		17,920	22
23			OTHER NON-REIMBURSABLE	193.02		5,469	23
500	TOTAL RECLASSIFICATIONS					179,266	500
	CODE LETTER - O						
1	IMPLANTABLE MEDICAL DEVICES RECLASS	P	IMPL. DEV. CHARGED TO PATIENT	72		18,019,518	1
2							2
3							3
4							4
5							5
500	TOTAL RECLASSIFICATIONS					18,019,518	500
	CODE LETTER - P						
1	MEDICAL/SURGICAL SUPPLIES RECLASS	Q	MEDICAL SUPPLIES CHARGED TO P	71		10,239,479	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
500	TOTAL RECLASSIFICATIONS					10,239,479	500
	CODE LETTER - Q						
1	NON-ALLOWED PARAMED PROGRAM	R	PARAMED TRAINING	20.02		189,473	1
2			EMPLOYEE BENEFITS DEPARTMENT	4		121,931	2
500	TOTAL RECLASSIFICATIONS					311,404	500
	CODE LETTER - R						
1	NON-ALLOWED MED TECH	S	EMPLOYEE BENEFITS DEPARTMENT	4		5,522	1
2			ADMINISTRATIVE & GENERAL	5	111,937		2
500	TOTAL RECLASSIFICATIONS				111,937	5,522	500
	CODE LETTER - S						
	GRAND TOTAL (INCREASES)				2,858,924	37,244,718	

(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		197,520	9	
2							10	
500	TOTAL RECLASSIFICATIONS CODE LETTER - A					197,520	10	
1	CAFETERIA RECLASS	B	DIETARY	10	814,357	849,224	1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - B				814,357	849,224	500	
1	NURSERY RECLASS	C	ADULTS & PEDIATRICS	30	428,333	102,543	1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - C				428,333	102,543	500	
1	LABOR AND DELIVERY RECLASS	D	ADULTS & PEDIATRICS	30	774,309	185,369	1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - D				774,309	185,369	500	
1	CFH-RCC IMAGING	E	RADIOLOGY-DIAGNOSTIC	54	43,657	86,208	1	
2			RADIOLOGY-DIAGNOSTIC	54	139,728	275,915	2	
3			RADIOLOGY-DIAGNOSTIC	54	248,634	490,966	3	
4			RADIOLOGY-DIAGNOSTIC	54	198,848	392,657	4	
500	TOTAL RECLASSIFICATIONS CODE LETTER - E				630,867	1,245,746	500	
1	EMPLOYEE BENEFIT RECLASS	F	PHYSICIANS' PRIVATE OFFICES	192		3,318,840	1	
2			OTHER NON-REIMBURSABLE	193.02		642,043	2	
3			LABORATORY	60		144,084	3	
4			NURSING ADMINISTRATION	13		117,105	4	
500	TOTAL RECLASSIFICATIONS CODE LETTER - F					4,222,072	500	
1	PHONE	G	ADMINISTRATIVE & GENERAL	5	29,283		1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - G				29,283		500	
1	TEAM AWARD	H	ADMINISTRATIVE & GENERAL	5		12,832	1	
2			MAINTENANCE & REPAIRS	6	12,291		2	
3			OPERATION OF PLANT	7	957		3	
4			HOUSEKEEPING	9	275		4	
5			DIETARY	10	7,283		5	
6			CAFETERIA	11	1		6	
7			NURSING ADMINISTRATION	13		24,558	7	
8			CENTRAL SERVICES & SUPPLY	14		3,285	8	
9			PHARMACY	15	7,677		9	
10			MEDICAL RECORDS & LIBRARY	16	3,627		10	
11			SOCIAL SERVICE	17		1,206	11	
12			NURSING SCHOOL	20		41,931	12	
13			PARAMED TRAINING	20.02	10,000		13	
14			ADULTS & PEDIATRICS	30	26,948		14	
15			INTENSIVE CARE UNIT	31	4,317		15	
16			NURSERY	43	495		16	
17			OPERATING ROOM	50	4,242		17	
18			RECOVERY ROOM	51	311		18	
19			DELIVERY ROOM & LABOR ROOM	52	896		19	
20			RADIOLOGY-DIAGNOSTIC	54	1,588		20	
21			ULTRASOUND	54.01	1		21	
22			RADIOLOGY-THERAPEUTIC	55		5,163	22	
23			CT SCAN	57	1		23	
24			CARDIAC CATHETERIZATION	59		1,946	24	
25			LABORATORY	60		2,249	25	
26			RESPIRATORY THERAPY	65		1	26	
27			PHYSICAL THERAPY	66	3,151		27	
28			OCCUPATIONAL THERAPY	67	1		28	
29			SPEECH PATHOLOGY	68	1		29	
30			ELECTROCARDIOLOGY	69		468	30	
31			CARDIAC REHABILITATION	76.97	28		31	
32			ELECTROENCEPHALOGRAPHY	70		82	32	
33			SURGERY/CARDIAC AMB DAY CARE	75.01	867		33	
34			GASTRO INTESTINAL SERVICES	76.01	3,133		34	
35			EMERGENCY	91	4,144		35	
36			PHYSICIANS' PRIVATE OFFICES	192		1,018	36	
37			OTHER NON-REIMBURSABLE	193.02		1,803	37	
500	TOTAL RECLASSIFICATIONS CODE LETTER - H				92,235	96,542	500	



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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	CARDIAC REHAB	J	CARDIAC REHABILITATION	76.97	2,579		1	
500	TOTAL RECLASSIFICATIONS				2,579		500	
	CODE LETTER - J							
1	RCA RENT EXPENSE RECLASS	K	CT SCAN	57		273,251	1	
2							2	
3							3	
4							4	
5							5	
500	TOTAL RECLASSIFICATIONS					273,251	500	
	CODE LETTER - K							
1	CFH RCC RENT EXPENSE RECLASS	L	MAINTENANCE & REPAIRS	6		845,645	1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
500	TOTAL RECLASSIFICATIONS					845,645	500	
	CODE LETTER - L							
1	NON-ALLOWED I&R	M	I&R SERVICES-SALARY & FRINGES	21	116,855		1	
500	TOTAL RECLASSIFICATIONS				116,855		500	
	CODE LETTER - M							
1	VACATION ACCRUAL	N	ADMINISTRATIVE & GENERAL	5	43,602		1	
2			MAINTENANCE & REPAIRS	6	3,561		2	
3			OPERATION OF PLANT	7	1,541		3	
4			LAUNDRY & LINEN SERVICE	8	334		4	
5			HOUSEKEEPING	9	4,013		5	
6			DIETARY	10	3,395		6	
7			CAFETERIA	11	516		7	
8			NURSING ADMINISTRATION	13	6,867		8	
9			CENTRAL SERVICES & SUPPLY	14	3,290		9	
10			PHARMACY	15	8,396		10	
11			MEDICAL RECORDS & LIBRARY	16	3,740		11	
12			SOCIAL SERVICE	17	1,552		12	
13			NURSING SCHOOL	20	7,416		13	
14			ADMINISTRATIVE & GENERAL	5	294		14	
15			PARAMED TRAINING	20.02	1,710		15	
16			I&R SERVICES-SALARY & FRINGES	21	307		16	
17			ADULTS & PEDIATRICS	30	45,286		17	
18			INTENSIVE CARE UNIT	31	17,423		18	
19			OPERATING ROOM	50	15,451		19	
20			RECOVERY ROOM	51	2,371		20	
21			RADIOLOGY-DIAGNOSTIC	54	8,499		21	
22			ULTRASOUND	54.01	2,945		22	
23			RADIOLOGY-THERAPEUTIC	55	18,142		23	
24			RADIOISOTOPE	56	1,008		24	
25			CT SCAN	57	2,223		25	
26			MRI	58	1,681		26	
27			CARDIAC CATHETERIZATION	59	5,737		27	
28			LABORATORY	60	17,183		28	
29			RESPIRATORY THERAPY	65	5,706		29	
30			PHYSICAL THERAPY	66	6,717		30	
31			OCCUPATIONAL THERAPY	67	735		31	
32			SPEECH PATHOLOGY	68	604		32	
33			ELECTROCARDIOLOGY	69	936		33	
34			CARDIAC REHABILITATION	76.97	1,145		34	
35			ELECTROENCEPHALOGRAPHY	70	1,228		35	
36			SURGERY/CARDIAC AMB DAY CARE	75.01	6,185		36	
37			GASTRO INTESTINAL SERVICES	76.01	1,770		37	
38			CLINIC	90	799		38	
39			EMERGENCY	91	13,695		39	
40			AMBULANCE SERVICES	95	29		40	
41			PHYSICIANS' PRIVATE OFFICES	192	54,950		41	
42			OTHER NON-REIMBURSABLE	193.02	6,804		42	
500	TOTAL RECLASSIFICATIONS				329,786		500	
	CODE LETTER - N							
1	DISABILITY	O	ADMINISTRATIVE & GENERAL	5	12,482		1	
2			MAINTENANCE & REPAIRS	6	719		2	
3			HOUSEKEEPING	9	7,950		3	



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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	
4			DIETARY	10	10,092		4	
5			NURSING ADMINISTRATION	13	381		5	
6			CENTRAL SERVICES & SUPPLY	14	220		6	
7			PHARMACY	15	17,405		7	
8			MEDICAL RECORDS & LIBRARY	16	1,538		8	
9			NURSING SCHOOL	20	3,202		9	
10			ADULTS & PEDIATRICS	30	37,029		10	
11			INTENSIVE CARE UNIT	31	25,294		11	
12			NURSERY	43	695		12	
13			OPERATING ROOM	50	6,838		13	
14			DELIVERY ROOM & LABOR ROOM	52	1,256		14	
15			RADIOLOGY-DIAGNOSTIC	54	2,201		15	
16			RADIOLOGY-THERAPEUTIC	55	1,764		16	
17			LABORATORY	60	5,880		17	
18			RESPIRATORY THERAPY	65	1,597		18	
19			PHYSICAL THERAPY	66	13,594		19	
20			ELECTROCARDIOLOGY	69	1,757		20	
21			EMERGENCY	91	3,983		21	
22			PHYSICIANS' PRIVATE OFFICES	192	17,920		22	
23			OTHER NON-REIMBURSABLE	193.02	5,469		23	
500	TOTAL RECLASSIFICATIONS				179,266		500	
	CODE LETTER - O							
1	IMPLANTABLE MEDICAL DEVICES RECLASS	P	OPERATING ROOM	50		13,073,374	1	
2			CARDIAC CATHETERIZATION	59		4,891,480	2	
3			MEDICAL SUPPLIES CHARGED TO P	71		2,696	3	
4			GASTRO INTESTINAL SERVICES	76.01		42,468	4	
5			SURGERY/CARDIAC AMB DAY CARE	75.01		9,500	5	
500	TOTAL RECLASSIFICATIONS					18,019,518	500	
	CODE LETTER - P							
1	MEDICAL/SURGICAL SUPPLIES RECLASS	Q	ADULTS & PEDIATRICS	30		40,737	1	
2			OPERATING ROOM	50		6,214,433	2	
3			RADIOLOGY-DIAGNOSTIC	54		9,519	3	
4			RADIOLOGY-THERAPEUTIC	55		49,740	4	
5			CT SCAN	57		250	5	
6			CARDIAC CATHETERIZATION	59		3,207,052	6	
7			RESPIRATORY THERAPY	65		247,213	7	
8			SURGERY/CARDIAC AMB DAY CARE	75.01		220,324	8	
9			GASTRO INTESTINAL SERVICES	76.01		224,680	9	
10			EMERGENCY	91		25,531	10	
500	TOTAL RECLASSIFICATIONS					10,239,479	500	
	CODE LETTER - Q							
1	NON-ALLOWED PARAMED PROGRAM	R	PARAMED TRAINING	20.02	189,473		1	
2			PARAMED TRAINING	20.02		121,931	2	
500	TOTAL RECLASSIFICATIONS				189,473	121,931	500	
	CODE LETTER - R							
1	NON-ALLOWED MED TECH	S	MEDTECH SCHOOL	20.01		5,522	1	
2			MEDTECH SCHOOL	20.01	111,937		2	
500	TOTAL RECLASSIFICATIONS				111,937	5,522	500	
	CODE LETTER - S							
	GRAND TOTAL (DECREASES)				3,699,280	36,404,362		

(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 RETIRE- MENTS	ENDING BALANCE	FULLY DEPREC- IATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND	4,112,456	40,000		40,000		4,152,456		1
2	LAND IMPROVEMENTS	3,654,143	264,000		264,000		3,918,143		2
3	BUILDINGS AND FIXTURES	119,658,770	8,053,892		8,053,892	1,425,975	126,286,687		3
4	BUILDING IMPROVEMENTS	989,236					989,236		4
5	FIXED EQUIPMENT	98,044,403	6,569,087		6,569,087	717,136	103,896,354		5
6	MOVABLE EQUIPMENT	143,559					143,559		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	226,602,567	14,926,979		14,926,979	2,143,111	239,386,435		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	226,602,567	14,926,979		14,926,979	2,143,111	239,386,435		10

