

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. [X] ELECTRONICALLY FILED COST REPORT DATE: 03-07-2014 TIME: 16:38
 2. [X] MANUALLY SUBMITTED COST REPORT
 3. [2] IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. [F] MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOSEPH'S REG MED CENTER S. BEND (15-0012) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		-173,995	-59,170	2,648,719	127,368	1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		68,914				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		-105,081	-59,170	2,648,719	127,368	200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5215 HOLY CROSS PARKWAY
 2 CITY: MISHAWAKA

P.O.BOX:
 ZIP CODE: 46545

COUNTY: SAINT JOSEPH

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	N 9
3	HOSPITAL	15-0012	43780	1	07/01/1996	N	P	P	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF	15-T012	43780	5	06/01/1983	N	P	P	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 OLTG								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: 07/01/2011			TO: 06/30/2012				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID UNPAID DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID UNPAID DAYS 4	HMO DAYS 5	OTHER MEDICAID DAYS 6	1	2
23							3	N 23
24	9,260							24
25		346						25
26				1				26
27				1				27
35								35
36			BEGINNING:		ENDING:			36
37								37
38			BEGINNING:		ENDING:			38
39							N	N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
		Y/N	IME	DIRECT GME	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	N			61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY FTEs, AND PRIMARY CARE FTEs ADDED UNDER SECTION 5503). (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
	PROGRAM NAME	PROGRAM CODE	UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT	
	1	2	3	4	
					61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
					61.20
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))		
64	3.99	21.80	0.154711	64

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

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

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

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))		
66	0.63	3.37	0.157500	66

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

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

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

70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71

INPATIENT REHABILITATION FACILITY PPS

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

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		80
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TEFRA PROVIDERS

85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N		86

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

		V	XIX	
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N		108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL N	RESPI- RATORY 109
MISCELLANEOUS COST REPORTING INFORMATION				
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.		N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1,189,265 PAID LOSSES: 935,187 SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.		N	118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.		N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.		Y	121
TRANSPLANT CENTER INFORMATION				
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.		N	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ALL PROVIDERS

140 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1,
 CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS
 ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER. 1
Y 15H034 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: ST JOSEPH REG MED CTR CONTRACTOR'S NAME: WISCONSIN PROVIDER SERVICES CO CONTRACTOR'S NUMBER: 08102 141
 142 STREET: 5215 HOLY CROSS PARKWAY P.O. BOX: 142
 143 CITY: MISHAWAKA STATE: IN ZIP CODE: 46545 143
 144 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y 144
 145 IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT
 SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO. Y 145
 146 HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y'
 FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE
 APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2. N 146
 147 WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO. N 147
 148 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO. N 148
 149 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO. N 149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE
 APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)	1	2	3	4
155 HOSPITAL	N	N		N 155
156 SUBPROVIDER - IPF	N	N		156
157 SUBPROVIDER - IRF	N	N		N 157
158 SUBPROVIDER - (OTHER)	N	N		158
159 SNF	N	N		159
160 HHA	N	N		160
161 CMHC		N		161
161.10 CORF				161.10

MULTICAMPUS

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

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

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

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

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. Y 167
 168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),
 ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168
 169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH
 (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 1.00 169
 170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE
 FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyy) (SEE INSTRUCTIONS) 170

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
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)	1 N	2	1	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS					
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.	1 N	2	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES					
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2 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.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y/N	Y/N 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	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 Y	2 10/10/2012	3 Y	4 10/10/2012
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)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

- | | | | |
|--|-----------------------------------|-----------------------------|----|
| 41 FIRST NAME: CRAIG | LAST NAME: NIETCH | TITLE: DIRECTOR OF REIMBURS | 41 |
| 42 EMPLOYER: SAINT JOSEPH REGIONAL MEDICAL | | | 42 |
| 43 PHONE NUMBER: 574-472-6073 | E-MAIL ADDRESS: NIETCHC@SJPMC.COM | | 43 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	75,503,264	-373,689	75,129,575	2,803,424.00	26.80
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A ADMINISTRATIVE						3
4.01	PHYSICIAN-PART A - TEACHING						4
5	PHYSICIAN-PART B						4.01
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	3,076,390	-1,457,260	1,619,130	62,296.00	25.99
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7
8	HOME OFFICE PERSONNEL						7.01
9	SNF	44					8
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		9,012,513	48,812	9,061,325	135,824.00	66.71
	OTHER WAGES & RELATED COSTS						9
11	CONTRACT LABOR (SEE INSTRUCTIONS)				393,144	6,446.00	60.99
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES		393,144		191,855	6,240.00	30.75
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		191,855				11
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		24,852,381		24,852,381	511,972.00	48.54
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						13
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						14
	WAGE-RELATED COSTS						15
17	WAGE-RELATED COSTS (CORE)		18,650,962	373,689	19,024,651		16
18	WAGE-RELATED COSTS (OTHER)						17
19	EXCLUDED AREAS		1,359,414		1,359,414		18
20	NON-PHYSICIAN ANESTHETIST PART A						19
21	NON-PHYSICIAN ANESTHETIST PART B						20
22	PHYSICIAN PART A - ADMINISTRATIVE						21
22.01	PHYSICIAN PART A - TEACHING						22
23	PHYSICIAN PART B						22.01
24	WAGE-RELATED COSTS (RHC/FQHC)						23
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		528,777		528,777		24
	OVERHEAD COSTS - DIRECT SALARIES						25
26	EMPLOYEE BENEFITS DEPARTMENT		373,689	-373,689			26
27	ADMINISTRATIVE & GENERAL		3,352,073	-146,466	3,205,607	146,474.00	21.89
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						27
29	MAINTENANCE & REPAIRS						28
30	OPERATION OF PLANT		1,736,046		1,736,046	76,586.00	22.67
31	LAUNDRY & LINEN SERVICE		160,492		160,492	12,563.00	12.77
32	HOUSEKEEPING		2,259,055		2,259,055	168,584.00	13.40
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						30
34	DIETARY		1,746,796	-576,443	1,170,353	79,227.00	14.77
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						31
36	CAFETERIA			576,443	576,443	39,021.00	14.77
37	MAINTENANCE OF PERSONNEL						32
38	NURSING ADMINISTRATION		1,793,632		1,793,632	64,002.00	28.02
39	CENTRAL SERVICES AND SUPPLY		405,547		405,547	24,856.00	16.32
40	PHARMACY		2,571,475		2,571,475	69,181.00	37.17
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,343,531		1,343,531	70,845.00	18.96
42	SOCIAL SERVICE		1,432,451		1,432,451	47,902.00	29.90
43	OTHER GENERAL SERVICE		592,507		592,507	37,003.00	16.01

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	72,426,874	1,083,571	73,510,445	2,741,128.00	26.82	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	9,012,513	48,812	9,061,325	135,824.00	66.71	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	63,414,361	1,034,759	64,449,120	2,605,304.00	24.74	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	25,437,380		25,437,380	524,658.00	48.48	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	18,650,962	373,689	19,024,651		29.52%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	107,502,703	1,408,448	108,911,151	3,129,962.00	34.80	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	17,767,294	-520,155	17,247,139	836,244.00	20.62	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS	1,486,616	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)			
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST			
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	9,080,694	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	698,284	10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	171,154	11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	873,093	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	612,615	15
16	RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	-947,492	16
TAXES			
17	FICA-EMPLOYERS PORTION ONLY	5,208,977	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE		19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	84,094	20
OTHER			
21	EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	6,348	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	17,274,383	24
PART B - OTHER THAN CORE RELATED COST			
25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)	54,972	25

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
03/07/2014 16:38

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	393,144	1
2	HOSPITAL	393,144	2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.332316	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				33,397,363	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				90,525,426	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				30,083,047	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)					19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	16,925,968	667,809	17,593,777		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,624,770	221,924	5,846,694		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	136,822		136,822		22
23	COST OF CHARITY CARE	5,487,948	221,924	5,709,872		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			16,459,174		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			642,015		27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			15,817,159		28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			5,256,295		29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			10,966,167		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			10,966,167		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100				21,604,072	1
2	00200				11,157,629	2
3	00300					3
4	00400	373,689	-1,037,611	-663,922	1,037,611	4
5.01	00540	266,620	85,134	351,754	-652	5.01
5.02	00550		-84	-84	84	5.02
5.03	00560		-7,067	-7,067	7,067	5.03
5.04	00570	1,299,651	658,396	1,958,047	-45,772	5.04
5.05	00580					5.05
5.06	00590	1,785,802	95,982,089	97,767,891	-23,722,918	5.06
6	00600		353	353		6
7	00700	1,736,046	6,476,982	8,213,028	-985,226	7
8	00800	160,492	1,075,309	1,235,801		8
9	00900	2,259,055	1,069,122	3,328,177	-21,166	9
10	01000	1,746,796	2,900,605	4,647,401	-1,700,932	10
11	01100				1,533,643	11
12	01200					12
13	01300	1,793,632	688,329	2,481,961	-303	13
14	01400	405,547	566,067	971,614	-13,160	14
15	01500	2,571,475	9,648,946	12,220,421	-8,982,391	15
16	01600	1,343,531	2,154,162	3,497,693	-33,550	16
17	01700	1,432,451	1,021,350	2,453,801	-375	17
18	01850	592,507	1,300,408	1,892,915	-118,176	18
19	01900					19
20	02000					20
21	02100	3,076,390	1,220,927	4,297,317	-1,875,179	21
22	02200				2,150,113	22
23	02300	66,688	132,001	198,689	27,931	23
23.01	02301	167,933	60,569	228,502	25,565	23.01
23.02	02302	335,668	90,866	426,534		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	15,556,992	7,501,142	23,058,134	-2,895,432	30
31	03100	3,468,317	1,609,012	5,077,329	-82,687	31
35	02060	833,002	317,613	1,150,615	-50,341	35
41	04100	1,974,237	3,547,708	5,521,945	-1,985,215	41
43	04300				2,217,745	43
ANCILLARY SERVICE COST CENTERS						
50	05000	5,926,661	27,457,965	33,384,626	-17,388,303	50
51	05100	910,613	413,941	1,324,554	-125	51
52	05200				383,717	52
54	05400	3,158,451	3,681,592	6,840,043	-1,503,852	54
55	05500	72,676	211,333	284,009	-212,113	55
57	05700	567,971	924,588	1,492,559	-353,733	57
58	05800		327,445	327,445		58
59	05900	2,285,569	9,113,199	11,398,768	-5,260,222	59
60	06000		12,511,171	12,511,171	-465,089	60
62.30	06250					62.30
65	06500	1,376,533	1,552,378	2,928,911	130,962	65
66	06600	2,266,034	1,218,430	3,484,464	-311,208	66
67	06700	612,070	318,419	930,489	-34,971	67
68	06800	283,333	129,783	413,116	-36,803	68
69	06900	704,663	538,293	1,242,956	-226,103	69
71	07100		-292,554	-292,554	292,554	71
72	07200				19,889,663	72
73	07300	311,364	378,409	689,773	8,612,480	73
74	07400		1,062,326	1,062,326		74
76.97	07697					76.97
76.98	07698				92,660	76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	129,518	115,043	244,561	143,716	90
90.01	09001	244,650	117,250	361,900	-2,994	90.01
90.02	09002	76,906	68,175	145,081	-28,019	90.02
90.03	09003	963,752	1,273,284	2,237,036	-243,762	90.03
90.04	09004	415,778	1,440,168	1,855,946	-216,137	90.04
90.05	09009	341,531	154,966	496,497	-32,924	90.05
90.06	09005	382,811	556,619	939,430	-81,437	90.06
90.07	09006	315,320	253,828	569,148	-116,228	90.07
90.08	09007	259,954	138,731	398,685	-217,485	90.08
90.09	09008	2,797	1,287	4,084		90.09
91	09100	4,179,801	2,048,919	6,228,720	-90,783	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300					113
118		69,035,277	202,777,316	271,812,593	-28,554	118
NONREIMBURSABLE COST CENTERS						