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

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of cols. 9 through 14)	
		DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	4,645,154						4,645,154	1	
2	CAP REL COSTS-MVBLE EQUIP	6,030,439						6,030,439	2	
3	TOTAL (sum of lines 1-2)	10,675,593						10,675,593	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 line 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	CAPITAL- IZED 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							TOTAL(2) (sum of cols. 9 through 14)	
		DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	4,726,012						4,726,012	1	
2	CAP REL COSTS-MVBLE EQUIP	6,147,101						6,147,101	2	
3	TOTAL (sum of lines 1-2)	10,873,113						10,873,113	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.
				COST CENTER	LINE#	
		1	2	3	4	5
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)			CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-OTHER (chapter 2)					3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)					4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)					5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)					6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)	A	-66,294	ADMINISTRATIVE & GENERAL	5	7
8	TELEVISION AND RADIO SERVICE (chapter 21)	A	-23,718	ADMINISTRATIVE & GENERAL	5	8
9	PARKING LOT (chapter 21)					9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-8,720,951			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	6,517,823			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-866,204	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	-9,471	MEDICAL RECORDS & LIBRARY	16	18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-3,432,001	NURSING SCHOOL	20	19
20	VENDING MACHINES					20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)					21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE 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	PROFESSIONAL DEVELOPMENT	B	-1,895	ADMINISTRATIVE & GENERAL	5	33
33.01	PRINTING AND DUPLICATING	B	-49	ADMINISTRATIVE & GENERAL	5	33.01
33.03	GENERAL ACCOUNTING	B	-230	ADMINISTRATIVE & GENERAL	5	33.03
33.04	PATIENT ACCOUNTING	B	-827,814	ADMINISTRATIVE & GENERAL	5	33.04
33.05	HOSPITAL ADMINISTRATION	B	-6,571	ADMINISTRATIVE & GENERAL	5	33.05
33.06	MEDICAL COMMUNICATIONS-DISPATCH	B	-16,677	ADMINISTRATIVE & GENERAL	5	33.06
33.07	PERSONNEL	B	-1,221	ADMINISTRATIVE & GENERAL	5	33.07
33.08	EMPLOYEE HEALTH SERVICES	B	-16,750	ADMINISTRATIVE & GENERAL	5	33.08
33.09	CHAPLAINCY	B	-18,306	ADMINISTRATIVE & GENERAL	5	33.09
33.10	MEDICAL STAFF ADMIN	B	-49,600	ADMINISTRATIVE & GENERAL	5	33.10
33.11	INSERVICE EDUCATION NURSING	B	-6,700	ADMINISTRATIVE & GENERAL	5	33.11
33.13	OTHER AMBULATORY SVCS	B	-19,933	SURGERY/CARDIAC AMB DAY CARE	75.01	33.13
33.15	PLANT MAINTENANCE	B	-35	MAINTENANCE & REPAIRS	6	33.15
33.17	PLANT MAINTENANCE- OFF CAMPUS	B	-208	MAINTENANCE & REPAIRS	6	33.17
33.18	PLANT OPERATIONS	B	-21,213	OPERATION OF PLANT	7	33.18
33.19	HOUSEKEEPING	B	-224	HOUSEKEEPING	9	33.19
33.21	ALTERNATE BIRTHING CENTER	B	-3,827	ADULTS & PEDIATRICS	30	33.21
33.22	ALTERNATE BIRTHING CENTER	B	-2,481	NURSERY	43	33.22
33.23	ALTERNATE BIRTHING CENTER	B	-4,485	DELIVERY ROOM & LABOR ROOM	52	33.23
33.24	SURGERY- GENERAL (MAJOR)	B	-24,640	OPERATING ROOM	50	33.24
33.25	RADIOLOGY - DIAGNOSTIC	B	-6,776	RADIOLOGY-DIAGNOSTIC	54	33.25
33.26	CHEMOTHERAPY	B	-73,964	RADIOLOGY-THERAPEUTIC	55	33.26
33.28	RADIATION THERAPY ADMIN	B	-319,318	RADIOLOGY-THERAPEUTIC	55	33.28
33.32	PHYSICAL THERAPY	B	-57,815	PHYSICAL THERAPY	66	33.32
33.36	DIETARY	B	-287	DIETARY	10	33.36
33.37	OUTPATIENT REGISTRATION	B	-101,320	ADMINISTRATIVE & GENERAL	5	33.37
33.38	PUBLIC RELATIONS	B	-28	ADMINISTRATIVE & GENERAL	5	33.38
33.39	ORGANIZATIONAL DEVELOPMENT	B	-1,500	ADMINISTRATIVE & GENERAL	5	33.39
33.40	PARAMEDICAL EDUCATION	B	-149,581	PARAMED TRAINING	20.02	33.40
33.41	LAB	B	-1,009	LABORATORY	60	33.41
33.42	ER PHYSICIAN/SVCS	B	-6,075	EMERGENCY	91	33.42



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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	
33.43	PALLIATIVE CARE	B	-818	NURSING ADMINISTRATION		13	33.43
33.44	RESIDENT EDUCATION	B	-840	I&R SERVICES-SALARY & FRINGES APPRVD		21	33.44
34							34
35	INTEREST INCOME-SAMC	A	-15,911	ADMINISTRATIVE & GENERAL		5	35
36	PHYSICIAN RECRUITMENT	A	-14,502	ADMINISTRATIVE & GENERAL		5	36
37	ADVERTISING	A	-1,408,433	ADMINISTRATIVE & GENERAL		5	37
37.01	ADVERTISING	A	-26	MAINTENANCE & REPAIRS		6	37.01
37.02	ADVERTISING	A	-114,754	NURSING SCHOOL		20	37.02
37.03	ADVERTISING	A	-35	ADULTS & PEDIATRICS		30	37.03
37.04	ADVERTISING	A	-351	OPERATING ROOM		50	37.04
37.05	ADVERTISING	A	-1,675	RADIOLOGY-DIAGNOSTIC		54	37.05
37.06	ADVERTISING	A	286	RADIOLOGY-THERAPEUTIC		55	37.06
37.07	ADVERTISING	A	-115	LABORATORY		60	37.07
37.08	ADVERTISING	A	-1,685	PHYSICAL THERAPY		66	37.08
37.09	ADVERTISING	A	-90	ELECTROENCEPHALOGRAPHY		70	37.09
38	PRE-EMPLOYMENT PHYSICALS	A	-8,290	EMPLOYEE BENEFITS DEPARTMENT		4	38
39	PROPERTY TAXES	A	-30,570	ADMINISTRATIVE & GENERAL		5	39
39.10	PROPERTY TAXES	A	-147,485	MAINTENANCE & REPAIRS		6	39.10
39.20	PROPERTY TAXES	A	-31,818	OPERATION OF PLANT		7	39.20
40	LOBBYING EXPENSE	A	-43,771	ADMINISTRATIVE & GENERAL		5	40
41	MEDICAID FEES	A	-7,803,737	ADMINISTRATIVE & GENERAL		5	41
42	OCC MED PORTION OF EE HEALTH SVCS	A	-21,433	ADMINISTRATIVE & GENERAL		5	42
43	UNEMPLOYMENT COMPENSATION	A	128,695	EMPLOYEE BENEFITS DEPARTMENT		4	43
44	TEAM AWARD	A	12,832	ADMINISTRATIVE & GENERAL		5	44
44.01	TEAM AWARD	A	-12,291	MAINTENANCE & REPAIRS		6	44.01
44.02	TEAM AWARD	A	-957	OPERATION OF PLANT		7	44.02
44.03	TEAM AWARD	A	-275	HOUSEKEEPING		9	44.03
44.04	TEAM AWARD	A	-7,283	DIETARY		10	44.04
44.05	TEAM AWARD	A	-1	CAFETERIA		11	44.05
44.06	TEAM AWARD	A	24,558	NURSING ADMINISTRATION		13	44.06
44.07	TEAM AWARD	A	3,285	CENTRAL SERVICES & SUPPLY		14	44.07
44.08	TEAM AWARD	A	-7,677	PHARMACY		15	44.08
44.09	TEAM AWARD	A	-3,627	MEDICAL RECORDS & LIBRARY		16	44.09
44.10	TEAM AWARD	A	1,206	SOCIAL SERVICE		17	44.10
44.11	TEAM AWARD	A	41,931	NURSING SCHOOL		20	44.11
44.12	TEAM AWARD	A	-10,000	PARAMED TRAINING		20.02	44.12
44.13	TEAM AWARD	A	-26,948	ADULTS & PEDIATRICS		30	44.13
44.14	TEAM AWARD	A	-4,317	INTENSIVE CARE UNIT		31	44.14
44.15	TEAM AWARD	A	-495	NURSERY		43	44.15
44.16	TEAM AWARD	A	-4,242	OPERATING ROOM		50	44.16
44.17	TEAM AWARD	A	-311	RECOVERY ROOM		51	44.17
44.18	TEAM AWARD	A	-896	DELIVERY ROOM & LABOR ROOM		52	44.18
44.19	TEAM AWARD	A	-1,588	RADIOLOGY-DIAGNOSTIC		54	44.19
44.20	TEAM AWARD	A	-1	ULTRASOUND		54.01	44.20
44.21	TEAM AWARD	A	5,163	RADIOLOGY-THERAPEUTIC		55	44.21
44.22	TEAM AWARD	A	-1	CT SCAN		57	44.22
44.23	TEAM AWARD	A	1,946	CARDIAC CATHETERIZATION		59	44.23
44.24	TEAM AWARD	A	2,249	LABORATORY		60	44.24
44.25	TEAM AWARD	A	1	RESPIRATORY THERAPY		65	44.25
44.26	TEAM AWARD	A	-3,151	PHYSICAL THERAPY		66	44.26
44.27	TEAM AWARD	A	-1	OCCUPATIONAL THERAPY		67	44.27
44.28	TEAM AWARD	A	-1	SPEECH PATHOLOGY		68	44.28
44.29	TEAM AWARD	A	468	ELECTROCARDIOLOGY		69	44.29
44.30	TEAM AWARD	A	82	ELECTROENCEPHALOGRAPHY		70	44.30
44.31	TEAM AWARD	A	-867	SURGERY/CARDIAC AMB DAY CARE		75.01	44.31
44.33	TEAM AWARD	A	-3,133	GASTRO INTESTINAL SERVICES		76.01	44.33
44.34	TEAM AWARD	A	-28	CARDIAC REHABILITATION		76.97	44.34
44.36	TEAM AWARD	A	-4,144	EMERGENCY		91	44.36
44.37	TEAM AWARD	A	1,018	PHYSICIANS' PRIVATE OFFICES		192	44.37
44.38	TEAM AWARD	A	1,803	OTHER NON-REIMBURSABLE		193.02	44.38
45	EMPLOYED PHYSICIAN BENEFITS	A	-1,156,876	EMPLOYEE BENEFITS DEPARTMENT		4	45
46	RESIDENT EDUCATION	A	-295,346	I&R SERVICES-SALARY & FRINGES APPRVD		21	46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-19,306,621				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



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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	LINE#	WKST A-7 REF.	
		1	2	3	4	5	

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						1	
2	5	ADMINISTRATIVE & GENERAL	A & G	29,087,215	30,532,528	-1,445,313	2
3	7	OPERATION OF PLANT	OPERATION OF PLANT	759,915	1,769,089	-1,009,174	3
4	54	RADIOLOGY-DIAGNOSTIC	RADIOLOGY- ST FRANCIS INC	497,800	515,438	-17,638	4
4.01	55	RADIOLOGY-THERAPEUTIC	ONCOLOGY- ST FRANCIS INC	334,544	346,398	-11,854	4.01
4.02	56	RADIOISOTOPE	NUC MED- ST FRANCIS INC	39,715	41,123	-1,408	4.02
4.03	57	CT SCAN	CT SCAN-ST FRANCIS INC	235,155	243,487	-8,332	4.03
4.04	58	MRI	MRI- ST FRANCIS INC	194,156	201,035	-6,879	4.04
4.05	59	CARDIAC CATHETERIZATION	CARD CATH- ST FRANCIS INC	313,492	324,600	-11,108	4.05
4.06	5	ADMINISTRATIVE & GENERAL	CORPORATE OFFICE INTEREST	9,029,529		9,029,529	4.06
4.07	60	LABORATORY	OSF SYSTEM LAB	580,713	580,713		4.07
4.08	31	INTENSIVE CARE UNIT	EICU	1,370,920	1,370,920		4.08
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			42,443,154	35,925,331	6,517,823	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
B	OSF HEALTHCARE				