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES	OTHER	TOTAL	RECLASSIFI- CATIONS	
			(COL. 1 + COL. 2)		
	1	2	3	4	
190.01 19001 ATHLETIC TRAINERS	172,443	54,531	226,974		190.01
190.10 19002 OUTREACH SERVICES	1,339,824	751,569	2,091,393	11,513	190.10
190.11 19003 KINDRED/OUR LADY OF PEACE	173,144	46,053	219,197		190.11
190.19 19004 KINDRED/OUR LADY OF PEACE ADMIN	500	42	542		190.19
190.20 19005 ADVANCED SPECIALTIES	129	231	360		190.20
192.01 19201 PERINATOLOGIST	1,489	29,732	31,221		192.01
192.02 19202 NEONATOLOGISTS	811,653	194,455	1,006,108		192.02
192.03 19203 HOSPITALISTS/INTENSIVISTS	3,968,805	1,278,181	5,246,986	17,041	192.03
200 TOTAL (SUM OF LINES 118-199)	75,503,264	205,132,110	280,635,374		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	21,604,072	4,852,820	26,456,892	1
2	00200	CAP REL COSTS-MVBLE EQUIP	11,157,629		11,157,629	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	373,689	1,119,536	1,493,225	4
5.01	00540	NONPATIENT TELEPHONES	351,102	-21,323	329,779	5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING, RECEIVING & STORES				5.03
5.04	00570	ADMITTING	1,912,275		1,912,275	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	74,044,973	-31,191,411	42,853,562	5.06
6	00600	MAINTENANCE & REPAIRS	353		353	6
7	00700	OPERATION OF PLANT	7,227,802	-53,062	7,174,740	7
8	00800	LAUNDRY & LINEN SERVICE	1,235,801		1,235,801	8
9	00900	HOUSEKEEPING	3,307,011	-206,324	3,100,687	9
10	01000	DIETARY	2,946,469	-19,960	2,926,509	10
11	01100	CAFETERIA	1,533,643	-1,500,711	32,932	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	2,481,658	-799	2,480,859	13
14	01400	CENTRAL SERVICES & SUPPLY	958,454	-362	958,092	14
15	01500	PHARMACY	3,238,030	-137,335	3,100,695	15
16	01600	MEDICAL RECORDS & LIBRARY	3,464,143	-9,503	3,454,640	16
17	01700	SOCIAL SERVICE	2,453,426	-1,257	2,452,169	17
18	01850	STERILE SUPPLY	1,774,739	-23,967	1,750,772	18
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,422,138	-426,507	1,995,631	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,150,113	-14,003	2,136,110	22
23	02300	PARAMED ED PRGM-(SPECIFY)	226,620	-55,817	170,803	23
23.01	02301	CLINICAL PASTORAL EDUCATION	254,067	-5,389	248,678	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	426,534	-1,086	425,448	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	20,162,702	-56,192	20,106,510	30
31	03100	INTENSIVE CARE UNIT	4,994,642	-17,613	4,977,029	31
35	02060	NEONATAL INTENSIVE CARE UNIT	1,100,274		1,100,274	35
41	04100	SUBPROVIDER - IRF	3,536,730	-251,753	3,284,977	41
43	04300	NURSERY	2,217,745		2,217,745	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	15,996,323	-27,218	15,969,105	50
51	05100	RECOVERY ROOM	1,324,429	-311	1,324,118	51
52	05200	DELIVERY ROOM & LABOR ROOM	383,717		383,717	52
54	05400	RADIOLOGY-DIAGNOSTIC	5,336,191	-32,649	5,303,542	54
55	05500	RADIOLOGY-THERAPEUTIC	71,896	-22,105	49,791	55
57	05700	CT SCAN	1,138,826		1,138,826	57
58	05800	MRI	327,445		327,445	58
59	05900	CARDIAC CATHETERIZATION	6,138,546	-18,680	6,119,866	59
60	06000	LABORATORY	12,046,082		12,046,082	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	3,059,873	-395,630	2,664,243	65
66	06600	PHYSICAL THERAPY	3,173,256	-1,264	3,171,992	66
67	06700	OCCUPATIONAL THERAPY	895,518		895,518	67
68	06800	SPEECH PATHOLOGY	376,313	-23	376,290	68
69	06900	ELECTROCARDIOLOGY	1,016,853	-29,256	987,597	69
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	19,889,663		19,889,663	72
73	07300	DRUGS CHARGED TO PATIENTS	9,302,253		9,302,253	73
74	07400	RENAL DIALYSIS	1,062,326		1,062,326	74
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	92,660		92,660	76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	388,277	-161,157	227,120	90
90.01	09001	HEALTHY FAMILY CENTER	358,906	-83,213	275,693	90.01
90.02	09002	MOBILE MEDICAL UNIT	117,062	-19,396	97,666	90.02
90.03	09003	FAMILY MEDICINE CENTER	1,993,274	-265,392	1,727,882	90.03
90.04	09004	WOUND HEALING CENTER	1,639,809	-266	1,639,543	90.04
90.05	09009	OUTPATIENT TREATMENT & INFUSION	463,573	-260	463,313	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINICS	857,993	-152,695	705,298	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	452,920	-14,324	438,596	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	181,200	-15,346	165,854	90.08
90.09	09008	FAMILY MEDICINE FACULTY PHYSICIANS	4,084		4,084	90.09
91	09100	EMERGENCY	6,137,937	-124,443	6,013,494	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE				113
118		SUBTOTALS (SUM OF LINES 1-117)	271,784,039	-29,385,646	242,398,393	118
NONREIMBURSABLE COST CENTERS						

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KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2013.11
03/07/2014 16:38

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
190.01 19001 ATHLETIC TRAINERS	226,974		226,974	190.01
190.10 19002 OUTREACH SERVICES	2,102,906		2,102,906	190.10
190.11 19003 KINDRED/OUR LADY OF PEACE	219,197		219,197	190.11
190.19 19004 KINDRED/OUR LADY OF PEACE ADMIN	542		542	190.19
190.20 19005 ADVANCED SPECIALTIES	360		360	190.20
192.01 19201 PERINATOLOGIST	31,221		31,221	192.01
192.02 19202 NEONATOLOGISTS	1,006,108		1,006,108	192.02
192.03 19203 HOSPITALISTS/INTENSIVISTS	5,264,027		5,264,027	192.03
200 TOTAL (SUM OF LINES 118-199)	280,635,374	-29,385,646	251,249,728	200

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			OTHER	
		COST CENTER	LINE #	SALARY		
	1	2	3	4	5	
1 WS A RECS NEGATIVE OTH EXP BALANCES	A	EMPLOYEE BENEFITS DEPARTMENT	4		1,037,611	1
2		DATA PROCESSING	5.02		84	2
3		PURCHASING, RECEIVING & STORE	5.03		7,067	3
4		MEDICAL SUPPLIES CHARGED TO P	71		292,553	4
500 TOTAL RECLASSIFICATIONS					1,337,315	500
CODE LETTER - A						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 DEPRECIATION RECLASSIFICATIONS	B	CAP REL COSTS-BLDG & FIXT	1		652 1
2		CAP REL COSTS-BLDG & FIXT	1		33,420 2
3		CAP REL COSTS-MVBLE EQUIP	2		12,352 3
4		CAP REL COSTS-BLDG & FIXT	1		4,297,664 4
5		CAP REL COSTS-MVBLE EQUIP	2		4,120,691 5
6		CAP REL COSTS-BLDG & FIXT	1		391,030 6
7		CAP REL COSTS-MVBLE EQUIP	2		594,196 7
8		CAP REL COSTS-MVBLE EQUIP	2		21,166 8
9		CAP REL COSTS-BLDG & FIXT	1		288 9
10		CAP REL COSTS-MVBLE EQUIP	2		167,001 10
11		CAP REL COSTS-MVBLE EQUIP	2		303 11
12		CAP REL COSTS-MVBLE EQUIP	2		13,160 12
13		CAP REL COSTS-BLDG & FIXT	1		186 13
14		CAP REL COSTS-MVBLE EQUIP	2		366,044 14
15		CAP REL COSTS-BLDG & FIXT	1		13,116 15
16		CAP REL COSTS-MVBLE EQUIP	2		9,746 16
17		CAP REL COSTS-MVBLE EQUIP	2		375 17
18		CAP REL COSTS-BLDG & FIXT	1		5,661 18
19		CAP REL COSTS-MVBLE EQUIP	2		112,515 19
20		CAP REL COSTS-BLDG & FIXT	1		22,535 20
21		CAP REL COSTS-MVBLE EQUIP	2		5,377 21
22		CAP REL COSTS-BLDG & FIXT	1		1,551 22
23		CAP REL COSTS-MVBLE EQUIP	2		79,833 23
24		CAP REL COSTS-MVBLE EQUIP	2		274,672 24
25		CAP REL COSTS-BLDG & FIXT	1		429 25
26		CAP REL COSTS-MVBLE EQUIP	2		10,973 26
27		CAP REL COSTS-MVBLE EQUIP	2		71,285 27
28		CAP REL COSTS-MVBLE EQUIP	2		50,341 28
29		CAP REL COSTS-BLDG & FIXT	1		57,477 29
30		CAP REL COSTS-MVBLE EQUIP	2		38,464 30
31		CAP REL COSTS-BLDG & FIXT	1		926,664 31
32		CAP REL COSTS-MVBLE EQUIP	2		248,997 32
33		CAP REL COSTS-MVBLE EQUIP	2		47,658 33
34		CAP REL COSTS-BLDG & FIXT	1		10,286 34
35		CAP REL COSTS-MVBLE EQUIP	2		1,745,581 35
36		CAP REL COSTS-MVBLE EQUIP	2		125 36
37		CAP REL COSTS-BLDG & FIXT	1		92,884 37
38		CAP REL COSTS-MVBLE EQUIP	2		20,217 38
39		CAP REL COSTS-BLDG & FIXT	1		126,160 39
40		CAP REL COSTS-MVBLE EQUIP	2		1,264,591 40
41		CAP REL COSTS-BLDG & FIXT	1		13,116 41
42		CAP REL COSTS-BLDG & FIXT	1		74,564 42
43		CAP REL COSTS-MVBLE EQUIP	2		124,433 43
44		CAP REL COSTS-BLDG & FIXT	1		343 44
45		CAP REL COSTS-MVBLE EQUIP	2		353,390 45
46		CAP REL COSTS-MVBLE EQUIP	2		5,440 46
47		CAP REL COSTS-BLDG & FIXT	1		2,807 47
48		CAP REL COSTS-MVBLE EQUIP	2		956,411 48
49		CAP REL COSTS-BLDG & FIXT	1		95,788 49
50		CAP REL COSTS-BLDG & FIXT	1		9,103 50
51		CAP REL COSTS-MVBLE EQUIP	2		21,124 51
52		CAP REL COSTS-BLDG & FIXT	1		130,472 52
53		CAP REL COSTS-MVBLE EQUIP	2		8,065 53
54		CAP REL COSTS-BLDG & FIXT	1		1,964 54
55		CAP REL COSTS-MVBLE EQUIP	2		116,641 55
56		CAP REL COSTS-BLDG & FIXT	1		278,912 56
57		CAP REL COSTS-MVBLE EQUIP	2		16,146 57
58		CAP REL COSTS-MVBLE EQUIP	2		4,629 58
59		CAP REL COSTS-BLDG & FIXT	1		30,645 59
60		CAP REL COSTS-MVBLE EQUIP	2		2,567 60
61		CAP REL COSTS-BLDG & FIXT	1		30,645 61
62		CAP REL COSTS-MVBLE EQUIP	2		6,158 62
63		CAP REL COSTS-BLDG & FIXT	1		82,150 63
64		CAP REL COSTS-BLDG & FIXT	1		467 64
65		CAP REL COSTS-MVBLE EQUIP	2		154,174 65
66		CAP REL COSTS-MVBLE EQUIP	2		3,680 66
67		CAP REL COSTS-MVBLE EQUIP	2		1,841 67
68		CAP REL COSTS-MVBLE EQUIP	2		3,998 68
69		CAP REL COSTS-MVBLE EQUIP	2		29,150 69
70		CAP REL COSTS-BLDG & FIXT	1		238,296 70
71		CAP REL COSTS-BLDG & FIXT	1		631 71
72		CAP REL COSTS-MVBLE EQUIP	2		6,769 72
73		CAP REL COSTS-BLDG & FIXT	1		98,683 73
74		CAP REL COSTS-MVBLE EQUIP	2		17,232 74
75		CAP REL COSTS-BLDG & FIXT	1		28,488 75
76		CAP REL COSTS-MVBLE EQUIP	2		4,436 76
77		CAP REL COSTS-BLDG & FIXT	1		76,487 77
78		CAP REL COSTS-MVBLE EQUIP	2		4,950 78
79		CAP REL COSTS-BLDG & FIXT	1		48,688 79
80		CAP REL COSTS-MVBLE EQUIP	2		5,232 80
81		CAP REL COSTS-MVBLE EQUIP	2		292 81
82		CAP REL COSTS-BLDG & FIXT	1		27,352 82
83		CAP REL COSTS-MVBLE EQUIP	2		35,208 83
500 TOTAL RECLASSIFICATIONS					18,407,233 500

CODE LETTER - B

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE	SALARY	OTHER
	1	2	LINE #	4	5
1 CHAPLAINCY TO CPE RECLASS	C	CLINICAL PASTORAL EDUCATION	23.01	20,258	5,307 1
500 TOTAL RECLASSIFICATIONS				20,258	5,307 500
1 DIETARY TO CAFETERIA RECLASS	D	CAFETERIA	11	576,443	957,200 1
500 TOTAL RECLASSIFICATIONS				576,443	957,200 500
1 PHARM TO DRUGS CHGD TO PTS RECLS	E	DRUGS CHARGED TO PATIENTS	73		8,616,161 1
500 TOTAL RECLASSIFICATIONS					8,616,161 500
1 INTEREST EXPENSE RECLASS	F	INTEREST EXPENSE	113		725,134 1
2		INTEREST EXPENSE	113		13,113,802 2
3		CAP REL COSTS-BLDG & FIXT	1		725,134 3
4		CAP REL COSTS-BLDG & FIXT	1		13,113,802 4
500 TOTAL RECLASSIFICATIONS					27,677,872 500
1 PROPERTY INSURANCE RECLASS	G	CAP REL COSTS-BLDG & FIXT	1		176,458 1
500 TOTAL RECLASSIFICATIONS					176,458 500
1 OBSTETRICS RECLASS TO L&D & NUR	H	DELIVERY ROOM & LABOR ROOM	52	220,274	163,443 1
2		NURSERY	43	1,273,103	944,642 2
500 TOTAL RECLASSIFICATIONS				1,493,377	1,108,085 500
1 SO BEND MED FOUND CAPITAL RECLASS	I	CAP REL COSTS-BLDG & FIXT	1		339,074 1
500 TOTAL RECLASSIFICATIONS					339,074 500
1 IMPLANTS RECLASS	J	IMPL. DEV. CHARGED TO PATIENT	72		15,584,778 1
2		IMPL. DEV. CHARGED TO PATIENT	72		4,295,564 2
3		IMPL. DEV. CHARGED TO PATIENT	72		1,759 3
4		IMPL. DEV. CHARGED TO PATIENT	72		7,562 4
500 TOTAL RECLASSIFICATIONS					19,889,663 500
1 RECLASS WHC TO HYPERBARIC	K	HYPERBARIC OXYGEN THERAPY	76.98	45,736	46,924 1
500 TOTAL RECLASSIFICATIONS				45,736	46,924 500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
1	2	3	4	5		
1 MEDICAL DIRECTOR RECLASSIFICATIONS	L	PARAMED ED PRGM-(SPECIFY)	23		27,931	1
2		ELECTROCARDIOLOGY	69		10,688	2
3		RESPIRATORY THERAPY	65		380,748	3
4		CLINIC	90		129,575	4
5		FAMILY MEDICINE CENTER	90.03		14,892	5
6		ADULTS & PEDIATRICS	30	11,837		6
7		I&R SERVICES-OTHER PRGM COSTS	22	1,294		7
8		ADULTS & PEDIATRICS	30	11,480		8
9		OUTREACH SERVICES	190.10	3,600		9
10		RESPIRATORY THERAPY	65	7,356		10
11		ADULTS & PEDIATRICS	30	4,200		11
12		HEALTHY FAMILY CENTER	90.01	945		12
13		I&R SERVICES-OTHER PRGM COSTS	22	24,783		13
14		HOSPITALISTS/INTENSIVISTS	192.03	2,880		14
15		HOSPITALISTS/INTENSIVISTS	192.03	12,480		15
16		HEALTHY FAMILY CENTER	90.01	59		16
17		MOBILE MEDICAL UNIT	90.02	231		17
18		ADULTS & PEDIATRICS	30	34,569		18
19		OUTREACH SERVICES	190.10	3,975		19
20		MOBILE MEDICAL UNIT	90.02	900		20
21		OUTREACH SERVICES	190.10	3,938		21
22		HOSPITALISTS/INTENSIVISTS	192.03	1,681		22
23		CLINIC	90	3,024		23
24		CLINIC	90	12,958		24
25		SUBPROVIDER - IRF	41		11,521	25
500 TOTAL RECLASSIFICATIONS				142,190	575,355	500
CODE LETTER - L						
1 RESIDENT TO OTHER MEDICAL EDUCATION	M	I&R SERVICES-OTHER PRGM COSTS	22	1,623,222	395,854	1
2		I&R SERVICES-OTHER PRGM COSTS	22	18,902	34,979	2
3		I&R SERVICES-OTHER PRGM COSTS	22	35,445	46,570	3
500 TOTAL RECLASSIFICATIONS				1,677,569	477,403	500
CODE LETTER - M						
1 SPORTS MED FELLOW CLINIC TO I & R	N	I&R SERVICES-SALARY & FRINGES	21	49,061	13,247	1
500 TOTAL RECLASSIFICATIONS				49,061	13,247	500
CODE LETTER - N						
1 PODIATRY RES CLINIC TO I & R	O	I&R SERVICES-SALARY & FRINGES	21	171,248	46,237	1
500 TOTAL RECLASSIFICATIONS				171,248	46,237	500
CODE LETTER - O						
1 RECLASS NEG COST CTR AFTER RECLS	P	MEDICAL SUPPLIES CHARGED TO P	71			1
500 TOTAL RECLASSIFICATIONS						1
CODE LETTER - P						500
1 SHORT TERM DISABILITY RECLS TO OTH	Q	EMPLOYEE BENEFITS DEPARTMENT	4		373,689	1
500 TOTAL RECLASSIFICATIONS					373,689	500
CODE LETTER - Q						
GRAND TOTAL (INCREASES)				4,175,882	80,047,224	

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 WS A RECS NEGATIVE OTH EXP BALANCES	A	OTHER ADMINISTRATIVE & GENERA	5.06		1,037,611	1
2		OTHER ADMINISTRATIVE & GENERA	5.06		84	2
3		OTHER ADMINISTRATIVE & GENERA	5.06		7,067	3
4		OTHER ADMINISTRATIVE & GENERA	5.06		292,553	4
500 TOTAL RECLASSIFICATIONS					1,337,315	500
CODE LETTER - A						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST REF.
	1	6	7	8	9	10
1 DEPRECIATION RECLASSIFICATIONS	B	NONPATIENT TELEPHONES	5.01		652	9 1
2		ADMITTING	5.04		33,420	10 2
3		ADMITTING	5.04		12,352	9 3
4		OTHER ADMINISTRATIVE & GENERA	5.06		4,297,664	9 4
5		OTHER ADMINISTRATIVE & GENERA	5.06		4,120,691	9 5
6		OPERATION OF PLANT	7		391,030	9 6
7		OPERATION OF PLANT	7		594,196	9 7
8		HOUSEKEEPING	9		21,166	9 8
9		DIETARY	10		288	9 9
10		DIETARY	10		167,001	9 10
11		NURSING ADMINISTRATION	13		303	9 11
12		CENTRAL SERVICES & SUPPLY	14		13,160	9 12
13		PHARMACY	15		186	9 13
14		PHARMACY	15		366,044	9 14
15		MEDICAL RECORDS & LIBRARY	16		13,116	10 15
16		MEDICAL RECORDS & LIBRARY	16		9,746	9 16
17		SOCIAL SERVICE	17		375	9 17
18		STERILE SUPPLY	18		5,661	9 18
19		STERILE SUPPLY	18		112,515	9 19
20		I&R SERVICES-OTHER PRGM COSTS	22		22,535	10 20
21		I&R SERVICES-OTHER PRGM COSTS	22		5,377	9 21
22		ADULTS & PEDIATRICS	30		1,551	9 22
23		ADULTS & PEDIATRICS	30		79,833	10 23
24		ADULTS & PEDIATRICS	30		274,672	9 24
25		INTENSIVE CARE UNIT	31		429	9 25
26		INTENSIVE CARE UNIT	31		10,973	10 26
27		INTENSIVE CARE UNIT	31		71,285	9 27
28		NEONATAL INTENSIVE CARE UNIT	35		50,341	9 28
29		SUBPROVIDER - IRF	41		57,477	10 29
30		SUBPROVIDER - IRF	41		38,464	10 30
31		SUBPROVIDER - IRF	41		926,664	14 31
32		SUBPROVIDER - IRF	41		248,997	9 32
33		OPERATING ROOM	50		47,658	10 33
34		OPERATING ROOM	50		10,286	9 34
35		OPERATING ROOM	50		1,745,581	9 35
36		RECOVERY ROOM	51		125	9 36
37		RADIOLOGY-DIAGNOSTIC	54		92,884	10 37
38		RADIOLOGY-DIAGNOSTIC	54		20,217	10 38
39		RADIOLOGY-DIAGNOSTIC	54		126,160	9 39
40		RADIOLOGY-DIAGNOSTIC	54		1,264,591	9 40
41		RADIOLOGY-THERAPEUTIC	55		13,116	10 41
42		RADIOLOGY-THERAPEUTIC	55		74,564	9 42
43		RADIOLOGY-THERAPEUTIC	55		124,433	9 43
44		CT SCAN	57		343	9 44
45		CT SCAN	57		353,390	9 45
46		CARDIAC CATHETERIZATION	59		5,440	10 46
47		CARDIAC CATHETERIZATION	59		2,807	9 47
48		CARDIAC CATHETERIZATION	59		956,411	9 48
49		LABORATORY	60		95,788	10 49
50		LABORATORY	60		9,103	9 50
51		LABORATORY	60		21,124	9 51
52		RESPIRATORY THERAPY	65		130,472	10 52
53		RESPIRATORY THERAPY	65		8,065	10 53
54		RESPIRATORY THERAPY	65		1,964	9 54
55		RESPIRATORY THERAPY	65		116,641	9 55
56		PHYSICAL THERAPY	66		278,912	10 56
57		PHYSICAL THERAPY	66		16,146	10 57
58		PHYSICAL THERAPY	66		4,629	9 58
59		OCCUPATIONAL THERAPY	67		30,645	10 59
60		OCCUPATIONAL THERAPY	67		2,567	9 60
61		SPEECH PATHOLOGY	68		30,645	10 61
62		SPEECH PATHOLOGY	68		6,158	9 62
63		ELECTROCARDIOLOGY	69		82,150	10 63
64		ELECTROCARDIOLOGY	69		467	9 64
65		ELECTROCARDIOLOGY	69		154,174	9 65
66		DRUGS CHARGED TO PATIENTS	73		3,680	9 66
67		CLINIC	90		1,841	9 67
68		HEALTHY FAMILY CENTER	90.01		3,998	9 68
69		MOBILE MEDICAL UNIT	90.02		29,150	9 69
70		FAMILY MEDICINE CENTER	90.03		238,296	10 70
71		FAMILY MEDICINE CENTER	90.03		631	9 71
72		FAMILY MEDICINE CENTER	90.03		6,769	9 72
73		WOUND HEALING CENTER	90.04		98,683	10 73
74		WOUND HEALING CENTER	90.04		17,232	9 74
75		OUTPATIENT TREATMENT & INFUSI	90.05		28,488	10 75
76		OUTPATIENT TREATMENT & INFUSI	90.05		4,436	9 76
77		PEDIATRIC SPECIALTY CLINICS	90.06		76,487	10 77
78		PEDIATRIC SPECIALTY CLINICS	90.06		4,950	9 78
79		SPORTS MED FELLOWSHIP CLINIC	90.07		48,688	10 79
80		SPORTS MED FELLOWSHIP CLINIC	90.07		5,232	9 80
81		EMERGENCY	91		292	10 81
82		EMERGENCY	91		27,352	9 82
83		EMERGENCY	91		35,208	9 83
500 TOTAL RECLASSIFICATIONS					18,407,233	500

CODE LETTER - B

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CHAPLAINCY TO CPE RECLASS	C	OTHER ADMINISTRATIVE & GENERA	5.06	20,258	5,307	1
500 TOTAL RECLASSIFICATIONS				20,258	5,307	500
CODE LETTER - C						
1 DIETARY TO CAFETERIA RECLASS	D	DIETARY	10	576,443	957,200	1
500 TOTAL RECLASSIFICATIONS				576,443	957,200	500
CODE LETTER - D						
1 PHARM TO DRUGS CHGD TO PTS RECLS	E	PHARMACY	15		8,616,161	1
500 TOTAL RECLASSIFICATIONS					8,616,161	500
CODE LETTER - E						
1 INTEREST EXPENSE RECLASS	F	SUBPROVIDER - IRF	41		725,134	11 1
2		OTHER ADMINISTRATIVE & GENERA	5.06		13,113,802	11 2
3		INTEREST EXPENSE	113		725,134	11 3
4		INTEREST EXPENSE	113		13,113,802	11 4
500 TOTAL RECLASSIFICATIONS					27,677,872	500
CODE LETTER - F						
1 PROPERTY INSURANCE RECLASS	G	OTHER ADMINISTRATIVE & GENERA	5.06		176,458	12 1
500 TOTAL RECLASSIFICATIONS					176,458	500
CODE LETTER - G						
1 OBSTETRICS RECLASS TO L&D & NUR	H	ADULTS & PEDIATRICS	30	220,274	163,443	1
2		ADULTS & PEDIATRICS	30	1,273,103	944,642	2
500 TOTAL RECLASSIFICATIONS				1,493,377	1,108,085	500
CODE LETTER - H						
1 SO BEND MED FOUND CAPITAL RECLASS	I	LABORATORY	60		339,074	9 1
500 TOTAL RECLASSIFICATIONS					339,074	500
CODE LETTER - I						
1 IMPLANTS RECLASS	J	OPERATING ROOM	50		15,584,778	1
2		CARDIAC CATHETERIZATION	59		4,295,564	2
3		OCCUPATIONAL THERAPY	67		1,759	3
4		WOUND HEALING CENTER	90.04		7,562	4
500 TOTAL RECLASSIFICATIONS					19,889,663	500
CODE LETTER - J						
1 RECLASS WHC TO HYPERBARIC	K	WOUND HEALING CENTER	90.04	45,736	46,924	1
500 TOTAL RECLASSIFICATIONS				45,736	46,924	500
CODE LETTER - K						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 MEDICAL DIRECTOR RECLASSIFICATIONS	L	EMERGENCY	91		27,931	1
2		MEDICAL RECORDS & LIBRARY	16		10,688	2
3		OTHER ADMINISTRATIVE & GENERA	5.06		380,748	3
4		OTHER ADMINISTRATIVE & GENERA	5.06		129,575	4
5		OTHER ADMINISTRATIVE & GENERA	5.06		14,892	5
6		OTHER ADMINISTRATIVE & GENERA	5.06	11,837		6
7		OTHER ADMINISTRATIVE & GENERA	5.06	1,294		7
8		OTHER ADMINISTRATIVE & GENERA	5.06	11,480		8
9		OTHER ADMINISTRATIVE & GENERA	5.06	3,600		9
10		OTHER ADMINISTRATIVE & GENERA	5.06	7,356		10
11		OTHER ADMINISTRATIVE & GENERA	5.06	4,200		11
12		OTHER ADMINISTRATIVE & GENERA	5.06	945		12
13		OTHER ADMINISTRATIVE & GENERA	5.06	24,783		13
14		OTHER ADMINISTRATIVE & GENERA	5.06	2,880		14
15		OTHER ADMINISTRATIVE & GENERA	5.06	12,480		15
16		OTHER ADMINISTRATIVE & GENERA	5.06	59		16
17		OTHER ADMINISTRATIVE & GENERA	5.06	231		17
18		OTHER ADMINISTRATIVE & GENERA	5.06	34,569		18
19		OTHER ADMINISTRATIVE & GENERA	5.06	3,975		19
20		OTHER ADMINISTRATIVE & GENERA	5.06	900		20
21		OTHER ADMINISTRATIVE & GENERA	5.06	3,938		21
22		OTHER ADMINISTRATIVE & GENERA	5.06	1,681		22
23		I&R SERVICES-OTHER PRGM COSTS	22	3,024		23
24		FAMILY MEDICINE CENTER	90.03	12,958		24
25		PHYSICAL THERAPY	66		11,521	25
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				142,190	575,355	500
1 RESIDENT TO OTHER MEDICAL EDUCATION	M	I&R SERVICES-SALARY & FRINGES	21	1,623,222	395,854	1
2		I&R SERVICES-SALARY & FRINGES	21	18,902	34,979	2
3		I&R SERVICES-SALARY & FRINGES	21	35,445	46,570	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				1,677,569	477,403	500
1 SPORTS MED FELLOW CLINIC TO I & R	N	SPORTS MED FELLOWSHIP CLINIC	90.07	49,061	13,247	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				49,061	13,247	500
1 PODIATRY RES CLINIC TO I & R	O	PODIATRY RESIDENCY CLINIC	90.08	171,248	46,237	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O				171,248	46,237	500
1 RECLASS NEG COST CTR AFTER RECLS	P	DRUGS CHARGED TO PATIENTS	73		1	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - P					1	500
1 SHORT TERM DISABILITIY RECLS TO OTH	Q	EMPLOYEE BENEFITS DEPARTMENT	4	373,689		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q				373,689		500
GRAND TOTAL (DECREASES)				4,549,571	79,673,535	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	3,538,880					3,538,880		1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES	230,091,038	749,993		749,993	73,351	230,767,680	1,244,080	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	176,808,664	5,280,850		5,280,850	3,260,911	178,828,603	15,961,130	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	410,438,582	6,030,843		6,030,843	3,334,262	413,135,163	17,205,210	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	410,438,582	6,030,843		6,030,843	3,334,262	413,135,163	17,205,210	10