(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 REMUNERATION	PROFESS- IONAL COMPO- NENT	PROVIDER COMPO- NENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPO- NENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	5 ADMINISTRATIVE & GEN AGGREGATE	50,810	44,122	6,688	171,400	34	2,802	140	1
2	13 NURSING ADMINISTRATI AGGREGATE	307,216	307,216		171,400				2
3	15 PHARMACY PHYSICIAN A	25,000	25,000		171,400				3
4	16 MEDICAL RECORDS & LI AGGREGATE	10,031	10,031		171,400				4
5	17 SOCIAL SERVICE AGGREGATE	12,750	12,750		171,400				5
6	20.02 PARAMED TRAINING PHYSICIAN B	258,123	258,123		171,400				6
7									7
8									8
9	31 INTENSIVE CARE UNIT PHYSICIAN D	79,287		79,287	171,400	520	42,850	2,143	9
10	50 OPERATING ROOM PHYSICIAN E	447,120	326,870	120,250	204,100	382	37,484	1,874	10
11	53 ANESTHESIOLOGY AGGREGATE	1,135,700		1,135,700	200,300	3,604	347,058	17,353	11
12	54 RADIOLOGY-DIAGNOSTIC AGGREGATE	135,100		135,100	231,100	8,760	973,286	48,664	12
13	55 RADIOLOGY-THERAPEUTI AGGREGATE	3,924,819	3,924,819		231,100				13
14	59 CARDIAC CATHETERIZAT AGGREGATE	153,200		153,200	171,400	486	40,048	2,002	14
15	60 LABORATORY AGGREGATE	994,158	994,158		219,500				15
16	65 RESPIRATORY THERAPY PHYSICIAN F	21,667	21,667		171,400				16
17	70 ELECTROENCEPHALOGRAP PHYSICIAN G	11,000	11,000		171,400				17
18	73 DRUGS CHARGED TO PAT AGGREGATE	1,147	1,147		171,400				18
19	75.01 SURGERY/CARDIAC AMB AGGREGATE	36,000		36,000	204,100	180	17,662	883	19
20	76.01 GASTRO INTESTINAL SE AGGREGATE	10,000	10,000		171,400				20
21	91 EMERGENCY AGGREGATE	5,125,903	1,642,424	3,483,479	171,400	53,455	4,404,898	220,245	21
23	30 ADULTS & PEDIATRICS AGGREGATE	81,970	31,342	50,628	171,400	625	51,502	2,575	23
24	43 NURSERY AGGREGATE	53,151	20,323	32,828	171,400	405	33,374	1,669	24
25	52 DELIVERY ROOM & LABO AGGREGATE	96,082	36,738	59,344	171,400	732	60,320	3,016	25
200	TOTAL	12,970,234	7,677,730	5,292,504		69,183	6,011,284	300,564	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	5	ADMINISTRATIVE & GEN AGGREGATE					2,802	3,886	48,008	1
2	13	NURSING ADMINISTRATI AGGREGATE							307,216	2
3	15	PHARMACY PHYSICIAN A							25,000	3
4	16	MEDICAL RECORDS & LI AGGREGATE							10,031	4
5	17	SOCIAL SERVICE AGGREGATE							12,750	5
6	20.02	PARAMED TRAINING PHYSICIAN B							258,123	6
7										7
8										8
9	31	INTENSIVE CARE UNIT PHYSICIAN D					42,850	36,437	36,437	9
10	50	OPERATING ROOM PHYSICIAN E					37,484	82,766	409,636	10
11	53	ANESTHESIOLOGY AGGREGATE					347,058	788,642	788,642	11
12	54	RADIOLOGY-DIAGNOSTIC AGGREGATE					973,286			12
13	55	RADIOLOGY-THERAPEUTI AGGREGATE							3,924,819	13
14	59	CARDIAC CATHETERIZAT AGGREGATE					40,048	113,152	113,152	14
15	60	LABORATORY AGGREGATE							994,158	15
16	65	RESPIRATORY THERAPY PHYSICIAN F							21,667	16
17	70	ELECTROENCEPHALOGRAP PHYSICIAN G							11,000	17
18	73	DRUGS CHARGED TO PAT AGGREGATE							1,147	18
19	75.01	SURGERY/CARDIAC AMB AGGREGATE					17,662	18,338	18,338	19
20	76.01	GASTRO INTESTINAL SE AGGREGATE							10,000	20
21	91	EMERGENCY AGGREGATE					4,404,898		1,642,424	21
23	30	ADULTS & PEDIATRICS AGGREGATE					51,502		31,342	23
24	43	NURSERY AGGREGATE					33,374		20,323	24
25	52	DELIVERY ROOM & LABO AGGREGATE					60,320		36,738	25
200		TOTAL					6,011,284	1,043,221	8,720,951	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	4,726,012	4,726,012					1
2	CAP REL COSTS-MVBLE EQUIP	6,147,101		6,147,101				2
4	EMPLOYEE BENEFITS DEPARTMENT	33,897,821			33,897,821			4
5	ADMINISTRATIVE & GENERAL	66,821,949	534,670	841,333	4,772,650	72,970,602	72,970,602	5
6	MAINTENANCE & REPAIRS	4,277,372	526,470	157,370	384,882	5,346,094	1,502,407	6
7	OPERATION OF PLANT	3,223,995	236,355	170,669	167,889	3,798,908	1,067,603	7
8	LAUNDRY & LINEN SERVICE	842,676	53,977		36,404	933,057	262,216	8
9	HOUSEKEEPING	2,020,936	69,348	8,136	435,563	2,533,983	712,123	9
10	DIETARY	1,167,264	68,436	22,606	131,881	1,390,187	390,683	10
11	CAFETERIA	1,001,799	59,658		289,931	1,351,388	379,779	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,515,367	11,794	87,564	668,245	3,282,970	922,610	13
14	CENTRAL SERVICES & SUPPLY	1,726,196	67,957	183,568	359,991	2,337,712	656,965	14
15	PHARMACY	3,391,828	38,959	63,830	909,128	4,403,745	1,237,580	15
16	MEDICAL RECORDS & LIBRARY	1,879,633	39,609	2,784	403,863	2,325,889	653,642	16
17	SOCIAL SERVICE	629,375	3,937		169,700	803,012	225,670	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL		419,888	29,477	820,473	1,269,838	356,861	20
20.01	MEDTECH SCHOOL							20.01
20.02	PARAMED TRAINING	411,770			55,304	467,074	131,261	20.02
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	17,838,670	558,921	312,571	4,559,442	23,269,604	6,539,434	30
31	INTENSIVE CARE UNIT	9,509,612	213,308	68,596	1,892,989	11,684,505	3,283,685	31
43	NURSERY	507,577	25,909	9,665	122,554	665,705	187,082	43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	10,943,296	292,797	967,207	1,683,056	13,886,356	3,902,469	50
51	RECOVERY ROOM	944,433	80,718	38,489	258,708	1,322,348	371,618	51
52	DELIVERY ROOM & LABOR ROOM	917,559	46,834	17,471	221,544	1,203,408	338,193	52
53	ANESTHESIOLOGY	981,181	1,472	87,189	1,069,842	300,657	300,657	53
54	RADIOLOGY-DIAGNOSTIC	4,315,100	159,755	267,838	745,504	5,488,197	1,542,343	54
54.01	ULTRASOUND	1,594,481	27,607	193,849	333,912	2,149,849	604,170	54.01
55	RADIOLOGY-THERAPEUTIC	3,714,569	161,697	863,286	854,868	5,594,420	1,572,194	55
56	RADIOISOTOPE	2,030,389	11,207	125,929	150,048	2,317,573	651,305	56
57	CT SCAN	3,030,750	13,429	67,223	313,967	3,425,369	962,628	57
58	MRI	2,105,856	45,551	160,803	240,502	2,552,712	717,386	58
59	CARDIAC CATHETERIZATION	3,414,966	77,024	591,693	626,708	4,710,391	1,323,756	59
60	LABORATORY	8,541,342	104,505	228,599	1,589,008	10,463,454	2,940,534	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,795,654				1,795,654	504,631	63
65	RESPIRATORY THERAPY	2,321,885	32,294	84,140	622,269	3,060,588	860,114	65
66	PHYSICAL THERAPY	2,922,171	117,229	45,023	728,267	3,812,690	1,071,476	66
67	OCCUPATIONAL THERAPY	297,427	13,050	341	80,237	391,055	109,898	67
68	SPEECH PATHOLOGY	233,501	2,709	10,665	65,905	312,780	87,900	68
69	ELECTROCARDIOLOGY	414,505	10,503	8,078	101,752	534,838	150,305	69
70	ELECTROENCEPHALOGRAPHY	843,002	13,510	30,716	134,100	1,021,328	287,023	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,099,519				11,099,519	3,119,287	71
72	IMPL. DEV. CHARGED TO PATIENTS	18,019,518				18,019,518	5,064,007	72
73	DRUGS CHARGED TO PATIENTS	23,296,685	3,585	84,140		23,384,410	6,571,697	73
75.01	SURGERY/CARDIAC AMB DAY CARE	2,897,111	43,754	57,924	674,762	3,673,551	1,032,374	75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES	859,851	46,870	39,862	192,233	1,138,816	320,040	76.01
76.97	CARDIAC REHABILITATION	653,858	2,321	31,207	124,232	811,618	228,088	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	46,965	4,759			51,724	14,536	76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1,180,179	38,426		87,185	1,305,790	366,965	90
91	EMERGENCY	12,423,217	131,453	126,197	1,150,550	13,831,417	3,887,029	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	982,377	14,323	2,169	3,221	1,002,090	281,616	95
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	285,358,300	4,426,578	6,088,207	27,163,427	278,265,578	57,693,840	118
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	204		8,600		8,804	2,474	190
192	PHYSICIANS' PRIVATE OFFICES	47,057,101	235,677	30,869	5,992,910	53,316,557	14,983,534	192
193.01	CONVENT	2,873	4,777			7,650	2,150	193.01
193.02	OTHER NON-REIMBURSABLE	207,064	58,980	19,425	741,484	1,026,953	288,604	193.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201



COMPU-MAX

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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	
202	TOTAL (sum of lines 118-201)	332,625,542	4,726,012	6,147,101	33,897,821	332,625,542	72,970,602	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	6,848,501						6
7	OPERATION OF PLANT	441,673	5,308,184					7
8	LAUNDRY & LINEN SERVICE	100,867	83,570	1,379,710				8
9	HOUSEKEEPING	129,589	107,367		3,483,062			9
10	DIETARY	127,885	105,955		72,118	2,086,828		10
11	CAFETERIA	111,481	92,365		62,868		1,997,881	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	22,040	18,260		12,429		42,727	13
14	CENTRAL SERVICES & SUPPLY	126,990	105,214	36,830	71,614		47,658	14
15	PHARMACY	72,802	60,318		41,056		58,563	15
16	MEDICAL RECORDS & LIBRARY	74,017	61,325		41,741		46,164	16
17	SOCIAL SERVICE	7,358	6,096		4,149		14,790	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	784,640	650,090		442,485		57,070	20
20.01	MEDTECH SCHOOL							20.01
20.02	PARAMED TRAINING						11,952	20.02
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,044,440	865,346	463,744	588,997	1,703,012	455,360	30
31	INTENSIVE CARE UNIT	398,606	330,253	100,252	224,787	224,504	158,809	31
43	NURSERY	48,417	40,114	11,825	27,304	15,459	9,113	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	547,147	453,322	174,125	308,554	174	145,064	50
51	RECOVERY ROOM	150,836	124,970	25,448	85,061		17,181	51
52	DELIVERY ROOM & LABOR ROOM	87,518	72,510	21,378	49,354	27,952	16,434	52
53	ANESTHESIOLOGY	2,751	2,279		1,551			53
54	RADIOLOGY-DIAGNOSTIC	298,533	247,340	25,511	168,353		76,043	54
54.01	ULTRASOUND	51,589	42,743	15,248	29,093		21,214	54.01
55	RADIOLOGY-THERAPEUTIC	302,161	250,346	35,590	170,399	43,787	71,262	55
56	RADIOISOTOPE	20,943	17,352		11,810		7,320	56
57	CT SCAN	25,094	20,791	24,117	14,152		20,019	57
58	MRI	85,122	70,525	10,529	48,003		11,653	58
59	CARDIAC CATHETERIZATION	143,934	119,252	63,070	81,169	7,595	52,289	59
60	LABORATORY	195,287	161,799	126	110,129		152,833	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY	60,348	49,999	31	34,032		51,243	65
66	PHYSICAL THERAPY	219,065	181,499		123,538		57,816	66
67	OCCUPATIONAL THERAPY	24,386	20,204		13,752		5,378	67
68	SPEECH PATHOLOGY	5,063	4,195		2,855		4,333	68
69	ELECTROCARDIOLOGY	19,627	16,261	7,054	11,068		13,744	69
70	ELECTROENCEPHALOGRAPHY	25,246	20,917	1,540	14,237		12,251	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	6,700	5,551		3,778			73
75.01	SURGERY/CARDIAC AMB DAY CARE	81,763	67,742	76,834	46,109	15,969	53,335	75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES	87,585	72,566	13,036	49,392		12,400	76.01
76.97	CARDIAC REHABILITATION	4,337	3,593		2,446		10,159	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	8,894	7,368		5,015			76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	71,807	59,493		40,494		7,320	90
91	EMERGENCY	245,644	203,521	273,422	138,527	48,376	112,645	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	26,765	22,175		15,094		5,378	95
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	6,288,950	4,844,586	1,379,710	3,167,513	2,086,828	1,839,520	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES	440,408	364,886		248,361		72,906	192
193.01	CONVENT	8,927	7,396		5,034			193.01
193.02	OTHER NON-REIMBURSABLE	110,216	91,316		62,154		85,455	193.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	6,848,501	5,308,184	1,379,710	3,483,062	2,086,828	1,997,881	202