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

----- SUMMARY OF CAPITAL -----

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

----- COMPUTATION OF RATIOS ----- ALLOCATION OF OTHER CAPITAL -----

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

----- SUMMARY OF CAPITAL -----

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	10,240,433	1,371,802	13,838,936	79,057		926,664	26,456,892 1
2 CAP REL COSTS-MVBLE EQUIP	10,930,541	227,088					11,157,629 2
3 TOTAL	21,170,974	1,598,890	13,838,936	79,057		926,664	37,614,521 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	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	-17,723	NONPATIENT TELEPHONES	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-30,395	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-811,595			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1	3,438,914			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,500,711	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	-5,649	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-19,448	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)				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		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 TELEPHONE OTHER REVENUE	B	-3,600	NONPATIENT TELEPHONES	5.01	33
34 MISCELLANEOUS A & G OTHER REVENUE	B	-28,511	OTHER ADMINISTRATIVE & GENERAL	5.06	34
35 PLANT OPERATIONS OTHER REVENUE	B	-22,667	OPERATION OF PLANT	7	35
36 HOUSEKEEPING OTHER REVENUE	B	-206,324	HOUSEKEEPING	9	36
37 DIETARY PURCHASE DISCOUNTS	B	-398	DIETARY	10	37
38 DIETARY OTHER REVENUE	B	-114	DIETARY	10	38
39 NURSING ADMIN OTHER REVENUE	B	-675	NURSING ADMINISTRATION	13	39
40 CENTRAL SERVICES OTHER REVENUE	B	-362	CENTRAL SERVICES & SUPPLY	14	40
41 PHARMACY OTHER REVENUE	B	-137,042	PHARMACY	15	41
42 MEDICAL RECORDS OTHER REVENUE	B	-3,452	MEDICAL RECORDS & LIBRARY	16	42
43 SOCIAL SERVICE OTHER REVENUE	B	-1,257	SOCIAL SERVICE	17	43
44 STERILE SUPPLY OTHER REVENUE	B	-23,967	STERILE SUPPLY	18	44
45 I&R SERVICES OTHER REVENUE	B	-426,507	I&R SERVICES-SALARY & FRINGES A	21	45
46 PARAMED ED PROGRAM OTHER REVENUE	B	-22,673	PARAMED ED PRGM-(SPECIFY)	23	46
47 CLINICAL PASTORAL ED OTHER REVENUE	B	-5,328	CLINICAL PASTORAL EDUCATION	23.01	47
48 ADULTS & PEDS OTHER REVENUE	B	-29,658	ADULTS & PEDIATRICS	30	48
49 SURGERY OTHER REVENUE	B	-795	OPERATING ROOM	50	49
49.01 RADIOLOGY DIAG OTHER REVENUE	B	-12,258	RADIOLOGY-DIAGNOSTIC	54	49.01
49.02 RADIOLOGY THERAPEUTIC OTHER REVENUE	B	-21,876	RADIOLOGY-THERAPEUTIC	55	49.02
49.03 RESPIRATORY THERAPY OTHER REVENUE	B	-5,203	RESPIRATORY THERAPY	65	49.03
49.04 PHYSICAL THERAPY OTHER REVENUE	B	-1,220	PHYSICAL THERAPY	66	49.04
49.05 ELECTROCARDIOLOGY OTHER REVENUE	B	15	ELECTROCARDIOLOGY	69	49.05
49.06 CLINIC OTHER REVENUE	B	-9,645	CLINIC	90	49.06
49.07 HEALTHY FAM CTR OTHER REVENUE	B	-76,458	HEALTHY FAMILY CENTER	90.01	49.07
49.08 MOBILE MEDICAL UNIT OTHER REVENUE	B	-19,234	MOBILE MEDICAL UNIT	90.02	49.08
49.09 FAMILY MED CTR OTHER REVENUE	B	-38,537	FAMILY MEDICINE CENTER	90.03	49.09
49.10 OUTPAT TRMNT & INFUSION OTHER REVENUE	B	-260	OUTPATIENT TREATMENT & INFUSION	90.05	49.10
49.11 PED SPEC CLINIC OTHER REVENUE	B	-149,827	PEDIATRIC SPECIALTY CLINICS	90.06	49.11
49.12 SPORTS MED FELLOW CLINIC OTHER REV	B	-9,590	SPORTS MED FELLOWSHIP CLINIC	90.07	49.12