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	NURSING SCHOOL 20	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	4,301,036						13
14	CENTRAL SERVICES & SUPPLY	149,173	3,532,156					14
15	PHARMACY	242,702	280	6,117,046				15
16	MEDICAL RECORDS & LIBRARY		40		3,202,818			16
17	SOCIAL SERVICE	61,239				1,122,314		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL		810				3,561,794	20
20.01	MEDTECH SCHOOL							20.01
20.02	PARAMED TRAINING							20.02
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,887,366	328,296	42,866	236,272	892,967	1,932,832	30
31	INTENSIVE CARE UNIT	658,464	170,519	5,833	139,785	206,941	369,364	31
43	NURSERY	37,792	3,180		4,547	22,406	175,790	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	601,030	1,721,055	5,230	148,878		97,471	50
51	RECOVERY ROOM	71,285	5,406		16,624			51
52	DELIVERY ROOM & LABOR ROOM	68,319	5,758	210	8,220		317,721	52
53	ANESTHESIOLOGY		107,214	710,386	53,497			53
54	RADIOLOGY-DIAGNOSTIC		24,181	3,242	112,162			54
54.01	ULTRASOUND		1,750	329	84,198			54.01
55	RADIOLOGY-THERAPEUTIC	221,053	37,539	875	128,808		356,025	55
56	RADIOISOTOPE		1,404	22,945	67,201			56
57	CT SCAN		4,152	26,481	232,755			57
58	MRI		1,118		79,161			58
59	CARDIAC CATHETERIZATION		604,483	16,153	166,652		29,754	59
60	LABORATORY		64,098	4,278	446,607			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.				29,473			63
65	RESPIRATORY THERAPY		7,238	9,747	55,221			65
66	PHYSICAL THERAPY		97		37,835			66
67	OCCUPATIONAL THERAPY		17		5,952			67
68	SPEECH PATHOLOGY				3,329			68
69	ELECTROCARDIOLOGY		6,649	3,641	23,586			69
70	ELECTROENCEPHALOGRAPHY		564		17,266			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		79,067	7	291,904			71
72	IMPL. DEV. CHARGED TO PATIENTS				261,267			72
73	DRUGS CHARGED TO PATIENTS		2,100		299,697			73
75.01	SURGERY/CARDIAC AMB DAY CARE	220,913	103,662	1,407	21,847		89,263	75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES	51,357	77,225		13,134		52,327	76.01
76.97	CARDIAC REHABILITATION		520		3,337		23,598	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY				1,251			76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	30,343	2,764		14,643			90
91	EMERGENCY		150,646	16,518	191,774		117,649	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES		405		5,935			95
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	4,301,036	3,512,237	870,148	3,202,818	1,122,314	3,561,794	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES		19,793	5,244,867				192
193.01	CONVENT			2,031				193.01
193.02	OTHER NON-REIMBURSABLE		126					193.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	4,301,036	3,532,156	6,117,046	3,202,818	1,122,314	3,561,794	202



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PARAMED TRAINING	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		20.02	24	25	26		
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
20.01	MEDTECH SCHOOL						20.01
20.02	PARAMED TRAINING	610,287					20.02
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		40,250,536		40,250,536		30
31	INTENSIVE CARE UNIT		17,956,307		17,956,307		31
43	NURSERY		1,248,734		1,248,734		43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		21,990,875		21,990,875		50
51	RECOVERY ROOM		2,190,777		2,190,777		51
52	DELIVERY ROOM & LABOR ROOM		2,216,975		2,216,975		52
53	ANESTHESIOLOGY		2,248,177		2,248,177		53
54	RADIOLOGY-DIAGNOSTIC		7,985,905		7,985,905		54
54.01	ULTRASOUND		3,000,183		3,000,183		54.01
55	RADIOLOGY-THERAPEUTIC		8,784,459		8,784,459		55
56	RADIOISOTOPE		3,117,853		3,117,853		56
57	CT SCAN		4,755,558		4,755,558		57
58	MRI		3,576,209		3,576,209		58
59	CARDIAC CATHETERIZATION		7,318,498		7,318,498		59
60	LABORATORY		14,539,145		14,539,145		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.		2,329,758		2,329,758		63
65	RESPIRATORY THERAPY		4,188,561		4,188,561		65
66	PHYSICAL THERAPY		5,504,016		5,504,016		66
67	OCCUPATIONAL THERAPY		570,642		570,642		67
68	SPEECH PATHOLOGY		420,455		420,455		68
69	ELECTROCARDIOLOGY		786,773		786,773		69
70	ELECTROENCEPHALOGRAPHY		1,400,372		1,400,372		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		14,589,784		14,589,784		71
72	IMPL. DEV. CHARGED TO PATIENTS		23,344,792		23,344,792		72
73	DRUGS CHARGED TO PATIENTS		30,273,933		30,273,933		73
75.01	SURGERY/CARDIAC AMB DAY CARE		5,484,769		5,484,769		75.01
76	DIABETIC SERVICE						76
76.01	GASTRO INTESTINAL SERVICES		1,887,878		1,887,878		76.01
76.97	CARDIAC REHABILITATION		1,087,696		1,087,696		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY		88,788		88,788		76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		1,899,619		1,899,619		90
91	EMERGENCY	610,287	19,827,455		19,827,455		91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES		1,359,458		1,359,458		95
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	610,287	256,224,940		256,224,940		118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		11,278		11,278		190
192	PHYSICIANS' PRIVATE OFFICES		74,691,312		74,691,312		192
193.01	CONVENT		33,188		33,188		193.01
193.02	OTHER NON-REIMBURSABLE		1,664,824		1,664,824		193.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	610,287	332,625,542		332,625,542		202



COMPU-MAX

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		0	1	2	2A	5	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	9,263,670	534,670	841,333	10,639,673	10,639,673		5
6	MAINTENANCE & REPAIRS	14,425	526,470	157,370	698,265	219,062	917,327	6
7	OPERATION OF PLANT		236,355	170,669	407,024	155,664	59,160	7
8	LAUNDRY & LINEN SERVICE		53,977		53,977	38,233	13,511	8
9	HOUSEKEEPING		69,348	8,136	77,484	103,832	17,358	9
10	DIETARY	1,902	68,436	22,606	92,944	56,964	17,130	10
11	CAFETERIA		59,658		59,658	55,374	14,932	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		11,794	87,564	99,358	134,523	2,952	13
14	CENTRAL SERVICES & SUPPLY	3,873	67,957	183,568	255,398	95,790	17,010	14
15	PHARMACY		38,959	63,830	102,789	180,448	9,752	15
16	MEDICAL RECORDS & LIBRARY		39,609	2,784	42,393	95,306	9,914	16
17	SOCIAL SERVICE		3,937		3,937	32,904	986	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL		419,888	29,477	449,365	52,033	105,099	20
20.01	MEDTECH SCHOOL							20.01
20.02	PARAMED TRAINING					19,139		20.02
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,576	558,921	312,571	873,068	953,495	139,898	30
31	INTENSIVE CARE UNIT	838	213,308	68,596	282,742	478,784	53,392	31
43	NURSERY		25,909	9,665	35,574	27,278	6,485	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	744,059	292,797	967,207	2,004,063	569,007	73,288	50
51	RECOVERY ROOM		80,718	38,489	119,207	54,185	20,204	51
52	DELIVERY ROOM & LABOR ROOM		46,834	17,471	64,305	49,311	11,723	52
53	ANESTHESIOLOGY		1,472	87,189	88,661	43,838	368	53
54	RADIOLOGY-DIAGNOSTIC	810,579	159,755	267,838	1,238,172	224,884	39,987	54
54.01	ULTRASOUND	106,714	27,607	193,849	328,170	88,092	6,910	54.01
55	RADIOLOGY-THERAPEUTIC	1,300	161,697	863,286	1,026,283	229,237	40,473	55
56	RADIOISOTOPE	524,237	11,207	125,929	661,373	94,965	2,805	56
57	CT SCAN	1,092,445	13,429	67,223	1,173,097	140,358	3,361	57
58	MRI	680,987	45,551	160,803	887,341	104,600	11,402	58
59	CARDIAC CATHETERIZATION	3,500	77,024	591,693	672,217	193,013	19,279	59
60	LABORATORY	141,759	104,505	228,599	474,863	428,750	26,158	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.					73,579		63
65	RESPIRATORY THERAPY	75,727	32,294	84,140	192,161	125,411	8,083	65
66	PHYSICAL THERAPY	262,772	117,229	45,023	425,024	156,229	29,343	66
67	OCCUPATIONAL THERAPY		13,050	341	13,391	16,024	3,266	67
68	SPEECH PATHOLOGY		2,709	10,665	13,374	12,816	678	68
69	ELECTROCARDIOLOGY		10,503	8,078	18,581	21,916	2,629	69
70	ELECTROENCEPHALOGRAPHY	213,781	13,510	30,716	258,007	41,850	3,382	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	427,056			427,056	454,814		71
72	IMPL. DEV. CHARGED TO PATIENTS					738,368		72
73	DRUGS CHARGED TO PATIENTS		3,585	84,140	87,725	958,200	897	73
75.01	SURGERY/CARDIAC AMB DAY CARE	700	43,754	57,924	102,378	150,527	10,952	75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES		46,870	39,862	86,732	46,664	11,732	76.01
76.97	CARDIAC REHABILITATION	209,993	2,321	31,207	243,521	33,257	581	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY		4,759		4,759	2,119	1,191	76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	124,467	38,426		162,893	53,506	9,618	90
91	EMERGENCY	16,030	131,453	126,197	273,680	566,756	32,903	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	617,588	14,323	2,169	634,080	41,062	3,585	95
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	15,339,978	4,426,578	6,088,207	25,854,763	8,412,167	842,377	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			8,600	8,600	361		190
192	PHYSICIANS' PRIVATE OFFICES	2,153,120	235,677	30,869	2,419,666	2,184,752	58,991	192
193.01	CONVENT		4,777		4,777	313	1,196	193.01
193.02	OTHER NON-REIMBURSABLE		58,980	19,425	78,405	42,080	14,763	193.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	17,493,098	4,726,012	6,147,101	28,366,211	10,639,673	917,327	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	621,848						7
8	LAUNDRY & LINEN SERVICE	9,790	115,511					8
9	HOUSEKEEPING	12,578		211,252				9
10	DIETARY	12,413		4,374	183,825			10
11	CAFETERIA	10,820		3,813		144,597		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,139		754		3,092	242,818	13
14	CENTRAL SERVICES & SUPPLY	12,326	3,083	4,343		3,449	8,422	14
15	PHARMACY	7,066		2,490		4,239	13,702	15
16	MEDICAL RECORDS & LIBRARY	7,184		2,532		3,341		16
17	SOCIAL SERVICE	714		252		1,070	3,457	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	76,157		26,837		4,130		20
20.01	MEDTECH SCHOOL							20.01
20.02	PARAMED TRAINING					865		20.02
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	101,375	38,824	35,725	150,016	32,958	106,552	30
31	INTENSIVE CARE UNIT	38,689	8,393	13,634	19,776	11,494	37,174	31
43	NURSERY	4,699	990	1,656	1,362	660	2,134	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	53,106	14,578	18,714	15	10,499	33,932	50
51	RECOVERY ROOM	14,640	2,131	5,159		1,243	4,024	51
52	DELIVERY ROOM & LABOR ROOM	8,495	1,790	2,993	2,462	1,189	3,857	52
53	ANESTHESIOLOGY	267		94				53
54	RADIOLOGY-DIAGNOSTIC	28,976	2,136	10,211		5,504		54
54.01	ULTRASOUND	5,007	1,277	1,765		1,535		54.01
55	RADIOLOGY-THERAPEUTIC	29,328	2,980	10,335	3,857	5,158	12,480	55
56	RADIOISOTOPE	2,033		716		530		56
57	CT SCAN	2,436	2,019	858		1,449		57
58	MRI	8,262	881	2,911		843		58
59	CARDIAC CATHETERIZATION	13,970	5,280	4,923	669	3,784		59
60	LABORATORY	18,955	11	6,679		11,061		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY	5,857	3	2,064		3,709		65
66	PHYSICAL THERAPY	21,262		7,493		4,184		66
67	OCCUPATIONAL THERAPY	2,367		834		389		67
68	SPEECH PATHOLOGY	491		173		314		68
69	ELECTROCARDIOLOGY	1,905	591	671		995		69
70	ELECTROENCEPHALOGRAPHY	2,450	129	864		887		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	650		229				73
75.01	SURGERY/CARDIAC AMB DAY CARE	7,936	6,433	2,797	1,407	3,860	12,472	75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES	8,501	1,091	2,996		897	2,899	76.01
76.97	CARDIAC REHABILITATION	421		148		735		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	863		304				76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,970		2,456		530	1,713	90
91	EMERGENCY	23,842	22,891	8,402	4,261	8,153		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	2,598		915		389		95
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	567,538	115,511	192,114	183,825	133,135	242,818	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES	42,746		15,063		5,277		192
193.01	CONVENT	866		305				193.01
193.02	OTHER NON-REIMBURSABLE	10,698		3,770		6,185		193.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	621,848	115,511	211,252	183,825	144,597	242,818	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	PARAMED TRAINING	
		14	15	16	17	20	20.02	
	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	399,821						14
15	PHARMACY	32	320,518					15
16	MEDICAL RECORDS & LIBRARY	4		160,674				16
17	SOCIAL SERVICE				43,320			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	92				713,713		20
20.01	MEDTECH SCHOOL							20.01
20.02	PARAMED TRAINING						20,004	20.02
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	37,162	2,246	11,851	34,467			30
31	INTENSIVE CARE UNIT	19,302	306	7,012	7,988			31
43	NURSERY	360		228	865			43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	194,808	274	7,468				50
51	RECOVERY ROOM	612		834				51
52	DELIVERY ROOM & LABOR ROOM	652	11	412				52
53	ANESTHESIOLOGY	12,136	37,222	2,683				53
54	RADIOLOGY-DIAGNOSTIC	2,737	170	5,626				54
54.01	ULTRASOUND	198	17	4,223				54.01
55	RADIOLOGY-THERAPEUTIC	4,249	46	6,461				55
56	RADIOISOTOPE	159	1,202	3,371				56
57	CT SCAN	470	1,388	11,675				57
58	MRI	127		3,971				58
59	CARDIAC CATHETERIZATION	68,426	846	8,359				59
60	LABORATORY	7,256	224	22,422				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.			1,478				63
65	RESPIRATORY THERAPY	819	511	2,770				65
66	PHYSICAL THERAPY	11		1,898				66
67	OCCUPATIONAL THERAPY	2		299				67
68	SPEECH PATHOLOGY			167				68
69	ELECTROCARDIOLOGY	753	191	1,183				69
70	ELECTROENCEPHALOGRAPHY	64		866				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,950		14,642				71
72	IMPL. DEV. CHARGED TO PATIENTS			13,105				72
73	DRUGS CHARGED TO PATIENTS	238		15,033				73
75.01	SURGERY/CARDIAC AMB DAY CARE	11,734	74	1,096				75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES	8,742		659				76.01
76.97	CARDIAC REHABILITATION	59		167				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY			63				76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	313		735				90
91	EMERGENCY	17,053	865	9,619				91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	46		298				95
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	397,566	45,593	160,674	43,320			118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES	2,241	274,819					192
193.01	CONVENT		106					193.01
193.02	OTHER NON-REIMBURSABLE	14						193.02
200	CROSS FOOT ADJUSTMENTS					713,713	20,004	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	399,821	320,518	160,674	43,320	713,713	20,004	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		24	25	26		
	GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS DEPARTMENT					4
5	ADMINISTRATIVE & GENERAL					5
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY					16
17	SOCIAL SERVICE					17
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
20.01	MEDTECH SCHOOL					20.01
20.02	PARAMED TRAINING					20.02
21	I&R SERVICES-SALARY & FRINGES 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	2,517,637		2,517,637		30
31	INTENSIVE CARE UNIT	978,686		978,686		31
43	NURSERY	82,291		82,291		43
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	2,979,752		2,979,752		50
51	RECOVERY ROOM	222,239		222,239		51
52	DELIVERY ROOM & LABOR ROOM	147,200		147,200		52
53	ANESTHESIOLOGY	185,269		185,269		53
54	RADIOLOGY-DIAGNOSTIC	1,558,403		1,558,403		54
54.01	ULTRASOUND	437,194		437,194		54.01
55	RADIOLOGY-THERAPEUTIC	1,370,887		1,370,887		55
56	RADIOISOTOPE	767,154		767,154		56
57	CT SCAN	1,337,111		1,337,111		57
58	MRI	1,020,338		1,020,338		58
59	CARDIAC CATHETERIZATION	990,766		990,766		59
60	LABORATORY	996,379		996,379		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	75,057		75,057		63
65	RESPIRATORY THERAPY	341,388		341,388		65
66	PHYSICAL THERAPY	645,444		645,444		66
67	OCCUPATIONAL THERAPY	36,572		36,572		67
68	SPEECH PATHOLOGY	28,013		28,013		68
69	ELECTROCARDIOLOGY	49,415		49,415		69
70	ELECTROENCEPHALOGRAPHY	308,499		308,499		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	905,462		905,462		71
72	IMPL. DEV. CHARGED TO PATIENTS	751,473		751,473		72
73	DRUGS CHARGED TO PATIENTS	1,062,972		1,062,972		73
75.01	SURGERY/CARDIAC AMB DAY CARE	311,666		311,666		75.01
76	DIABETIC SERVICE					76
76.01	GASTRO INTESTINAL SERVICES	170,913		170,913		76.01
76.97	CARDIAC REHABILITATION	278,889		278,889		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY	9,299		9,299		76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	238,734		238,734		90
91	EMERGENCY	968,425		968,425		91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
	OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES	682,973		682,973		95
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (sum of lines 1-117)	22,456,500		22,456,500		118
	NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,961		8,961		190
192	PHYSICIANS' PRIVATE OFFICES	5,003,555		5,003,555		192
193.01	CONVENT	7,563		7,563		193.01
193.02	OTHER NON-REIMBURSABLE	155,915		155,915		193.02
200	CROSS FOOT ADJUSTMENTS	733,717		733,717		200
201	NEGATIVE COST CENTER					201
202	TOTAL (sum of lines 118-201)	28,366,211		28,366,211		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	523,320						1
2	CAP REL COSTS-MVBLE EQUIP		5,616,797					2
4	EMPLOYEE BENEFITS DEPARTMENT			118,145,359				4
5	ADMINISTRATIVE & GENERAL	59,205	768,752	16,634,311	-72,970,602	259,654,940		5
6	MAINTENANCE & REPAIRS	58,297	143,794	1,341,445		5,346,094	405,818	6
7	OPERATION OF PLANT	26,172	155,946	585,151		3,798,908	26,172	7
8	LAUNDRY & LINEN SERVICE	5,977		126,879		933,057	5,977	8
9	HOUSEKEEPING	7,679	7,434	1,518,086		2,533,983	7,679	9
10	DIETARY	7,578	20,656	459,650		1,390,187	7,578	10
11	CAFETERIA	6,606		1,010,509		1,351,388	6,606	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,306	80,010	2,329,063		3,282,970	1,306	13
14	CENTRAL SERVICES & SUPPLY	7,525	167,732	1,254,693		2,337,712	7,525	14
15	PHARMACY	4,314	58,323	3,168,620		4,403,745	4,314	15
16	MEDICAL RECORDS & LIBRARY	4,386	2,544	1,407,599		2,325,889	4,386	16
17	SOCIAL SERVICE	436		591,462		803,012	436	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	46,495	26,934	2,859,628		1,269,838	46,495	20
20.01	MEDTECH SCHOOL							20.01
20.02	PARAMED TRAINING			192,752		467,074		20.02
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	61,890	285,606	15,891,207		23,269,604	61,890	30
31	INTENSIVE CARE UNIT	23,620	62,678	6,597,710		11,684,505	23,620	31
43	NURSERY	2,869	8,831	427,143		665,705	2,869	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	32,422	883,767	5,866,025		13,886,356	32,422	50
51	RECOVERY ROOM	8,938	35,169	901,687		1,322,348	8,938	51
52	DELIVERY ROOM & LABOR ROOM	5,186	15,964	772,157		1,203,408	5,186	52
53	ANESTHESIOLOGY	163	79,667			1,069,842	163	53
54	RADIOLOGY-DIAGNOSTIC	17,690	244,732	2,598,337		5,488,197	17,690	54
54.01	ULTRASOUND	3,057	177,126	1,163,796		2,149,849	3,057	54.01
55	RADIOLOGY-THERAPEUTIC	17,905	788,811	2,979,506		5,594,420	17,905	55
56	RADIOISOTOPE	1,241	115,065	522,969		2,317,573	1,241	56
57	CT SCAN	1,487	61,424	1,094,282		3,425,369	1,487	57
58	MRI	5,044	146,931	838,231		2,552,712	5,044	58
59	CARDIAC CATHETERIZATION	8,529	540,648	2,184,292		4,710,391	8,529	59
60	LABORATORY	11,572	208,878	5,538,233		10,463,454	11,572	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.					1,795,654		63
65	RESPIRATORY THERAPY	3,576	76,881	2,168,820		3,060,588	3,576	65
66	PHYSICAL THERAPY	12,981	41,139	2,538,257		3,812,690	12,981	66
67	OCCUPATIONAL THERAPY	1,445	312	279,654		391,055	1,445	67
68	SPEECH PATHOLOGY	300	9,745	229,703		312,780	300	68
69	ELECTROCARDIOLOGY	1,163	7,381	354,640		534,838	1,163	69
70	ELECTROENCEPHALOGRAPHY	1,496	28,066	467,384		1,021,328	1,496	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					11,099,519		71
72	IMPL. DEV. CHARGED TO PATIENTS					18,019,518		72
73	DRUGS CHARGED TO PATIENTS	397	76,881			23,384,410	397	73
75.01	SURGERY/CARDIAC AMB DAY CARE	4,845	52,927	2,351,777		3,673,551	4,845	75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES	5,190	36,423	669,996		1,138,816	5,190	76.01
76.97	CARDIAC REHABILITATION	257	28,515	432,992		811,618	257	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	527				51,724	527	76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	4,255		303,869		1,305,790	4,255	90
91	EMERGENCY	14,556	115,310	4,010,060		13,831,417	14,556	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	1,586	1,982	11,226		1,002,090	1,586	95
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	490,163	5,562,984	94,673,801	-72,970,602	205,294,976	372,661	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,858			8,804		190
192	PHYSICIANS' PRIVATE OFFICES	26,097	28,206	20,887,235		53,316,557	26,097	192
193.01	CONVENT	529				7,650	529	193.01
193.02	OTHER NON-REIMBURSABLE	6,531	17,749	2,584,323		1,026,953	6,531	193.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	4,726,012	6,147,101	33,897,821		72,970,602	6,848,501	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	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
203	UNIT COST MULT-WS B PT I	9.030826	1.094414	0.286916		0.281029	16.875794	203
204	COST TO BE ALLOC PER B PT II					10,639,673	917,327	204
205	UNIT COST MULT-WS B PT II					0.040976	2.260439	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	MEALS SERVED	FTE'S	TRATION DIRECT NRSING HRS	
		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	379,646						7
8	LAUNDRY & LINEN SERVICE	5,977	1,081,370					8
9	HOUSEKEEPING	7,679		365,990				9
10	DIETARY	7,578		7,578	155,510			10
11	CAFETERIA	6,606		6,606		13,373		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,306		1,306		286	1,444,567	13
14	CENTRAL SERVICES & SUPPLY	7,525	28,866	7,525		319	50,102	14
15	PHARMACY	4,314		4,314		392	81,515	15
16	MEDICAL RECORDS & LIBRARY	4,386		4,386		309		16
17	SOCIAL SERVICE	436		436		99	20,568	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	46,495		46,495		382		20
20.01	MEDTECH SCHOOL							20.01
20.02	PARAMED TRAINING					80		20.02
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	61,890	363,468	61,890	126,908	3,048	633,900	30
31	INTENSIVE CARE UNIT	23,620	78,574	23,620	16,730	1,063	221,155	31
43	NURSERY	2,869	9,268	2,869	1,152	61	12,693	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	32,422	136,473	32,422	13	971	201,865	50
51	RECOVERY ROOM	8,938	19,945	8,938		115	23,942	51
52	DELIVERY ROOM & LABOR ROOM	5,186	16,755	5,186	2,083	110	22,946	52
53	ANESTHESIOLOGY	163		163				53
54	RADIOLOGY-DIAGNOSTIC	17,690	19,995	17,690		509		54
54.01	ULTRASOUND	3,057	11,951	3,057		142		54.01
55	RADIOLOGY-THERAPEUTIC	17,905	27,894	17,905	3,263	477	74,244	55
56	RADIOISOTOPE	1,241		1,241		49		56
57	CT SCAN	1,487	18,902	1,487		134		57
58	MRI	5,044	8,252	5,044		78		58
59	CARDIAC CATHETERIZATION	8,529	49,432	8,529	566	350		59
60	LABORATORY	11,572	99	11,572		1,023		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY	3,576	24	3,576		343		65
66	PHYSICAL THERAPY	12,981		12,981		387		66
67	OCCUPATIONAL THERAPY	1,445		1,445		36		67
68	SPEECH PATHOLOGY	300		300		29		68
69	ELECTROCARDIOLOGY	1,163	5,529	1,163		92		69
70	ELECTROENCEPHALOGRAPHY	1,496	1,207	1,496		82		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	397		397				73
75.01	SURGERY/CARDIAC AMB DAY CARE	4,845	60,220	4,845	1,190	357	74,197	75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES	5,190	10,217	5,190		83	17,249	76.01
76.97	CARDIAC REHABILITATION	257		257		68		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	527		527				76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	4,255		4,255		49	10,191	90
91	EMERGENCY	14,556	214,299	14,556	3,605	754		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	1,586		1,586		36		95
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	346,489	1,081,370	332,833	155,510	12,313	1,444,567	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES	26,097		26,097		488		192
193.01	CONVENT	529		529				193.01
193.02	OTHER NON-REIMBURSABLE	6,531		6,531		572		193.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	5,308,184	1,379,710	3,483,062	2,086,828	1,997,881	4,301,036	202