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5.06	OTHER ADMINISTRATIVE & GENERAL	HO NON CAPITAL COSTS	39,643,238	42,224,090	-2,580,852	1
2	4	EMPLOYEE BENEFITS DEPARTMENT	EMP HEALTH STOP LOSS	-39,939	-433,354	393,415	2
3	4	EMPLOYEE BENEFITS DEPARTMENT	WORKERS COMP	382,010	612,615	-230,605	3
4	1	CAP REL COSTS-BLDG & FIXT	PROPERTY INSURANCE	79,056	176,457	-97,401	12 4
4.01	5.06	OTHER ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	1,369,671	1,189,265	180,406	4.01
4.02	5.06	OTHER ADMINISTRATIVE & GENERAL	RISK INSURANCE	118,732	230,076	-111,344	4.02
4.03	5.06	OTHER ADMINISTRATIVE & GENERAL	PENSION	3,249,312	3,271,118	-21,806	4.03
4.04	4	EMPLOYEE BENEFITS DEPARTMENT	RETIREE HEALTH COSTS	9,388	-947,492	956,880	4.04
4.05	1	CAP REL COSTS-BLDG & FIXT	HO CAPITAL COSTS	4,950,221		4,950,221	9 4.05
5		TOTALS (SUM OF LINES 1-4)		49,761,689	46,322,775	3,438,914	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	G	100.00	TRINTY HEALTH	100.00	HO OF PARENT COMPANY	6
7	G	100.00	SJRMCI-INC	100.00	PARENT COMPANY	7
8	G	100.00		100.00	HOSPITAL	8
9						9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	65	RESPIRATORY THERAPY DR A	422,484	380,748	41,736	171,400	406	33,456	1,673	1
2	65	RESPIRATORY THERAPY DR B	9,760		9,760	171,400	102	8,405	420	2
3	59	CARDIAC CATHETERIZATION DR C	29,475		29,475	171,400	131	10,795	540	3
4	69	ELECTROCARDIOLOGY DR D	7,313		7,313	171,400	33	2,719	136	4
5	69	ELECTROCARDIOLOGY DR E	38,813		38,813	171,400	173	14,256	713	5
6	54	RADIOLOGY-DIAGNOSTIC DR F	37,440		37,440	171,400	208	17,140	857	6
7	91	EMERGENCY DR G	142,214		142,214	171,400	1,073	88,419	4,421	7
8	90.06	PEDIATRIC SPECIALTY CLIN DR H	7,560		7,560	171,400	74	6,098	305	8
9	50	OPERATING ROOM DR I	34,117		34,117	204,100	180	17,662	883	9
10	50	OPERATING ROOM DR J	23,100		23,100	171,400	165	13,597	680	10
11	30	ADULTS & PEDIATRICS DR K	11,837		11,837	171,400	79	6,510	326	11
12	30	ADULTS & PEDIATRICS DR L	34,569		34,569	171,400	241	19,859	993	12
13	30	ADULTS & PEDIATRICS DR M	11,480		11,480	171,400	82	6,757	338	13
14	30	ADULTS & PEDIATRICS DR N	4,200		4,200	171,400	30	2,472	124	14
15	90	CLINIC DR O	157,652	142,532	15,120	171,400	90	7,416	371	15
16	31	INTENSIVE CARE UNIT DR P	67,932		67,932	171,400	612	50,431	2,522	16
17	41	SUBPROVIDER - IRF DR Q	91,848		91,848	171,400	858	70,703	3,535	17
19	23	PARAMED ED PRGM-(SPECIFY DR S	91,381		91,381	171,400	708	58,342	2,917	19
20	5.06	OTHER ADMINISTRATIVE & G DR T	2,100		2,100	171,400	14	1,154	58	20
21	22	I&R SERVICES-OTHER PRGM DR U	1,294		1,294	171,400	8	659	33	21
22	22	I&R SERVICES-OTHER PRGM DR V	24,783		24,783	171,400	216	17,799	890	22
23	90.02	MOBILE MEDICAL UNIT DR W	231		231	171,400	3	247	12	23
24	90.02	MOBILE MEDICAL UNIT DR X	900		900	171,400	12	989	49	24
25	90.03	FAMILY MEDICINE CENTER DR Y	14,892	14,892						25
28	90.01	HEALTHY FAMILY CENTER DR BB	945		945	171,400	16	1,318	66	28
29	90.01	HEALTHY FAMILY CENTER DR CC	59		59	171,400	1	82	4	29
200		TOTAL	1,268,379	538,172	730,207		5,515	457,285	22,866	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	65	RESPIRATORY THERAPY	DR A			33,456	8,280	389,028	1
2	65	RESPIRATORY THERAPY	DR B			8,405	1,355	1,355	2
3	59	CARDIAC CATHETERIZATION	DR C			10,795	18,680	18,680	3
4	69	ELECTROCARDIOLOGY	DR D			2,719	4,594	4,594	4
5	69	ELECTROCARDIOLOGY	DR E			14,256	24,557	24,557	5
6	54	RADIOLOGY-DIAGNOSTIC	DR F			17,140	20,300	20,300	6
7	91	EMERGENCY	DR G			88,419	53,795	53,795	7
8	90.06	PEDIATRIC SPECIALTY CLIN	DR H			6,098	1,462	1,462	8
9	50	OPERATING ROOM	DR I			17,662	16,455	16,455	9
10	50	OPERATING ROOM	DR J			13,597	9,503	9,503	10
11	30	ADULTS & PEDIATRICS	DR K			6,510	5,327	5,327	11
12	30	ADULTS & PEDIATRICS	DR L			19,859	14,710	14,710	12
13	30	ADULTS & PEDIATRICS	DR M			6,757	4,723	4,723	13
14	30	ADULTS & PEDIATRICS	DR N			2,472	1,728	1,728	14
15	90	CLINIC	DR O			7,416	7,704	150,236	15
16	31	INTENSIVE CARE UNIT	DR P			50,431	17,501	17,501	16
17	41	SUBPROVIDER - IRF	DR Q			70,703	21,145	21,145	17
19	23	PARAMED ED PRGM-(SPECIFY	DR S			58,342	33,039	33,039	19
20	5.06	OTHER ADMINISTRATIVE & G	DR T			1,154	946	946	20
21	22	I&R SERVICES-OTHER PRGM	DR U			659	635	635	21
22	22	I&R SERVICES-OTHER PRGM	DR V			17,799	6,984	6,984	22
23	90.02	MOBILE MEDICAL UNIT	DR W			247			23
24	90.02	MOBILE MEDICAL UNIT	DR X			989			24
25	90.03	FAMILY MEDICINE CENTER	DR Y					14,892	25
28	90.01	HEALTHY FAMILY CENTER	DR BB			1,318			28
29	90.01	HEALTHY FAMILY CENTER	DR CC			82			29
200		TOTAL				457,285	273,423	811,595	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	NON- PATIENT TELEPHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	26,456,892	26,456,892				1
2 CAP REL COSTS-MVBLE EQUIP	11,157,629		11,157,629			2
4 EMPLOYEE BENEFITS DEPARTMENT	1,493,225	17,400	7,338	1,517,963		4
5.01 NONPATIENT TELEPHONES	329,779	26,870	11,332	5,387	373,368	5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING	1,912,275	102,746	43,331	26,259	2,008	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	42,853,562	3,306,416	1,394,410	35,673	20,083	5.06
6 MAINTENANCE & REPAIRS	353					6
7 OPERATION OF PLANT	7,174,740	7,107,454	2,997,418	35,077	10,209	7
8 LAUNDRY & LINEN SERVICE	1,235,801			3,243		8
9 HOUSEKEEPING	3,100,687	332,464	140,210	45,644	5,690	9
10 DIETARY	2,926,509	471,771	198,959	23,647	5,021	10
11 CAFETERIA	32,932	641,142	270,388	11,647	335	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,480,859			36,240	3,180	13
14 CENTRAL SERVICES & SUPPLY	958,092	104,673	44,144	8,194	3,682	14
15 PHARMACY	3,100,695	280,100	118,126	51,957	6,862	15
16 MEDICAL RECORDS & LIBRARY	3,454,640	53,685	22,641	27,146	30,291	16
17 SOCIAL SERVICE	2,452,169	32,652	13,770	28,943	9,874	17
18 STERILE SUPPLY	1,750,772	424,087	178,850	11,972	502	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	1,995,631			32,715		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,136,110	49,556	20,899	33,895	4,184	22
23 PARAMED ED PRGM-(SPECIFY)	170,803	17,675	7,454	1,347	167	23
23.01 CLINICAL PASTORAL EDUCATION	248,678			3,802	167	23.01
23.02 PHARMACY RESIDENCY PROGRAM	425,448			6,782		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20,106,510	5,830,622	2,458,940	284,124	42,341	30
31 INTENSIVE CARE UNIT	4,977,029	424,252	178,919	70,077	5,857	31
35 NEONATAL INTENSIVE CARE UNIT	1,100,274	278,724	117,546	16,831	2,343	35
41 SUBPROVIDER - IRF	3,284,977			39,889	6,527	41
43 NURSERY	2,217,745	45,261	19,088	25,723	837	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,969,105	2,630,586	1,109,393	119,748	34,475	50
51 RECOVERY ROOM	1,324,118	174,326	73,518	18,399	2,008	51
52 DELIVERY ROOM & LABOR ROOM	383,717	678,969	286,341	4,451		52
54 RADIOLOGY-DIAGNOSTIC	5,303,542	734,967	309,957	63,817	23,430	54
55 RADIOLOGY-THERAPEUTIC	49,791			1,468	10,376	55
57 CT SCAN	1,138,826	93,936	39,615	11,476	669	57
58 MRI	327,445					58
59 CARDIAC CATHETERIZATION	6,119,866	807,594	340,585	46,180	2,343	59
60 LABORATORY	12,046,082	108,362	45,699		3,682	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,664,243	197,728	83,387	27,813	4,519	65
66 PHYSICAL THERAPY	3,171,992	179,172	75,562	45,785	4,853	66
67 OCCUPATIONAL THERAPY	895,518			12,367	4,017	67
68 SPEECH PATHOLOGY	376,290			5,725	3,180	68
69 ELECTROCARDIOLOGY	987,597	148,117	62,465	14,238	6,359	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS	19,889,663					72
73 DRUGS CHARGED TO PATIENTS	9,302,253	25,769	10,868	6,291	1,171	73
74 RENAL DIALYSIS	1,062,326	62,385	26,310		1,171	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	92,660			924	167	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	227,120			2,617		90
90.01 HEALTHY FAMILY CENTER	275,693			4,943	837	90.01
90.02 MOBILE MEDICAL UNIT	97,666			1,554	167	90.02
90.03 FAMILY MEDICINE CENTER	1,727,882			19,473	9,539	90.03
90.04 WOUND HEALING CENTER	1,639,543			7,477	837	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	463,313	85,236	35,946	6,901	2,343	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	705,298			7,735	502	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	438,596			5,380	335	90.07
90.08 PODIATRY RESIDENCY CLINIC	165,854			1,792	335	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	4,084			57	335	90.09
91 EMERGENCY	6,013,494	976,634	411,875	84,453	12,719	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP	CAP	EMPLOYEE	NON-	
		BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	BENEFITS DEPARTMENT 4	PATIENT TELEPHONES 5.01	
118 SUBTOTALS (SUM OF LINES 1-117)	242,398,393	26,451,331	11,155,284	1,387,278	290,529	118
NONREIMBURSABLE COST CENTERS						
190.01 ATHLETIC TRAINERS	226,974			3,484		190.01
190.10 OUTREACH SERVICES	2,102,906			27,071	335	190.10
190.11 KINDRED/OUR LADY OF PEACE	219,197			3,498	82,504	190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN	542			10		190.19
190.20 ADVANCED SPECIALTIES	360			3		190.20
192.01 PERINATOLOGIST	31,221	5,561	2,345	30		192.01
192.02 NEONATOLOGISTS	1,006,108			16,399		192.02
192.03 HOSPITALISTS/INTENSIVISTS	5,264,027			80,190		192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	251,249,728	26,456,892	11,157,629	1,517,963	373,368	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	SUBTOTAL	OTHER	MAIN-	OPERATION	
	5.04	(COLS. 0-4) 4A	ADMIN & GENERAL 5.06	TENANCE & REPAIRS 6	OF PLANT 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING	2,086,619					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		47,610,144	47,610,144			5.06
6 MAINTENANCE & REPAIRS		353	83	436		6
7 OPERATION OF PLANT		17,324,898	4,050,492	135	21,375,525	7
8 LAUNDRY & LINEN SERVICE		1,239,044	289,684			8
9 HOUSEKEEPING		3,624,695	847,439	6	447,068	9
10 DIETARY		3,625,907	847,723	9	634,395	10
11 CAFETERIA		956,444	223,613	12	862,150	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,520,279	589,231			13
14 CENTRAL SERVICES & SUPPLY		1,118,785	261,567	2	140,755	14
15 PHARMACY		3,557,740	831,785	5	376,654	15
16 MEDICAL RECORDS & LIBRARY		3,588,403	838,954	1	72,191	16
17 SOCIAL SERVICE		2,537,408	593,236	1	43,907	17
18 STERILE SUPPLY		2,366,183	553,204	8	570,275	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		2,028,346	474,219			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		2,244,644	524,789	1	66,638	22
23 PARAMED ED PRGM-(SPECIFY)		197,446	46,162		23,768	23
23.01 CLINICAL PASTORAL EDUCATION		252,647	59,068			23.01
23.02 PHARMACY RESIDENCY PROGRAM		432,230	101,054			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	234,044	28,956,581	6,769,956	111	7,840,499	30
31 INTENSIVE CARE UNIT	55,260	5,711,394	1,335,301	8	570,497	31
35 NEONATAL INTENSIVE CARE UNIT	8,611	1,524,329	356,382	5	374,803	35
41 SUBPROVIDER - IRF	27,465	3,358,858	785,288			41
43 NURSERY	7,902	2,316,556	541,602	1	60,863	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	393,597	20,256,904	4,735,983	50	3,537,376	50
51 RECOVERY ROOM	39,981	1,632,350	381,637	3	234,418	51
52 DELIVERY ROOM & LABOR ROOM	14,096	1,367,574	319,733	13	913,107	52
54 RADIOLOGY-DIAGNOSTIC	135,522	6,571,235	1,536,328	14	988,318	54
55 RADIOLOGY-THERAPEUTIC	197	61,832	14,456			55
57 CT SCAN	132,499	1,417,021	331,294	2	126,316	57
58 MRI	6,013	333,458	77,961			58
59 CARDIAC CATHETERIZATION	139,183	7,455,751	1,743,125	15	1,085,980	59
60 LABORATORY	202,408	12,406,233	2,900,528	2	145,715	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	38,197	3,015,887	705,102	4	265,886	65
66 PHYSICAL THERAPY	41,173	3,518,537	822,620	3	240,934	66
67 OCCUPATIONAL THERAPY	14,812	926,714	216,662			67
68 SPEECH PATHOLOGY	6,087	391,282	91,480			68
69 ELECTROCARDIOLOGY	43,407	1,262,183	295,093	3	199,174	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS	191,529	20,081,192	4,694,902			72
73 DRUGS CHARGED TO PATIENTS	203,109	9,549,461	2,232,626		34,652	73
74 RENAL DIALYSIS	6,312	1,158,504	270,854	1	83,890	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	5,812	99,563	23,277			76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	635	230,372	53,860			90
90.01 HEALTHY FAMILY CENTER	942	282,415	66,027			90.01
90.02 MOBILE MEDICAL UNIT	849	100,236	23,435			90.02
90.03 FAMILY MEDICINE CENTER	9,993	1,766,887	413,091			90.03
90.04 WOUND HEALING CENTER	11,995	1,659,852	388,067			90.04
90.05 OUTPATIENT TREATMENT & INFUSION	5,072	598,811	140,000	2	114,618	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	1,365	714,900	167,141			90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1,568	445,879	104,245			90.07
90.08 PODIATRY RESIDENCY CLINIC	718	168,699	39,441			90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	128	4,604	1,076			90.09
91 EMERGENCY	106,138	7,605,313	1,778,092	19	1,313,290	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	SUBTOTAL	OTHER	MAIN-	OPERATION	
	5.04	(COLS.0-4) 4A	ADMIN & GENERAL 5.06	TENANCE & REPAIRS 6	OF PLANT 7	
118 SUBTOTALS (SUM OF LINES 1-117)	2,086,619	242,176,963	45,488,968	436	21,368,047	118
NONREIMBURSABLE COST CENTERS						
190.01 ATHLETIC TRAINERS		230,458	53,880			190.01
190.10 OUTREACH SERVICES		2,130,312	498,058			190.10
190.11 KINDRED/OUR LADY OF PEACE		305,199	71,354			190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN		552	129			190.19
190.20 ADVANCED SPECIALTIES		363	85			190.20
192.01 PERINATOLOGIST		39,157	9,155		7,478	192.01
192.02 NEONATOLOGISTS		1,022,507	239,058			192.02
192.03 HOSPITALISTS/INTENSIVISTS		5,344,217	1,249,457			192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,086,619	251,249,728	47,610,144	436	21,375,525	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	1,528,728					8
9 HOUSEKEEPING		4,919,208				9
10 DIETARY		149,114	5,257,148			10
11 CAFETERIA		202,647		2,244,866		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				66,979	3,176,489	13
14 CENTRAL SERVICES & SUPPLY		33,084		25,927		14
15 PHARMACY		88,532		71,300		15
16 MEDICAL RECORDS & LIBRARY		16,968		73,460		16
17 SOCIAL SERVICE		10,320		49,694		17
18 STERILE SUPPLY		134,042		38,891		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD				64,818		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		15,663		28,088		22
23 PARAMED ED PRGM-(SPECIFY)		5,587		2,161		23
23.01 CLINICAL PASTORAL EDUCATION				8,642		23.01
23.02 PHARMACY RESIDENCY PROGRAM				10,803		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	171,527	1,842,899	3,584,044	596,329	1,318,362	30
31 INTENSIVE CARE UNIT	40,499	134,095	237,239	118,833	262,717	31
35 NEONATAL INTENSIVE CARE UNIT	6,311	88,097		25,927	57,320	35
41 SUBPROVIDER - IRF	20,129		792,433	88,585	195,844	41
43 NURSERY	5,791	14,306	1,116	47,533	105,087	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	287,937	831,456		231,184	511,104	50
51 RECOVERY ROOM	29,301	55,100		32,409	71,650	51
52 DELIVERY ROOM & LABOR ROOM	10,331	214,604		8,642	19,107	52
54 RADIOLOGY-DIAGNOSTIC	99,322	232,303		118,833		54
55 RADIOLOGY-THERAPEUTIC	145			4,321		55
57 CT SCAN	97,106	29,691		19,445		57
58 MRI	4,407					58
59 CARDIAC CATHETERIZATION	102,005	255,258		75,621	167,184	59
60 LABORATORY	148,342	34,250				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	27,994	62,496		51,854		65
66 PHYSICAL THERAPY	30,175	56,631		73,460		66
67 OCCUPATIONAL THERAPY	10,856			19,445		67
68 SPEECH PATHOLOGY	4,461			8,642		68
69 ELECTROCARDIOLOGY	31,812	46,816		25,927		69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS	140,369					72
73 DRUGS CHARGED TO PATIENTS	148,855	8,145				73
74 RENAL DIALYSIS	4,626	19,718				74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	4,260					76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	465					90
90.01 HEALTHY FAMILY CENTER	691					90.01
90.02 MOBILE MEDICAL UNIT	622					90.02
90.03 FAMILY MEDICINE CENTER	7,324					90.03
90.04 WOUND HEALING CENTER	8,791			17,285	38,213	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	3,717	26,941	1,609	12,964	28,660	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	1,000			15,124	33,437	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1,150			6,482	14,330	90.07
90.08 PODIATRY RESIDENCY CLINIC	526			2,161	4,777	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	94					90.09
91 EMERGENCY	77,787	308,687		157,724	348,697	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
118 SUBTOTALS (SUM OF LINES 1-117)	1,528,728	4,917,450	4,616,441	2,199,493	3,176,489	118
NONREIMBURSABLE COST CENTERS						
190.01 ATHLETIC TRAINERS						190.01
190.10 OUTREACH SERVICES						190.10
190.11 KINDRED/OUR LADY OF PEACE						190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN			640,707			190.19
190.20 ADVANCED SPECIALTIES						190.20
192.01 PERINATOLOGIST		1,758				192.01
192.02 NEONATOLOGISTS				10,803		192.02
192.03 HOSPITALISTS/INTENSIVISTS				34,570		192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,528,728	4,919,208	5,257,148	2,244,866	3,176,489	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	STERILE SUPPLY 18	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	1,580,120					14
15 PHARMACY	292,476	5,218,492				15
16 MEDICAL RECORDS & LIBRARY	451		4,590,428			16
17 SOCIAL SERVICE	936	8,362		3,243,864		17
18 STERILE SUPPLY	20,400	39			3,683,042	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,897					22
23 PARAMED ED PRGM-(SPECIFY)	1,291					23
23.01 CLINICAL PASTORAL EDUCATION	284					23.01
23.02 PHARMACY RESIDENCY PROGRAM	79					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	24,517	380	514,976	2,826,077	167,411	30
31 INTENSIVE CARE UNIT	12,978	37	121,590	293,654		31
35 NEONATAL INTENSIVE CARE UNIT	1,391	278	18,947	20,233		35
41 SUBPROVIDER - IRF	4,396	18	60,433			41
43 NURSERY	18,504		17,387			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	751,742	20,423	865,208	3,828	3,348,220	50
51 RECOVERY ROOM	5,251	94	87,971			51
52 DELIVERY ROOM & LABOR ROOM	3,238		31,016			52
54 RADIOLOGY-DIAGNOSTIC	25,472	236,174	298,194			54
55 RADIOLOGY-THERAPEUTIC			435			55
57 CT SCAN	29	66,557	291,541			57
58 MRI			13,230			58
59 CARDIAC CATHETERIZATION	8,424	25,582	306,249			59
60 LABORATORY	257,808		445,366			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	64,078	320	84,047			65
66 PHYSICAL THERAPY	10,073	2,629	90,595			66
67 OCCUPATIONAL THERAPY	3,580		32,592			67
68 SPEECH PATHOLOGY	1,417		13,393			68
69 ELECTROCARDIOLOGY	121	304	95,510			69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS			421,429			72
73 DRUGS CHARGED TO PATIENTS	10,222	4,785,017	446,909			73
74 RENAL DIALYSIS	4,298	3,122	13,889			74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY			12,788			76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	22		1,396		5,566	90
90.01 HEALTHY FAMILY CENTER	637	6,719	2,074		7,118	90.01
90.02 MOBILE MEDICAL UNIT	78	405	1,869			90.02
90.03 FAMILY MEDICINE CENTER	9,633	38,672	21,988		43,672	90.03
90.04 WOUND HEALING CENTER	15,583	18,704	26,393		32,380	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	392	133	11,159			90.05
90.06 PEDIATRIC SPECIALTY CLINICS	372	1,499	3,003			90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1,419	1,403	3,451			90.07
90.08 PODIATRY RESIDENCY CLINIC	258	450	1,580			90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	37		281			90.09
91 EMERGENCY	22,543	1,171	233,539	100,072		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	STERILE SUPPLY 18	
118 SUBTOTALS (SUM OF LINES 1-117)	1,577,327	5,218,492	4,590,428	3,243,864	3,604,367	118
NONREIMBURSABLE COST CENTERS						
190.01 ATHLETIC TRAINERS	11					190.01
190.10 OUTREACH SERVICES	2,748					190.10
190.11 KINDRED/OUR LADY OF PEACE					78,675	190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES						190.20
192.01 PERINATOLOGIST						192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALISTS/INTENSIVISTS	34					192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,580,120	5,218,492	4,590,428	3,243,864	3,683,042	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R	I&R	PARAMED	CLINICAL	PHARMACY	
	SALARY & FRINGES 21	PROGRAM COSTS 22	EDUCATION 23	PASTORAL EDUCATION 23.01	RESIDENCY PROGRAM 23.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
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
18 STERILE SUPPLY						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	2,567,383					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		2,882,720				22
23 PARAMED ED PRGM-(SPECIFY)			276,415			23
23.01 CLINICAL PASTORAL EDUCATION				320,641		23.01
23.02 PHARMACY RESIDENCY PROGRAM					544,166	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,201,375	1,348,934		163,166	400,234	30
31 INTENSIVE CARE UNIT	88,991	99,921		101,821	47,760	31
35 NEONATAL INTENSIVE CARE UNIT	35,596	39,968			10,054	35
41 SUBPROVIDER - IRF	182,431	204,838		10,119	62,805	41
43 NURSERY	57,844	64,949			23,313	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	142,385	159,874				50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM	8,899	9,992				52
54 RADIOLOGY-DIAGNOSTIC	40,046	44,964				54
55 RADIOLOGY-THERAPEUTIC						55
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	88,991	99,921				69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	8,899	9,992				74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	493,899	554,561				90
90.01 HEALTHY FAMILY CENTER						90.01
90.02 MOBILE MEDICAL UNIT						90.02
90.03 FAMILY MEDICINE CENTER						90.03
90.04 WOUND HEALING CENTER						90.04
90.05 OUTPATIENT TREATMENT & INFUSION						90.05
90.06 PEDIATRIC SPECIALTY CLINICS						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC						90.07
90.08 PODIATRY RESIDENCY CLINIC						90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS						90.09
91 EMERGENCY	218,027	244,806	276,415	45,535		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	CLINICAL PASTORAL EDUCATION 23.01	PHARMACY RESIDENCY PROGRAM 23.02	
118 SUBTOTALS (SUM OF LINES 1-117)	2,567,383	2,882,720	276,415	320,641	544,166	118
NONREIMBURSABLE COST CENTERS						
190.01 ATHLETIC TRAINERS						190.01
190.10 OUTREACH SERVICES						190.10
190.11 KINDRED/OUR LADY OF PEACE						190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES						190.20
192.01 PERINATOLOGIST						192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALISTS/INTENSIVISTS						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,567,383	2,882,720	276,415	320,641	544,166	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS DEPARTMENT				4
5.01 NONPATIENT TELEPHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING, RECEIVING & STORES				5.03
5.04 ADMITTING				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
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
18 STERILE SUPPLY				18
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
23.01 CLINICAL PASTORAL EDUCATION				23.01
23.02 PHARMACY RESIDENCY PROGRAM				23.02
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	57,727,378	-2,550,309	55,177,069	30
31 INTENSIVE CARE UNIT	9,177,335	-188,912	8,988,423	31
35 NEONATAL INTENSIVE CARE UNIT	2,559,641	-75,564	2,484,077	35
41 SUBPROVIDER - IRF	5,766,177	-387,269	5,378,908	41
43 NURSERY	3,274,852	-122,793	3,152,059	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	35,683,674	-302,259	35,381,415	50
51 RECOVERY ROOM	2,530,184		2,530,184	51
52 DELIVERY ROOM & LABOR ROOM	2,906,166	-18,891	2,887,275	52
54 RADIOLOGY-DIAGNOSTIC	10,191,203	-85,010	10,106,193	54
55 RADIOLOGY-THERAPEUTIC	81,189		81,189	55
57 CT SCAN	2,379,002		2,379,002	57
58 MRI	429,056		429,056	58
59 CARDIAC CATHETERIZATION	11,225,194		11,225,194	59
60 LABORATORY	16,338,244		16,338,244	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	4,277,668		4,277,668	65
66 PHYSICAL THERAPY	4,845,657		4,845,657	66
67 OCCUPATIONAL THERAPY	1,209,849		1,209,849	67
68 SPEECH PATHOLOGY	510,675		510,675	68
69 ELECTROCARDIOLOGY	2,145,855	-188,912	1,956,943	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENTS	25,337,892		25,337,892	72
73 DRUGS CHARGED TO PATIENTS	17,215,887		17,215,887	73
74 RENAL DIALYSIS	1,577,793	-18,891	1,558,902	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY	139,888		139,888	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1,340,141	-1,048,460	291,681	90
90.01 HEALTHY FAMILY CENTER	365,681		365,681	90.01
90.02 MOBILE MEDICAL UNIT	126,645		126,645	90.02
90.03 FAMILY MEDICINE CENTER	2,301,267		2,301,267	90.03
90.04 WOUND HEALING CENTER	2,205,268		2,205,268	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	939,006		939,006	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	936,476		936,476	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	578,359		578,359	90.07
90.08 PODIATRY RESIDENCY CLINIC	217,892		217,892	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	6,092		6,092	90.09
91 EMERGENCY	12,731,717	-462,833	12,268,884	91
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
03/07/2014 16:38