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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 MEALS SERVED	CAFETERIA FTE'S	NURSING ADMINISTRATION DIRECT NRSING HRS	
		7	8	9	10	11	13	
203	UNIT COST MULT-WS B PT I	13.981931	1.275891	9.516823	13.419253	149.396620	2.977388	203
204	COST TO BE ALLOC PER B PT II	621.848	115.511	211.252	183,825	144,597	242,818	204
205	UNIT COST MULT-WS B PT II	1.637968	0.106819	0.577207	1.182078	10.812607	0.168091	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	NURSING SCHOOL ASSIGNED TIME	PARAMED TRAINING ASSIGNED TIME	
		14	15	16	17	20	20.02	
	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	15,246,085						14
15	PHARMACY	1,208	873,625					15
16	MEDICAL RECORDS & LIBRARY	171		1,139,546,160				16
17	SOCIAL SERVICE				47,937			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	3,498				20,829		20
20.01	MEDTECH SCHOOL							20.01
20.02	PARAMED TRAINING						100	20.02
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,417,047	6,122	84,052,627	38,141	11,303		30
31	INTENSIVE CARE UNIT	736,025	833	49,727,789	8,839	2,160		31
43	NURSERY	13,728		1,617,599	957	1,028		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,428,686	747	52,962,817		570		50
51	RECOVERY ROOM	23,333		5,914,021				51
52	DELIVERY ROOM & LABOR ROOM	24,853	30	2,924,203		1,858		52
53	ANESTHESIOLOGY	462,777	101,456	19,031,183				53
54	RADIOLOGY-DIAGNOSTIC	104,376	463	39,901,228				54
54.01	ULTRASOUND	7,554	47	29,952,915				54.01
55	RADIOLOGY-THERAPEUTIC	162,032	125	45,822,729		2,082		55
56	RADIOISOTOPE	6,061	3,277	23,906,505				56
57	CT SCAN	17,923	3,782	82,801,422				57
58	MRI	4,827		28,161,020				58
59	CARDIAC CATHETERIZATION	2,609,175	2,307	59,285,683		174		59
60	LABORATORY	276,671	611	159,036,762				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.			10,484,994				63
65	RESPIRATORY THERAPY	31,242	1,392	19,644,502				65
66	PHYSICAL THERAPY	418		13,459,654				66
67	OCCUPATIONAL THERAPY	73		2,117,430				67
68	SPEECH PATHOLOGY			1,184,192				68
69	ELECTROCARDIOLOGY	28,701	520	8,390,664				69
70	ELECTROENCEPHALOGRAPHY	2,436		6,142,434				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	341,282	1	103,843,444				71
72	IMPL. DEV. CHARGED TO PATIENTS			92,944,401				72
73	DRUGS CHARGED TO PATIENTS	9,066		106,615,850				73
75.01	SURGERY/CARDIAC AMB DAY CARE	447,444	201	7,771,860		522		75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES	333,332		4,672,454		306		76.01
76.97	CARDIAC REHABILITATION	2,246		1,187,229		138		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY			445,130				76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	11,930		5,209,334				90
91	EMERGENCY	650,243	2,359	68,222,721		688	100	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	1,747		2,111,364				95
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	15,160,105	124,273	1,139,546,160	47,937	20,829	100	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES	85,436	749,062					192
193.01	CONVENT		290					193.01
193.02	OTHER NON-REIMBURSABLE	544						193.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	3,532,156	6,117,046	3,202,818	1,122,314	3,561,794	610,287	202



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	NURSING SCHOOL ASSIGNED TIME	PARAMED TRAINING ASSIGNED TIME	
		14	15	16	17	20	20.02	
203	UNIT COST MULT-WS B PT I	0.231676	7.001913	0.002811	23.412270	171.001680	6,102.870000	203
204	COST TO BE ALLOC PER B PT II	399.821	320,518	160,674	43,320	713,713	20,004	204
205	UNIT COST MULT-WS B PT II	0.026225	0.366883	0.000141	0.903686	34.265351	200.040000	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS							
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	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
20.01	MEDTECH SCHOOL							20.01
20.02	PARAMED TRAINING							20.02
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS							30
31	INTENSIVE CARE UNIT							31
43	NURSERY							43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
75.01	SURGERY/CARDIAC AMB DAY CARE							75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
	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
193.01	CONVENT							193.01
193.02	OTHER NON-REIMBURSABLE							193.02
200	CROSS FOOT ADJUSTMENTS							200



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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



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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	WORKSHEET			
DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	40,250,536		40,250,536		40,250,536	30
31	INTENSIVE CARE UNIT	17,956,307		17,956,307	36,437	17,992,744	31
43	NURSERY	1,248,734		1,248,734		1,248,734	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	21,990,875		21,990,875	82,766	22,073,641	50
51	RECOVERY ROOM	2,190,777		2,190,777		2,190,777	51
52	DELIVERY ROOM & LABOR ROOM	2,216,975		2,216,975		2,216,975	52
53	ANESTHESIOLOGY	2,248,177		2,248,177	788,642	3,036,819	53
54	RADIOLOGY-DIAGNOSTIC	7,985,905		7,985,905		7,985,905	54
54.01	ULTRASOUND	3,000,183		3,000,183		3,000,183	54.01
55	RADIOLOGY-THERAPEUTIC	8,784,459		8,784,459		8,784,459	55
56	RADIOISOTOPE	3,117,853		3,117,853		3,117,853	56
57	CT SCAN	4,755,558		4,755,558		4,755,558	57
58	MRI	3,576,209		3,576,209		3,576,209	58
59	CARDIAC CATHETERIZATION	7,318,498		7,318,498	113,152	7,431,650	59
60	LABORATORY	14,539,145		14,539,145		14,539,145	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	2,329,758		2,329,758		2,329,758	63
65	RESPIRATORY THERAPY	4,188,561		4,188,561		4,188,561	65
66	PHYSICAL THERAPY	5,504,016		5,504,016		5,504,016	66
67	OCCUPATIONAL THERAPY	570,642		570,642		570,642	67
68	SPEECH PATHOLOGY	420,455		420,455		420,455	68
69	ELECTROCARDIOLOGY	786,773		786,773		786,773	69
70	ELECTROENCEPHALOGRAPHY	1,400,372		1,400,372		1,400,372	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,589,784		14,589,784		14,589,784	71
72	IMPL. DEV. CHARGED TO PATIENTS	23,344,792		23,344,792		23,344,792	72
73	DRUGS CHARGED TO PATIENTS	30,273,933		30,273,933		30,273,933	73
75.01	SURGERY/CARDIAC AMB DAY CARE	5,484,769		5,484,769	18,338	5,503,107	75.01
76	DIABETIC SERVICE						76
76.01	GASTRO INTESTINAL SERVICES	1,887,878		1,887,878		1,887,878	76.01
76.97	CARDIAC REHABILITATION	1,087,696		1,087,696		1,087,696	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	88,788		88,788		88,788	76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	1,899,619		1,899,619		1,899,619	90
91	EMERGENCY	19,827,455		19,827,455		19,827,455	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	4,443,388		4,443,388		4,443,388	92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	1,359,458		1,359,458		1,359,458	95
200	SUBTOTAL (SEE INSTRUCTIONS)	260,668,328		260,668,328	1,039,335	261,707,663	200
201	LESS OBSERVATION BEDS	4,443,388		4,443,388		4,443,388	201
202	TOTAL (SEE INSTRUCTIONS)	256,224,940		256,224,940		257,264,275	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	74,793,965		74,793,965				30
31	INTENSIVE CARE UNIT	49,727,789		49,727,789				31
43	NURSERY	1,617,599		1,617,599				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	29,944,557	23,018,260	52,962,817	0.415213	0.415213	0.416776	50
51	RECOVERY ROOM	2,500,114	3,413,907	5,914,021	0.370438	0.370438	0.370438	51
52	DELIVERY ROOM & LABOR ROOM	2,924,203		2,924,203	0.758147	0.758147	0.758147	52
53	ANESTHESIOLOGY	10,025,978	9,005,205	19,031,183	0.118131	0.118131	0.159571	53
54	RADIOLOGY-DIAGNOSTIC	12,768,577	27,132,651	39,901,228	0.200142	0.200142	0.200142	54
54.01	ULTRASOUND	7,853,123	22,099,792	29,952,915	0.100163	0.100163	0.100163	54.01
55	RADIOLOGY-THERAPEUTIC	691,340	45,131,389	45,822,729	0.191705	0.191705	0.191705	55
56	RADIOISOTOPE	2,162,789	21,743,716	23,906,505	0.130419	0.130419	0.130419	56
57	CT SCAN	25,522,766	57,278,656	82,801,422	0.057433	0.057433	0.057433	57
58	MRI	5,068,613	23,092,407	28,161,020	0.126991	0.126991	0.126991	58
59	CARDIAC CATHETERIZATION	23,767,805	35,517,878	59,285,683	0.123445	0.123445	0.125353	59
60	LABORATORY	67,200,211	91,836,552	159,036,763	0.091420	0.091420	0.091420	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,936,821	2,548,173	10,484,994	0.222199	0.222199	0.222199	63
65	RESPIRATORY THERAPY	17,958,221	1,686,281	19,644,502	0.213218	0.213218	0.213218	65
66	PHYSICAL THERAPY	4,337,240	9,122,413	13,459,653	0.408927	0.408927	0.408927	66
67	OCCUPATIONAL THERAPY	1,147,199	970,231	2,117,430	0.269497	0.269497	0.269497	67
68	SPEECH PATHOLOGY	613,166	571,027	1,184,193	0.355056	0.355056	0.355056	68
69	ELECTROCARDIOLOGY	2,338,398	6,052,266	8,390,664	0.093768	0.093768	0.093768	69
70	ELECTROENCEPHALOGRAPHY	452,776	5,689,658	6,142,434	0.227983	0.227983	0.227983	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	64,372,373	39,471,070	103,843,443	0.140498	0.140498	0.140498	71
72	IMPL. DEV. CHARGED TO PATIENTS	64,765,693	28,178,708	92,944,401	0.251169	0.251169	0.251169	72
73	DRUGS CHARGED TO PATIENTS	40,042,363	66,573,488	106,615,851	0.283953	0.283953	0.283953	73
75.01	SURGERY/CARDIAC AMB DAY CARE	108,640	7,663,220	7,771,860	0.705722	0.705722	0.708081	75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES	1,592,052	3,080,402	4,672,454	0.404044	0.404044	0.404044	76.01
76.97	CARDIAC REHABILITATION	402	1,186,827	1,187,229	0.916164	0.916164	0.916164	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	51,730	393,400	445,130	0.199465	0.199465	0.199465	76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	16,310	5,193,024	5,209,334	0.364657	0.364657	0.364657	90
91	EMERGENCY	23,072,693	45,150,028	68,222,721	0.290628	0.290628	0.290628	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		9,258,662	9,258,662	0.479917	0.479917	0.479917	92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	1,021,575	1,089,789	2,111,364	0.643877	0.643877	0.643877	95
200	SUBTOTAL (SEE INSTRUCTIONS)	546,397,081	593,149,080	1,139,546,161				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	546,397,081	593,149,080	1,139,546,161				202



COMPU-MAX

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V PPS
 APPLICABLE 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)	2,517,637		2,517,637	42,874	58.72	18,406	1,080,800	30
31	INTENSIVE CARE UNIT	978,686		978,686	8,839	110.72	3,862	427,601	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	82,291		82,291	957	85.99			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	3,578,614		3,578,614	52,670		22,268	1,508,401	200

(A) Worksheet A line numbers



COMPU-MAX

SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0233

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	2,979,752	52,962,817	0.056261	11,238,517	632,290	50
51	RECOVERY ROOM	222,239	5,914,021	0.037578	920,684	34,597	51
52	DELIVERY ROOM & LABOR ROOM	147,200	2,924,203	0.050339			52
53	ANESTHESIOLOGY	185,269	19,031,183	0.009735	3,590,838	34,957	53
54	RADIOLOGY-DIAGNOSTIC	1,558,403	39,901,228	0.039057	6,011,457	234,789	54
54.01	ULTRASOUND	437,194	29,952,915	0.014596	4,004,310	58,447	54.01
55	RADIOLOGY-THERAPEUTIC	1,370,887	45,822,729	0.029917	221,987	6,641	55
56	RADIOISOTOPE	767,154	23,906,505	0.032090	1,172,476	37,625	56
57	CT SCAN	1,337,111	82,801,422	0.016148	10,584,084	170,912	57
58	MRI	1,020,338	28,161,020	0.036232	2,206,285	79,938	58
59	CARDIAC CATHETERIZATION	990,766	59,285,683	0.016712	11,433,800	191,082	59
60	LABORATORY	996,379	159,036,763	0.006265	32,163,377	201,504	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	75,057	10,484,994	0.007159	3,555,120	25,451	63
65	RESPIRATORY THERAPY	341,388	19,644,502	0.017378	8,945,448	155,454	65
66	PHYSICAL THERAPY	645,444	13,459,653	0.047954	2,224,088	106,654	66
67	OCCUPATIONAL THERAPY	36,572	2,117,430	0.017272	591,974	10,225	67
68	SPEECH PATHOLOGY	28,013	1,184,193	0.023656	348,149	8,236	68
69	ELECTROCARDIOLOGY	49,415	8,390,664	0.005889	1,282,858	7,555	69
70	ELECTROENCEPHALOGRAPHY	308,499	6,142,434	0.050224	211,201	10,607	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	905,462	103,843,443	0.008719	27,369,567	238,635	71
72	IMPL. DEV. CHARGED TO PATIENTS	751,473	92,944,401	0.008085	27,954,587	226,013	72
73	DRUGS CHARGED TO PATIENTS	1,062,972	106,615,851	0.009970	18,029,117	179,750	73
75.01	SURGERY/CARDIAC AMB DAY CARE	311,666	7,771,860	0.040102	52,882	2,121	75.01
76	DIABETIC SERVICE						76
76.01	GASTRO INTESTINAL SERVICES	170,913	4,672,454	0.036579	767,918	28,090	76.01
76.97	CARDIAC REHABILITATION	278,889	1,187,229	0.234908	201	47	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	9,299	445,130	0.020891	51,730	1,081	76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	238,734	5,209,334	0.045828	8,978	411	90
91	EMERGENCY	968,425	68,222,721	0.014195	9,932,482	140,992	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	277,929	9,258,662	0.030018			92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (sum of lines 50-199)	18,472,842	1,011,295,444		184,874,115	2,824,104	200

(A) Worksheet A line numbers



COMPU-MAX

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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

		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.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)	1,932,832				1,932,832	30
31	INTENSIVE CARE UNIT	369,364				369,364	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	175,790				175,790	43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)	2,477,986				2,477,986	200

(A) Worksheet A line numbers



COMPU-MAX

SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 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

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	42,874	45.08	18,406	829,742	30
31	INTENSIVE CARE UNIT	8,839	41.79	3,862	161,393	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	957	183.69			43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	52,670		22,268	991,135	200

(A) Worksheet A line numbers



COMPU-MAX

SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0233

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		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)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		97,471			97,471	97,471	50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM		317,721			317,721	317,721	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
55	RADIOLOGY-THERAPEUTIC		356,025			356,025	356,025	55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION		29,754			29,754	29,754	59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
75.01	SURGERY/CARDIAC AMB DAY CARE		89,263			89,263	89,263	75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES		52,327			52,327	52,327	76.01
76.97	CARDIAC REHABILITATION		23,598			23,598	23,598	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
91	EMERGENCY		727,936			727,936	727,936	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		213,371			213,371	213,371	92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)		1,907,466			1,907,466	1,907,466	200

(A) Worksheet A line numbers



COMPU-MAX

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0233

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 I, 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	52,962,817	0.001840	0.001840	11,238,517	20,679	4,977,831	9,159	50
51	RECOVERY ROOM	5,914,021			920,684		645,484		51
52	DELIVERY ROOM & LABOR ROOM	2,924,203	0.108652	0.108652					52
53	ANESTHESIOLOGY	19,031,183			3,590,838		2,023,877		53
54	RADIOLOGY-DIAGNOSTIC	39,901,228			6,011,457		14,865,641		54
54.01	ULTRASOUND	29,952,915			4,004,310		7,826,951		54.01
55	RADIOLOGY-THERAPEUTIC	45,822,729	0.007770	0.007770	221,987	1,725	18,315,638	142,313	55
56	RADIOISOTOPE	23,906,505			1,172,476		7,148,885		56
57	CT SCAN	82,801,422			10,584,084		16,060,532		57
58	MRI	28,161,020			2,206,285		4,204,559		58
59	CARDIAC CATHETERIZATION	59,285,683	0.000502	0.000502	11,433,800	5,740	17,646,284	8,858	59
60	LABORATORY	159,036,763			32,163,377		12,944,291		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	10,484,994			3,555,120		982,134		63
65	RESPIRATORY THERAPY	19,644,502			8,945,448		626,103		65
66	PHYSICAL THERAPY	13,459,653			2,224,088				66
67	OCCUPATIONAL THERAPY	2,117,430			591,974				67
68	SPEECH PATHOLOGY	1,184,193			348,149				68
69	ELECTROCARDIOLOGY	8,390,664			1,282,858		2,179,601		69
70	ELECTROENCEPHALOGRAPHY	6,142,434			211,201		1,685,603		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	103,843,443			27,369,567		13,151,814		71
72	IMPL. DEV. CHARGED TO PATIENTS	92,944,401			27,954,587		10,882,975		72
73	DRUGS CHARGED TO PATIENTS	106,615,851			18,029,117		26,814,505		73
75.01	SURGERY/CARDIAC AMB DAY CARE	7,771,860	0.011485	0.011485	52,882	607	2,838,744	32,603	75.01
76	DIABETIC SERVICE								76
76.01	GASTRO INTESTINAL SERVICES	4,672,454	0.011199	0.011199	767,918	8,600	1,124,707	12,596	76.01
76.97	CARDIAC REHABILITATION	1,187,229	0.019877	0.019877	201	4	480,596	9,553	76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY	445,130			51,730		102,775		76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	5,209,334			8,978		2,163,601		90
91	EMERGENCY	68,222,721	0.010670	0.010670	9,932,482	105,980	10,733,403	114,525	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	9,258,662	0.023046	0.023046			5,526,201	127,357	92
OTHER REIMBURSABLE COST CENTERS									
95	AMBULANCE SERVICES								95
200	TOTAL (sum of lines 50-199)	1,011,295,444			184,874,115	143,335	185,952,735	456,964	200

(A) Worksheet A line numbers



SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0233

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	PROGRAM CHARGES				PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	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	0.415213	4,977,831			2,066,860			50
51	RECOVERY ROOM	0.370438	645,484			239,112			51
52	DELIVERY ROOM & LABOR ROOM	0.758147							52
53	ANESTHESIOLOGY	0.118131	2,023,877			239,083			53
54	RADIOLOGY-DIAGNOSTIC	0.200142	14,865,641			2,975,239			54
54.01	ULTRASOUND	0.100163	7,826,951			783,971			54.01
55	RADIOLOGY-THERAPEUTIC	0.191705	18,315,638			3,511,199			55
56	RADIOISOTOPE	0.130419	7,148,885			932,350			56
57	CT SCAN	0.057433	16,060,532			922,405			57
58	MRI	0.126991	4,204,559			533,941			58
59	CARDIAC CATHETERIZATION	0.123445	17,646,284			2,178,346			59
60	LABORATORY	0.091420	12,944,291			1,183,367			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.222199	982,134			218,229			63
65	RESPIRATORY THERAPY	0.213218	626,103			133,496			65
66	PHYSICAL THERAPY	0.408927							66
67	OCCUPATIONAL THERAPY	0.269497							67
68	SPEECH PATHOLOGY	0.355056							68
69	ELECTROCARDIOLOGY	0.093768	2,179,601			204,377			69
70	ELECTROENCEPHALOGRAPHY	0.227983	1,685,603			384,289			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.140498	13,151,814			1,847,804			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.251169	10,882,975			2,733,466			72
73	DRUGS CHARGED TO PATIENTS	0.283953	26,814,505		81,577	7,614,059		23,164	73
75.01	SURGERY/CARDIAC AMB DAY CARE	0.705722	2,838,744			2,003,364			75.01
76	DIABETIC SERVICE								76
76.01	GASTRO INTESTINAL SERVICES	0.404044	1,124,707			454,431			76.01
76.97	CARDIAC REHABILITATION	0.916164	480,596			440,305			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY	0.199465	102,775			20,500			76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.364657	2,163,601			788,972			90
91	EMERGENCY	0.290628	10,733,403			3,119,427			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.479917	5,526,201			2,652,118			92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.643877							95
200	SUBTOTAL (see instructions)		185,952,735		81,577	38,180,710		23,164	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		185,952,735		81,577	38,180,710		23,164	202

(A) Worksheet A line numbers



COMPU-MAX

SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 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: 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)	
	INPATIENT ROUTINE SERV COST CENTERS	1	2	3	4	5	6	7	
30	ADULTS & PEDIATRICS (General Routine Care)	2,517,637		2,517,637	42,874	58.72	4,260	250,147	30
31	INTENSIVE CARE UNIT	978,686		978,686	8,839	110.72	1,005	111,274	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	82,291		82,291	957	85.99	451	38,781	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	3,578,614		3,578,614	52,670		5,716	400,202	200

(A) Worksheet A line numbers



COMPU-MAX

SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0233

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	2,979,752	52,962,817	0.056261		50
51	RECOVERY ROOM	222,239	5,914,021	0.037578		51
52	DELIVERY ROOM & LABOR ROOM	147,200	2,924,203	0.050339		52
53	ANESTHESIOLOGY	185,269	19,031,183	0.009735		53
54	RADIOLOGY-DIAGNOSTIC	1,558,403	39,901,228	0.039057		54
54.01	ULTRASOUND	437,194	29,952,915	0.014596		54.01
55	RADIOLOGY-THERAPEUTIC	1,370,887	45,822,729	0.029917		55
56	RADIOISOTOPE	767,154	23,906,505	0.032090		56
57	CT SCAN	1,337,111	82,801,422	0.016148		57
58	MRI	1,020,338	28,161,020	0.036232		58
59	CARDIAC CATHETERIZATION	990,766	59,285,683	0.016712		59
60	LABORATORY	996,379	159,036,763	0.006265		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	75,057	10,484,994	0.007159		63
65	RESPIRATORY THERAPY	341,388	19,644,502	0.017378		65
66	PHYSICAL THERAPY	645,444	13,459,653	0.047954		66
67	OCCUPATIONAL THERAPY	36,572	2,117,430	0.017272		67
68	SPEECH PATHOLOGY	28,013	1,184,193	0.023656		68
69	ELECTROCARDIOLOGY	49,415	8,390,664	0.005889		69
70	ELECTROENCEPHALOGRAPHY	308,499	6,142,434	0.050224		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	905,462	103,843,443	0.008719		71
72	IMPL. DEV. CHARGED TO PATIENTS	751,473	92,944,401	0.008085		72
73	DRUGS CHARGED TO PATIENTS	1,062,972	106,615,851	0.009970		73
75.01	SURGERY/CARDIAC AMB DAY CARE	311,666	7,771,860	0.040102		75.01
76	DIABETIC SERVICE					76
76.01	GASTRO INTESTINAL SERVICES	170,913	4,672,454	0.036579		76.01
76.97	CARDIAC REHABILITATION	278,889	1,187,229	0.234908		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY	9,299	445,130	0.020891		76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	238,734	5,209,334	0.045828		90
91	EMERGENCY	968,425	68,222,721	0.014195		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	277,929	9,258,662	0.030018		92
	OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES					95
200	TOTAL (sum of lines 50-199)	18,472,842	1,011,295,444			200

(A) Worksheet A line numbers



COMPU-MAX

SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 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: TITLE XIX

		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.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)	1,932,832				1,932,832	30
31	INTENSIVE CARE UNIT	369,364				369,364	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	175,790				175,790	43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)	2,477,986				2,477,986	200

(A) Worksheet A line numbers



COMPU-MAX

SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 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: TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	42,874	45.08	4,260	192,041	30
31	INTENSIVE CARE UNIT	8,839	41.79	1,005	41,999	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	957	183.69	451	82,844	43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	52,670		5,716	316,884	200

(A) Worksheet A line numbers



COMPU-MAX

SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0233

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	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		97,471			97,471	97,471	50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM		317,721			317,721	317,721	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
55	RADIOLOGY-THERAPEUTIC		356,025			356,025	356,025	55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION		29,754			29,754	29,754	59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
75.01	SURGERY/CARDIAC AMB DAY CARE		89,263			89,263	89,263	75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES		52,327			52,327	52,327	76.01
76.97	CARDIAC REHABILITATION		23,598			23,598	23,598	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
91	EMERGENCY		727,936			727,936	727,936	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)		1,694,095			1,694,095	1,694,095	200

(A) Worksheet A line numbers



COMPU-MAX

SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0233

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 I, 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	52,962,817	0.001840	0.001840					50
51	RECOVERY ROOM	5,914,021							51
52	DELIVERY ROOM & LABOR ROOM	2,924,203	0.108652	0.108652					52
53	ANESTHESIOLOGY	19,031,183							53
54	RADIOLOGY-DIAGNOSTIC	39,901,228							54
54.01	ULTRASOUND	29,952,915							54.01
55	RADIOLOGY-THERAPEUTIC	45,822,729	0.007770	0.007770					55
56	RADIOISOTOPE	23,906,505							56
57	CT SCAN	82,801,422							57
58	MRI	28,161,020							58
59	CARDIAC CATHETERIZATION	59,285,683	0.000502	0.000502					59
60	LABORATORY	159,036,763							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	10,484,994							63
65	RESPIRATORY THERAPY	19,644,502							65
66	PHYSICAL THERAPY	13,459,653							66
67	OCCUPATIONAL THERAPY	2,117,430							67
68	SPEECH PATHOLOGY	1,184,193							68
69	ELECTROCARDIOLOGY	8,390,664							69
70	ELECTROENCEPHALOGRAPHY	6,142,434							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	103,843,443							71
72	IMPL. DEV. CHARGED TO PATIENTS	92,944,401							72
73	DRUGS CHARGED TO PATIENTS	106,615,851							73
75.01	SURGERY/CARDIAC AMB DAY CARE	7,771,860	0.011485	0.011485					75.01
76	DIABETIC SERVICE								76
76.01	GASTRO INTESTINAL SERVICES	4,672,454	0.011199	0.011199					76.01
76.97	CARDIAC REHABILITATION	1,187,229	0.019877	0.019877					76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY	445,130							76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	5,209,334							90
91	EMERGENCY	68,222,721	0.010670	0.010670					91
92	OBSERVATION BEDS (NON-DISTINCT PART)	9,258,662							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES								95
200	TOTAL (sum of lines 50-199)	1,011,295,444							200