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
118 SUBTOTALS (SUM OF LINES 1-117)	239,279,003	-5,450,103	233,828,900	118
NONREIMBURSABLE COST CENTERS				
190.01 ATHLETIC TRAINERS	284,349		284,349	190.01
190.10 OUTREACH SERVICES	2,631,118		2,631,118	190.10
190.11 KINDRED/OUR LADY OF PEACE	455,228		455,228	190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN	641,388		641,388	190.19
190.20 ADVANCED SPECIALTIES	448		448	190.20
192.01 PERINATOLOGIST	57,548		57,548	192.01
192.02 NEONATOLOGISTS	1,272,368		1,272,368	192.02
192.03 HOSPITALISTS/INTENSIVISTS	6,628,278		6,628,278	192.03
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	251,249,728	-5,450,103	245,799,625	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT		17,400	7,338	24,738	24,738	4
5.01 NONPATIENT TELEPHONES		26,870	11,332	38,202	88	5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING		102,746	43,331	146,077	428	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		3,306,416	1,394,410	4,700,826	581	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		7,107,454	2,997,418	10,104,872	571	7
8 LAUNDRY & LINEN SERVICE					53	8
9 HOUSEKEEPING		332,464	140,210	472,674	743	9
10 DIETARY		471,771	198,959	670,730	385	10
11 CAFETERIA		641,142	270,388	911,530	190	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION					590	13
14 CENTRAL SERVICES & SUPPLY		104,673	44,144	148,817	133	14
15 PHARMACY		280,100	118,126	398,226	846	15
16 MEDICAL RECORDS & LIBRARY		53,685	22,641	76,326	442	16
17 SOCIAL SERVICE		32,652	13,770	46,422	471	17
18 STERILE SUPPLY		424,087	178,850	602,937	195	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					533	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		49,556	20,899	70,455	552	22
23 PARAMED ED PRGM-(SPECIFY)		17,675	7,454	25,129	22	23
23.01 CLINICAL PASTORAL EDUCATION					62	23.01
23.02 PHARMACY RESIDENCY PROGRAM					110	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		5,830,622	2,458,940	8,289,562	4,647	30
31 INTENSIVE CARE UNIT		424,252	178,919	603,171	1,141	31
35 NEONATAL INTENSIVE CARE UNIT		278,724	117,546	396,270	274	35
41 SUBPROVIDER - IRF					650	41
43 NURSERY		45,261	19,088	64,349	419	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		2,630,586	1,109,393	3,739,979	1,950	50
51 RECOVERY ROOM		174,326	73,518	247,844	300	51
52 DELIVERY ROOM & LABOR ROOM		678,969	286,341	965,310	72	52
54 RADIOLOGY-DIAGNOSTIC		734,967	309,957	1,044,924	1,039	54
55 RADIOLOGY-THERAPEUTIC					24	55
57 CT SCAN		93,936	39,615	133,551	187	57
58 MRI						58
59 CARDIAC CATHETERIZATION		807,594	340,585	1,148,179	752	59
60 LABORATORY		108,362	45,699	154,061		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		197,728	83,387	281,115	453	65
66 PHYSICAL THERAPY		179,172	75,562	254,734	746	66
67 OCCUPATIONAL THERAPY					201	67
68 SPEECH PATHOLOGY					93	68
69 ELECTROCARDIOLOGY		148,117	62,465	210,582	232	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS		25,769	10,868	36,637	102	73
74 RENAL DIALYSIS		62,385	26,310	88,695		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY					15	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					43	90
90.01 HEALTHY FAMILY CENTER					80	90.01
90.02 MOBILE MEDICAL UNIT					25	90.02
90.03 FAMILY MEDICINE CENTER					317	90.03
90.04 WOUND HEALING CENTER					122	90.04
90.05 OUTPATIENT TREATMENT & INFUSION		85,236	35,946	121,182	112	90.05
90.06 PEDIATRIC SPECIALTY CLINICS					126	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC					88	90.07
90.08 PODIATRY RESIDENCY CLINIC					29	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS					1	90.09
91 EMERGENCY		976,634	411,875	1,388,509	1,375	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS DEPARTMENT	
	0	1	2	2A	4	
118 SUBTOTALS (SUM OF LINES 1-117)		26,451,331	11,155,284	37,606,615	22,610	118
NONREIMBURSABLE COST CENTERS						
190.01 ATHLETIC TRAINERS					57	190.01
190.10 OUTREACH SERVICES					441	190.10
190.11 KINDRED/OUR LADY OF PEACE					57	190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES						190.20
192.01 PERINATOLOGIST		5,561	2,345	7,906		192.01
192.02 NEONATOLOGISTS					267	192.02
192.03 HOSPITALISTS/INTENSIVISTS					1,306	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		26,456,892	11,157,629	37,614,521	24,738	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON-	ADMITTING	OTHER	MAIN-	OPERATION	
	PATIENT TELEPHONES 5.01	5.04	ADMIN & GENERAL 5.06	TENANCE & REPAIRS 6	OF PLANT 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES	38,290					5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING	206	146,711				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	2,060		4,703,467			5.06
6 MAINTENANCE & REPAIRS			8	8		6
7 OPERATION OF PLANT	1,047		400,153	5	10,506,648	7
8 LAUNDRY & LINEN SERVICE			28,618			8
9 HOUSEKEEPING	584		83,720		219,746	9
10 DIETARY	515		83,748		311,822	10
11 CAFETERIA	34		22,091		423,770	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	326		58,211			13
14 CENTRAL SERVICES & SUPPLY	378		25,841		69,185	14
15 PHARMACY	704		82,173		185,135	15
16 MEDICAL RECORDS & LIBRARY	3,106		82,881		35,484	16
17 SOCIAL SERVICE	1,013		58,607		21,582	17
18 STERILE SUPPLY	51		54,652		280,305	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			46,849			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	429		51,845		32,754	22
23 PARAMED ED PRGM-(SPECIFY)	17		4,560		11,682	23
23.01 CLINICAL PASTORAL EDUCATION	17		5,835			23.01
23.02 PHARMACY RESIDENCY PROGRAM			9,983			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,342	16,498	668,814	2	3,853,817	30
31 INTENSIVE CARE UNIT	601	3,895	131,916		280,415	31
35 NEONATAL INTENSIVE CARE UNIT	240	607	35,207		184,226	35
41 SUBPROVIDER - IRF	669	1,936	77,580			41
43 NURSERY	86	557	53,505		29,916	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,536	27,369	467,874	1	1,738,716	50
51 RECOVERY ROOM	206	2,818	37,702		115,223	51
52 DELIVERY ROOM & LABOR ROOM		994	31,587		448,772	52
54 RADIOLOGY-DIAGNOSTIC	2,403	9,553	151,776		485,785	54
55 RADIOLOGY-THERAPEUTIC	1,064	14	1,428			55
57 CT SCAN	69	9,340	32,729		62,088	57
58 MRI		424	7,702			58
59 CARDIAC CATHETERIZATION	240	9,811	172,205		533,789	59
60 LABORATORY	378	14,268	286,547		71,623	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	463	2,692	69,658		130,690	65
66 PHYSICAL THERAPY	498	2,902	81,268		118,426	66
67 OCCUPATIONAL THERAPY	412	1,044	21,404			67
68 SPEECH PATHOLOGY	326	429	9,037			68
69 ELECTROCARDIOLOGY	652	3,060	29,153		97,899	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS		13,501	463,815			72
73 DRUGS CHARGED TO PATIENTS	120	14,317	220,564		17,032	73
74 RENAL DIALYSIS	120	445	26,758		41,234	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	17	410	2,300			76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		45	5,321			90
90.01 HEALTHY FAMILY CENTER	86	66	6,523			90.01
90.02 MOBILE MEDICAL UNIT	17	60	2,315			90.02
90.03 FAMILY MEDICINE CENTER	978	704	40,810			90.03
90.04 WOUND HEALING CENTER	86	846	38,338			90.04
90.05 OUTPATIENT TREATMENT & INFUSION	240	357	13,831		56,338	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	51	96	16,512			90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	34	111	10,298			90.07
90.08 PODIATRY RESIDENCY CLINIC	34	51	3,896			90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	34	9	106			90.09
91 EMERGENCY	1,304	7,482	175,660		645,518	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONES 5.01	ADMITTING 5.04	OTHER ADMIN & GENERAL 5.06	MAIN-TENANCE & REPAIRS 6	OPERATION OF PLANT 7	
118 SUBTOTALS (SUM OF LINES 1-117)	29,793	146,711	4,493,914	8	10,502,972	118
NONREIMBURSABLE COST CENTERS						
190.01 ATHLETIC TRAINERS			5,323			190.01
190.10 OUTREACH SERVICES	34		49,204			190.10
190.11 KINDRED/OUR LADY OF PEACE	8,463		7,049			190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN			13			190.19
190.20 ADVANCED SPECIALTIES			8			190.20
192.01 PERINATOLOGIST			904		3,676	192.01
192.02 NEONATOLOGISTS			23,617			192.02
192.03 HOSPITALISTS/INTENSIVISTS			123,435			192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	38,290	146,711	4,703,467	8	10,506,648	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	28,671					8
9 HOUSEKEEPING		777,467				9
10 DIETARY			1,090,767			10
11 CAFETERIA				1,389,643		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				41,462	100,589	13
14 CENTRAL SERVICES & SUPPLY		5,229		16,050		14
15 PHARMACY		13,992		44,137		15
16 MEDICAL RECORDS & LIBRARY		2,682		45,474		16
17 SOCIAL SERVICE		1,631		30,762		17
18 STERILE SUPPLY		21,185		24,075		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD				40,124		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		2,476		17,387		22
23 PARAMED ED PRGM-(SPECIFY)		883		1,337		23
23.01 CLINICAL PASTORAL EDUCATION				5,350		23.01
23.02 PHARMACY RESIDENCY PROGRAM				6,687		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,236	291,268	743,627	369,148	41,748	30
31 INTENSIVE CARE UNIT	764	21,193	49,223	73,561	8,319	31
35 NEONATAL INTENSIVE CARE UNIT	119	13,923		16,050	1,815	35
41 SUBPROVIDER - IRF	380		164,416	54,837	6,202	41
43 NURSERY	109	2,261	231	29,425	3,328	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,260	131,409		143,110	16,185	50
51 RECOVERY ROOM	553	8,708		20,062	2,269	51
52 DELIVERY ROOM & LABOR ROOM	195	33,917		5,350	605	52
54 RADIOLOGY-DIAGNOSTIC	1,874	36,715		73,561		54
55 RADIOLOGY-THERAPEUTIC	3			2,675		55
57 CT SCAN	1,832	4,692		12,037		57
58 MRI	83					58
59 CARDIAC CATHETERIZATION	1,925	40,343		46,812	5,294	59
60 LABORATORY	2,799	5,413				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	528	9,877		32,100		65
66 PHYSICAL THERAPY	569	8,950		45,474		66
67 OCCUPATIONAL THERAPY	205			12,037		67
68 SPEECH PATHOLOGY	84			5,350		68
69 ELECTROCARDIOLOGY	600	7,399		16,050		69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS	2,648					72
73 DRUGS CHARGED TO PATIENTS	2,809	1,287				73
74 RENAL DIALYSIS	87	3,116				74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	80					76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9					90
90.01 HEALTHY FAMILY CENTER	13					90.01
90.02 MOBILE MEDICAL UNIT	12					90.02
90.03 FAMILY MEDICINE CENTER	138					90.03
90.04 WOUND HEALING CENTER	166			10,700	1,210	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	70	4,258	334	8,025	908	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	19			9,362	1,059	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	22			4,012	454	90.07
90.08 PODIATRY RESIDENCY CLINIC	10			1,337	151	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	2					90.09
91 EMERGENCY	1,468	48,787		97,636	11,042	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
118 SUBTOTALS (SUM OF LINES 1-117)	28,671	777,189	957,831	1,361,556	100,589	118
NONREIMBURSABLE COST CENTERS						
190.01 ATHLETIC TRAINERS						190.01
190.10 OUTREACH SERVICES						190.10
190.11 KINDRED/OUR LADY OF PEACE						190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN			132,936			190.19
190.20 ADVANCED SPECIALTIES						190.20
192.01 PERINATOLOGIST		278				192.01
192.02 NEONATOLOGISTS				6,687		192.02
192.03 HOSPITALISTS/INTENSIVISTS				21,400		192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	28,671	777,467	1,090,767	1,389,643	100,589	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	STERILE SUPPLY 18	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	265,633					14
15 PHARMACY	49,165	774,378				15
16 MEDICAL RECORDS & LIBRARY	76		246,471			16
17 SOCIAL SERVICE	157	1,241		161,886		17
18 STERILE SUPPLY	3,429	6			986,835	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	487					22
23 PARAMED ED PRGM-(SPECIFY)	217					23
23.01 CLINICAL PASTORAL EDUCATION	48					23.01
23.02 PHARMACY RESIDENCY PROGRAM	13					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,121	56	27,627	141,036	44,856	30
31 INTENSIVE CARE UNIT	2,182	6	6,523	14,655		31
35 NEONATAL INTENSIVE CARE UNIT	234	41	1,016	1,010		35
41 SUBPROVIDER - IRF	739	3	3,242			41
43 NURSERY	3,110		933			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	126,384	3,031	46,620	191	897,123	50
51 RECOVERY ROOM	883	14	4,719			51
52 DELIVERY ROOM & LABOR ROOM	544		1,664			52
54 RADIOLOGY-DIAGNOSTIC	4,282	35,046	15,998			54
55 RADIOLOGY-THERAPEUTIC			23			55
57 CT SCAN	5	9,876	15,641			57
58 MRI			710			58
59 CARDIAC CATHETERIZATION	1,416	3,796	16,430			59
60 LABORATORY	43,338		23,893			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	10,772	48	4,509			65
66 PHYSICAL THERAPY	1,693	390	4,860			66
67 OCCUPATIONAL THERAPY	602		1,749			67
68 SPEECH PATHOLOGY	238		718			68
69 ELECTROCARDIOLOGY	20	45	5,124			69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS			22,609			72
73 DRUGS CHARGED TO PATIENTS	1,718	710,053	23,976			73
74 RENAL DIALYSIS	722	463	745			74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY			686			76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4		75		1,491	90
90.01 HEALTHY FAMILY CENTER	107	997	111		1,907	90.01
90.02 MOBILE MEDICAL UNIT	13	60	100			90.02
90.03 FAMILY MEDICINE CENTER	1,619	5,739	1,180		11,702	90.03
90.04 WOUND HEALING CENTER	2,620	2,776	1,416		8,676	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	66	20	599			90.05
90.06 PEDIATRIC SPECIALTY CLINICS	63	222	161			90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	238	208	185			90.07
90.08 PODIATRY RESIDENCY CLINIC	43	67	85			90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	6		15			90.09
91 EMERGENCY	3,789	174	12,529	4,994		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	STERILE SUPPLY 18	
118 SUBTOTALS (SUM OF LINES 1-117)	265,163	774,378	246,471	161,886	965,755	118
NONREIMBURSABLE COST CENTERS						
190.01 ATHLETIC TRAINERS	2					190.01
190.10 OUTREACH SERVICES	462					190.10
190.11 KINDRED/OUR LADY OF PEACE					21,080	190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES						190.20
192.01 PERINATOLOGIST						192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALISTS/INTENSIVISTS	6					192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	265,633	774,378	246,471	161,886	986,835	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R	I&R	PARAMED	CLINICAL	PHARMACY	
	SALARY & FRINGES 21	PROGRAM COSTS 22	EDUCATION 23	PASTORAL EDUCATION 23.01	RESIDENCY PROGRAM 23.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
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
18 STERILE SUPPLY						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	87,506					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		176,385				22
23 PARAMED ED PRGM-(SPECIFY)			43,847			23
23.01 CLINICAL PASTORAL EDUCATION				11,312		23.01
23.02 PHARMACY RESIDENCY PROGRAM					16,793	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
35 NEONATAL INTENSIVE CARE UNIT						35
41 SUBPROVIDER - IRF						41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 HEALTHY FAMILY CENTER						90.01
90.02 MOBILE MEDICAL UNIT						90.02
90.03 FAMILY MEDICINE CENTER						90.03
90.04 WOUND HEALING CENTER						90.04
90.05 OUTPATIENT TREATMENT & INFUSION						90.05
90.06 PEDIATRIC SPECIALTY CLINICS						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC						90.07
90.08 PODIATRY RESIDENCY CLINIC						90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS						90.09
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	CLINICAL PASTORAL EDUCATION 23.01	PHARMACY RESIDENCY PROGRAM 23.02	
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190.01 ATHLETIC TRAINERS						190.01
190.10 OUTREACH SERVICES						190.10
190.11 KINDRED/OUR LADY OF PEACE						190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES						190.20
192.01 PERINATOLOGIST						192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALISTS/INTENSIVISTS						192.03
200 CROSS FOOT ADJUSTMENTS	87,506	176,385	43,847	11,312	16,793	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	87,506	176,385	43,847	11,312	16,793	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS DEPARTMENT				4
5.01 NONPATIENT TELEPHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING, RECEIVING & STORES				5.03
5.04 ADMITTING				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
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
18 STERILE SUPPLY				18
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
23.01 CLINICAL PASTORAL EDUCATION				23.01
23.02 PHARMACY RESIDENCY PROGRAM				23.02
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	14,504,405		14,504,405	30
31 INTENSIVE CARE UNIT	1,197,565		1,197,565	31
35 NEONATAL INTENSIVE CARE UNIT	651,032		651,032	35
41 SUBPROVIDER - IRF	310,654		310,654	41
43 NURSERY	188,229		188,229	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	7,348,738		7,348,738	50
51 RECOVERY ROOM	441,301		441,301	51
52 DELIVERY ROOM & LABOR ROOM	1,489,010		1,489,010	52
54 RADIOLOGY-DIAGNOSTIC	1,862,956		1,862,956	54
55 RADIOLOGY-THERAPEUTIC	5,231		5,231	55
57 CT SCAN	282,047		282,047	57
58 MRI	8,919		8,919	58
59 CARDIAC CATHETERIZATION	1,980,992		1,980,992	59
60 LABORATORY	602,320		602,320	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	542,905		542,905	65
66 PHYSICAL THERAPY	520,510		520,510	66
67 OCCUPATIONAL THERAPY	37,654		37,654	67
68 SPEECH PATHOLOGY	16,275		16,275	68
69 ELECTROCARDIOLOGY	370,816		370,816	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENTS	502,573		502,573	72
73 DRUGS CHARGED TO PATIENTS	1,028,615		1,028,615	73
74 RENAL DIALYSIS	162,385		162,385	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY	3,508		3,508	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	6,988		6,988	90
90.01 HEALTHY FAMILY CENTER	9,890		9,890	90.01
90.02 MOBILE MEDICAL UNIT	2,602		2,602	90.02
90.03 FAMILY MEDICINE CENTER	63,187		63,187	90.03
90.04 WOUND HEALING CENTER	66,956		66,956	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	206,340		206,340	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	27,671		27,671	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	15,650		15,650	90.07
90.08 PODIATRY RESIDENCY CLINIC	5,703		5,703	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	173		173	90.09
91 EMERGENCY	2,400,267		2,400,267	91
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
03/07/2014 16:38

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
118 SUBTOTALS (SUM OF LINES 1-117)	36,864,067		36,864,067	118
NONREIMBURSABLE COST CENTERS				
190.01 ATHLETIC TRAINERS	5,382		5,382	190.01
190.10 OUTREACH SERVICES	50,141		50,141	190.10
190.11 KINDRED/OUR LADY OF PEACE	36,649		36,649	190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN	132,949		132,949	190.19
190.20 ADVANCED SPECIALTIES	8		8	190.20
192.01 PERINATOLOGIST	12,764		12,764	192.01
192.02 NEONATOLOGISTS	30,571		30,571	192.02
192.03 HOSPITALISTS/INTENSIVISTS	146,147		146,147	192.03
200 CROSS FOOT ADJUSTMENTS	335,843		335,843	200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	37,614,521		37,614,521	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	NON-	ADMITTING
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS DEPARTMENT GROSS SALARIES	PATIENT TELEPHONES PHONE EXTENSIONS	GROSS REVENUE
	1	2	4	5.01	5.04
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	480,493				1
2 CAP REL COSTS-MVBLE EQUIP		480,493			2
4 EMPLOYEE BENEFITS DEPARTMENT	316	316	75,129,575		4
5.01 NONPATIENT TELEPHONES	488	488	266,620	2,231	5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING, RECEIVING & STORES					5.03
5.04 ADMITTING	1,866	1,866	1,299,651	12	703,634,825
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	60,049	60,049	1,765,544	120	5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	129,081	129,081	1,736,046	61	7
8 LAUNDRY & LINEN SERVICE			160,492		8
9 HOUSEKEEPING	6,038	6,038	2,259,055	34	9
10 DIETARY	8,568	8,568	1,170,353	30	10
11 CAFETERIA	11,644	11,644	576,443	2	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION			1,793,632	19	13
14 CENTRAL SERVICES & SUPPLY	1,901	1,901	405,547	22	14
15 PHARMACY	5,087	5,087	2,571,475	41	15
16 MEDICAL RECORDS & LIBRARY	975	975	1,343,531	181	16
17 SOCIAL SERVICE	593	593	1,432,451	59	17
18 STERILE SUPPLY	7,702	7,702	592,507	3	18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD			1,619,130		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	900	900	1,677,569	25	22
23 PARAMED ED PRGM-(SPECIFY)	321	321	66,688	1	23
23.01 CLINICAL PASTORAL EDUCATION			188,191	1	23.01
23.02 PHARMACY RESIDENCY PROGRAM			335,668		23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	105,892	105,892	14,063,615	253	78,935,582
31 INTENSIVE CARE UNIT	7,705	7,705	3,468,317	35	18,637,291
35 NEONATAL INTENSIVE CARE UNIT	5,062	5,062	833,002	14	2,904,276
41 SUBPROVIDER - IRF			1,974,237	39	9,263,197
43 NURSEY	822	822	1,273,103	5	2,665,134
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	47,775	47,775	5,926,661	206	132,632,352
51 RECOVERY ROOM	3,166	3,166	910,613	12	13,484,213
52 DELIVERY ROOM & LABOR ROOM	12,331	12,331	220,274		4,754,102
54 RADIOLOGY-DIAGNOSTIC	13,348	13,348	3,158,451	140	45,707,270
55 RADIOLOGY-THERAPEUTIC			72,676	62	66,609
57 CT SCAN	1,706	1,706	567,971	4	44,687,525
58 MRI					2,027,889
59 CARDIAC CATHETERIZATION	14,667	14,667	2,285,569	14	46,941,955
60 LABORATORY	1,968	1,968		22	68,265,774
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	3,591	3,591	1,376,533	27	12,882,686
66 PHYSICAL THERAPY	3,254	3,254	2,266,034	29	13,886,395
67 OCCUPATIONAL THERAPY			612,070	24	4,995,715
68 SPEECH PATHOLOGY			283,333	19	2,052,843
69 ELECTROCARDIOLOGY	2,690	2,690	704,663	38	14,639,797
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENTS					64,596,717
73 DRUGS CHARGED TO PATIENTS	468	468	311,364	7	68,502,267
74 RENAL DIALYSIS	1,133	1,133		7	2,128,853
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY			45,736	1	1,960,204
76.99 LITHOTRIPSY					76.98
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC			129,518		214,004
90.01 HEALTHY FAMILY CENTER			244,650	5	317,850
90.02 MOBILE MEDICAL UNIT			76,906	1	286,437
90.03 FAMILY MEDICINE CENTER			963,752	57	3,370,401
90.04 WOUND HEALING CENTER			370,042	5	4,045,552
90.05 OUTPATIENT TREATMENT & INFUSION	1,548	1,548	341,531	14	1,710,466
90.06 PEDIATRIC SPECIALTY CLINICS			382,811	3	460,279
90.07 SPORTS MED FELLOWSHIP CLINIC			266,259	2	529,004
90.08 PODIATRY RESIDENCY CLINIC			88,706	2	242,172
90.09 FAMILY MEDICINE FACULTY PHYSICIANS			2,797	2	43,062
91 EMERGENCY	17,737	17,737	4,179,801	76	35,796,952
92 OBSERVATION BEDS (NON-DISTINCT PART)					91
OTHER REIMBURSABLE COST CENTERS					92
SPECIAL PURPOSE COST CENTERS					