(A) Worksheet A line numbers



SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0233

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	0.415213							50
51	RECOVERY ROOM	0.370438							51
52	DELIVERY ROOM & LABOR ROOM	0.758147							52
53	ANESTHESIOLOGY	0.118131							53
54	RADIOLOGY-DIAGNOSTIC	0.200142							54
54.01	ULTRASOUND	0.100163							54.01
55	RADIOLOGY-THERAPEUTIC	0.191705							55
56	RADIOISOTOPE	0.130419							56
57	CT SCAN	0.057433							57
58	MRI	0.126991							58
59	CARDIAC CATHETERIZATION	0.123445							59
60	LABORATORY	0.091420							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.222199							63
65	RESPIRATORY THERAPY	0.213218							65
66	PHYSICAL THERAPY	0.408927							66
67	OCCUPATIONAL THERAPY	0.269497							67
68	SPEECH PATHOLOGY	0.355056							68
69	ELECTROCARDIOLOGY	0.093768							69
70	ELECTROENCEPHALOGRAPHY	0.227983							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.140498							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.251169							72
73	DRUGS CHARGED TO PATIENTS	0.283953							73
75.01	SURGERY/CARDIAC AMB DAY CARE	0.705722							75.01
76	DIABETIC SERVICE								76
76.01	GASTRO INTESTINAL SERVICES	0.404044							76.01
76.97	CARDIAC REHABILITATION	0.916164							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY	0.199465							76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.364657							90
91	EMERGENCY	0.290628							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.479917							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.643877							95
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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0233

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)	42,874	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	42,874	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.	10,871	3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	27,270	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)	18,406	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)	40,250,536	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	40,250,536	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)	69,953,399	28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)	69,953,399	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)	0.575391	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)	2,565.21	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)	40,250,536	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0233

WORKSHEET D-1
PART II

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) PPS
 APPLICABLE 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)					938.81	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					17,279,737	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)					17,279,737	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	17,992,744	8,839	2,035.61	3,862	7,861,526	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47
							1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					35,952,004	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					61,093,267	49
							PASS-THROUGH COST ADJUSTMENTS
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					2,499,536	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					2,967,439	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					5,466,975	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					55,626,292	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: 14-0233

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)					4,733	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					938.81	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					4,443,388	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	2,517,637	40,250,536	0.062549	4,443,388	277,929	90
91	NURSING SCHOOL COST	1,932,832	40,250,536	0.048020	4,443,388	213,371	91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0233

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)	42,874	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	42,874	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.	10,871	3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	27,270	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)	4,260	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)	957	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	451	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)	40,250,536	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	40,250,536	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)	69,953,399	28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)	69,953,399	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)	0.575391	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)	2,565.21	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)	40,250,536	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0233

WORKSHEET D-1
PART II

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) PPS
 APPLICABLE 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

							1	
	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			
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)						938.81	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)						3,999,331	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)						3,999,331	41
42	NURSERY (Titles V and XIX only)							
	1,248,734	957	1,304.84	451	588,483		42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	17,956,307	8,839	2,031.49	1,005	2,041,647		43	
44							44	
45							45	
46							46	
47							47	

							1	
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)						6,629,461	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)						717,086	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)						717,086	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: 14-0233

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)					4,733	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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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0233

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		33,132,749		30
31	INTENSIVE CARE UNIT		22,140,781		31
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.416776	11,238,517	4,683,944	50
51	RECOVERY ROOM	0.370438	920,684	341,056	51
52	DELIVERY ROOM & LABOR ROOM	0.758147			52
53	ANESTHESIOLOGY	0.159571	3,590,838	572,994	53
54	RADIOLOGY-DIAGNOSTIC	0.200142	6,011,457	1,203,145	54
54.01	ULTRASOUND	0.100163	4,004,310	401,084	54.01
55	RADIOLOGY-THERAPEUTIC	0.191705	221,987	42,556	55
56	RADIOISOTOPE	0.130419	1,172,476	152,913	56
57	CT SCAN	0.057433	10,584,084	607,876	57
58	MRI	0.126991	2,206,285	280,178	58
59	CARDIAC CATHETERIZATION	0.125353	11,433,800	1,433,261	59
60	LABORATORY	0.091420	32,163,377	2,940,376	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.222199	3,555,120	789,944	63
65	RESPIRATORY THERAPY	0.213218	8,945,448	1,907,331	65
66	PHYSICAL THERAPY	0.408927	2,224,088	909,490	66
67	OCCUPATIONAL THERAPY	0.269497	591,974	159,535	67
68	SPEECH PATHOLOGY	0.355056	348,149	123,612	68
69	ELECTROCARDIOLOGY	0.093768	1,282,858	120,291	69
70	ELECTROENCEPHALOGRAPHY	0.227983	211,201	48,150	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.140498	27,369,567	3,845,369	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.251169	27,954,587	7,021,326	72
73	DRUGS CHARGED TO PATIENTS	0.283953	18,029,117	5,119,422	73
75.01	SURGERY/CARDIAC AMB DAY CARE	0.708081	52,882	37,445	75.01
76	DIABETIC SERVICE				76
76.01	GASTRO INTESTINAL SERVICES	0.404044	767,918	310,273	76.01
76.97	CARDIAC REHABILITATION	0.916164	201	184	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY	0.199465	51,730	10,318	76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	0.364657	8,978	3,274	90
91	EMERGENCY	0.290628	9,932,482	2,886,657	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.479917			92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		184,874,115	35,952,004	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		184,874,115		202

(A) Worksheet A line numbers



COMPU-MAX

SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0233

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
31	INTENSIVE CARE UNIT				31
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.415213			50
51	RECOVERY ROOM	0.370438			51
52	DELIVERY ROOM & LABOR ROOM	0.758147			52
53	ANESTHESIOLOGY	0.118131			53
54	RADIOLOGY-DIAGNOSTIC	0.200142			54
54.01	ULTRASOUND	0.100163			54.01
55	RADIOLOGY-THERAPEUTIC	0.191705			55
56	RADIOISOTOPE	0.130419			56
57	CT SCAN	0.057433			57
58	MRI	0.126991			58
59	CARDIAC CATHETERIZATION	0.123445			59
60	LABORATORY	0.091420			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.222199			63
65	RESPIRATORY THERAPY	0.213218			65
66	PHYSICAL THERAPY	0.408927			66
67	OCCUPATIONAL THERAPY	0.269497			67
68	SPEECH PATHOLOGY	0.355056			68
69	ELECTROCARDIOLOGY	0.093768			69
70	ELECTROENCEPHALOGRAPHY	0.227983			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.140498			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.251169			72
73	DRUGS CHARGED TO PATIENTS	0.283953			73
75.01	SURGERY/CARDIAC AMB DAY CARE	0.705722			75.01
76	DIABETIC SERVICE				76
76.01	GASTRO INTESTINAL SERVICES	0.404044			76.01
76.97	CARDIAC REHABILITATION	0.916164			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY	0.199465			76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.364657			90
91	EMERGENCY	0.290628			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.479917			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	43,021,057			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)	2,853,590			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	9,768			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	222.03			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)	0.0238			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)				31
32	SUM OF LINES 30 AND 31				32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)				33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)				34
		PRIOR TO OCTOBER 1	ON OR AFTER OCTOBER 1		
	UNCOMPENSATED CARE ADJUSTMENT				
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)				35
35.01	FACTOR 3 (see instructions)				35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)				35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)				35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)				36
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES				
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART 1 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 [XX] HOSPITAL
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)	45,874,647			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)	45,874,647			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	3,673,489			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	1,114,271			53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	53,055			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	991,135			57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)	143,335			58
59	TOTAL (sum of amounts on lines 49 through 58)	51,849,932			59
60	PRIMARY PAYER PAYMENTS	25,439			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	51,824,493			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,747,360			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	123,192			63
64	ALLOWABLE BAD DEBTS (see instructions)	643,600			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	418,340			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	568,173			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	48,372,281			67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)	16,846			68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (COLLEGE OF NURSING ADJ)	-259,156			70
71	AMOUNT DUE PROVIDER (see instructions)	48,096,279			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	961,926			71.01
72	INTERIM PAYMENTS	47,725,317			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	-590,964			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	660,576			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: 14-0233

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)	23,164			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	37,723,746			2
3	PPS PAYMENTS	31,466,132			3
4	OUTLIER PAYMENT (see instructions)	234,403			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	456,964			9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	23,164			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	81,577			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)	81,577			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)	81,577			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	58,413			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)	23,164			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)	32,157,499			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	6,431,950			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	25,748,713			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)	25,748,713			30
31	PRIMARY PAYER PAYMENTS	221			31
32	SUBTOTAL (line 30 minus line 31)	25,748,492			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)	948,041			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	616,227			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	814,593			36
37	SUBTOTAL (see instructions)	26,364,719			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS ()				39
40	SUBTOTAL (see instructions)	26,364,719			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	527,294			40.01
41	INTERIM PAYMENTS	24,668,799			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	1,168,626			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



SAINT ANTHONY MEDICAL CENTER Provider CCN: 14-0233	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 14:07 Version: 2014.10
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0233

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		47,698,917		24,668,799	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)					
						3.01
						3.02
		PROGRAM	05/05/2014	26,400		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)	.99		26,400		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)			47,725,317		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
						5.02
		PROGRAM				5.03
		TO				5.04
		PROVIDER				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)	.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)	.01		370,962		6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)			48,096,279		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.



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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	10,408	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	22,268	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	6,713	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	46,980	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,139,546,161	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	31,922,607	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)	611,184	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	12,224	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	598,960	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	630,910	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-31,950	32



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0233

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	6,629,461		1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)	6,629,461		4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	6,629,461		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)	6,629,461		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)	6,629,461		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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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	3,610,892				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	226,245,013				4
5	OTHER RECEIVABLES	4,808,416				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-152,597,183				6
7	INVENTORY	4,369,483				7
8	PREPAID EXPENSES					8
9	OTHER CURRENT ASSETS	838,170				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	87,274,791				11
FIXED ASSETS						
12	LAND	4,152,456				12
13	LAND IMPROVEMENTS	3,918,143				13
14	ACCUMULATED DEPRECIATION	-3,607,713				14
15	BUILDINGS	130,800,247				15
16	ACCUMULATED DEPRECIATION	-76,682,388				16
17	LEASEHOLD IMPROVEMENTS	989,236				17
18	ACCUMULATED AMORTIZATION	-526,518				18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	103,896,354				23
24	ACCUMULATED DEPRECIATION	-81,255,286				24
25	MINOR EQUIPMENT DEPRECIABLE	143,559				25
26	ACCUMULATED DEPRECIATION					26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE					29
30	TOTAL FIXED ASSETS (sum of lines 12-29)	81,828,090				30
OTHER ASSETS						
31	INVESTMENTS	15,620,739				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	7,494,286				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	23,115,025				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	192,217,906				36
LIABILITIES AND FUND BALANCES						
	(Omit Cents)	1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	4,300,479				37
38	SALARIES, WAGES & FEES PAYABLE	21,842,398				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	124,922				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS	20,538,840				43
44	OTHER CURRENT LIABILITIES	3,619,868				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	50,426,507				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	4,128,869				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	4,128,869				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	54,555,376				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	137,662,530				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)	137,662,530				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	192,217,906				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		132,076,805		1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		5,576,703		2
3	TOTAL (sum of line 1 and line 2)		137,653,508		3
4	ADDITIONS (credit adjustments)	330,855			4
5	CONTRIBUTION ACTIVITY				5
6	NONCONTROLLING INTEREST	-321,833			6
7					7
8					8
9					9
10	TOTAL ADDITIONS (sum of lines 4-9)		9,022		10
11	SUBTOTAL (line 3 plus line 10)		137,662,530		11
12	DEDUCTIONS (debit adjustments)				12
13	BAD DEBT				13
14					14
15					15
16					16
17					17
18	TOTAL DEDUCTIONS (sum of lines 12-17)				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		137,662,530		19

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



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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	69,953,399		69,953,399	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	69,953,399		69,953,399	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	49,434,756		49,434,756	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)	49,434,756		49,434,756	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	119,388,155		119,388,155	17
18	ANCILLARY SERVICES	440,013,709		440,013,709	18
19	OUTPATIENT SERVICES		699,280,104	699,280,104	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)	559,401,864	699,280,104	1,258,681,968	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		351,932,163	29
30	BAD DEBT			30
31				31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		351,932,163	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)	1,258,681,968	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	912,701,398	2
3	NET PATIENT REVENUES (line 1 minus line 2)	345,980,570	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	351,932,163	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-5,951,593	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	905,544	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF 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		18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER)	9,630,714	24
24.01	OTHER (UNRESTRICTED CONTRIBUTIONS)	183,037	24.01
24.02	OTHER (ASSETS RELEASED FOR OPERATIONS)	585,564	24.02
24.03	OTHER (ASSET RELEASED-CAPITAL)	223,437	24.03
25	TOTAL OTHER INCOME (sum of lines 6-24)	11,528,296	25
26	TOTAL (line 5 plus line 25)	5,576,703	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	5,576,703	29



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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0233

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	3,432,181	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	140,402	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)	128.71	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)	0.0238	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.1192	8
9	SUM OF LINES 7 AND 8	0.1430	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0294	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	100,906	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	3,673,489	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
20.01	MEDTECH SCHOOL							20.01
20.02	PARAMED TRAINING							20.02
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS							30
31	INTENSIVE CARE UNIT							31
43	NURSERY							43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
75.01	SURGERY/CARDIAC AMB DAY CARE							75.01
76	DIABETIC SERVICE							76
76.01	GASTRO INTESTINAL SERVICES							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
	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
193.01	CONVENT							193.01
193.02	OTHER NON-REIMBURSABLE							193.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202