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	NON-	ADMITTING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS DEPARTMENT GROSS SALARIES	PATIENT TELEPHONES PHONE EXTENSIONS	GROSS REVENUE	
	1	2	4	5.01	5.04	
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	480,392	480,392	68,661,588	1,736	703,634,825	118
190.01 ATHLETIC TRAINERS			172,443			190.01
190.10 OUTREACH SERVICES			1,339,824	2		190.10
190.11 KINDRED/OUR LADY OF PEACE			173,144	493		190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN			500			190.19
190.20 ADVANCED SPECIALTIES			129			190.20
192.01 PERINATOLOGIST	101		1,489			192.01
192.02 NEONATOLOGISTS		101	811,653			192.02
192.03 HOSPITALISTS/INTENSIVISTS			3,968,805			192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	26,456,892	11,157,629	1,517,963	373,368	2,086,619	202
203 UNIT COST MULT-WS B PT I	55.061972	23.221210	0.020205	167.354550	0.002965	203
204 COST TO BE ALLOC PER B PT II			24,738	38,290	146,711	204
205 UNIT COST MULT-WS B PT II			0.000329	17.162707	0.000209	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE GROSS REVENUE	
	5A.06	5.06	6	7	8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	-47,610,144	203,639,584				5.06
6 MAINTENANCE & REPAIRS		353	417,774			6
7 OPERATION OF PLANT		17,324,898	129,081	288,693		7
8 LAUNDRY & LINEN SERVICE		1,239,044			703,634,825	8
9 HOUSEKEEPING		3,624,695	6,038	6,038		9
10 DIETARY		3,625,907	8,568	8,568		10
11 CAFETERIA		956,444	11,644	11,644		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,520,279				13
14 CENTRAL SERVICES & SUPPLY		1,118,785	1,901	1,901		14
15 PHARMACY		3,557,740	5,087	5,087		15
16 MEDICAL RECORDS & LIBRARY		3,588,403	975	975		16
17 SOCIAL SERVICE		2,537,408	593	593		17
18 STERILE SUPPLY		2,366,183	7,702	7,702		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		2,028,346				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		2,244,644	900	900		22
23 PARAMED ED PRGM-(SPECIFY)		197,446	321	321		23
23.01 CLINICAL PASTORAL EDUCATION		252,647				23.01
23.02 PHARMACY RESIDENCY PROGRAM		432,230				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		28,956,581	105,892	105,892	78,935,582	30
31 INTENSIVE CARE UNIT		5,711,394	7,705	7,705	18,637,291	31
35 NEONATAL INTENSIVE CARE UNIT		1,524,329	5,062	5,062	2,904,276	35
41 SUBPROVIDER - IRF		3,358,858			9,263,197	41
43 NURSEY		2,316,556	822	822	2,665,134	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		20,256,904	47,775	47,775	132,632,352	50
51 RECOVERY ROOM		1,632,350	3,166	3,166	13,484,213	51
52 DELIVERY ROOM & LABOR ROOM		1,367,574	12,331	12,331	4,754,102	52
54 RADIOLOGY-DIAGNOSTIC		6,571,235	13,348	13,348	45,707,270	54
55 RADIOLOGY-THERAPEUTIC		61,832			66,609	55
57 CT SCAN		1,417,021	1,706	1,706	44,687,525	57
58 MRI		333,458			2,027,889	58
59 CARDIAC CATHETERIZATION		7,455,751	14,667	14,667	46,941,955	59
60 LABORATORY		12,406,233	1,968	1,968	68,265,774	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		3,015,887	3,591	3,591	12,882,686	65
66 PHYSICAL THERAPY		3,518,537	3,254	3,254	13,886,395	66
67 OCCUPATIONAL THERAPY		926,714			4,995,715	67
68 SPEECH PATHOLOGY		391,282			2,052,843	68
69 ELECTROCARDIOLOGY		1,262,183	2,690	2,690	14,639,797	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS		20,081,192			64,596,717	72
73 DRUGS CHARGED TO PATIENTS		9,549,461	468	468	68,502,267	73
74 RENAL DIALYSIS		1,158,504	1,133	1,133	2,128,853	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		99,563			1,960,204	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		230,372			214,004	90
90.01 HEALTHY FAMILY CENTER		282,415			317,850	90.01
90.02 MOBILE MEDICAL UNIT		100,236			286,437	90.02
90.03 FAMILY MEDICINE CENTER		1,766,887			3,370,401	90.03
90.04 WOUND HEALING CENTER		1,659,852			4,045,552	90.04
90.05 OUTPATIENT TREATMENT & INFUSION		598,811	1,548	1,548	1,710,466	90.05
90.06 PEDIATRIC SPECIALTY CLINICS		714,900			460,279	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC		445,879			529,004	90.07
90.08 PODIATRY RESIDENCY CLINIC		168,699			242,172	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS		4,604			43,062	90.09
91 EMERGENCY		7,605,313	17,737	17,737	35,796,952	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE GROSS REVENUE	
	5A.06	5.06	6	7	8	
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	-47,610,144	194,566,819	417,673	288,592	703,634,825	118
190.01 ATHLETIC TRAINERS		230,458				190.01
190.10 OUTREACH SERVICES		2,130,312				190.10
190.11 KINDRED/OUR LADY OF PEACE		305,199				190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN		552				190.19
190.20 ADVANCED SPECIALTIES		363				190.20
192.01 PERINATOLOGIST		39,157	101	101		192.01
192.02 NEONATOLOGISTS		1,022,507				192.02
192.03 HOSPITALISTS/INTENSIVISTS		5,344,217				192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		47,610,144	436	21,375,525	1,528,728	202
203 UNIT COST MULT-WS B PT I		0.233796	0.001044	74.042408	0.002173	203
204 COST TO BE ALLOC PER B PT II		4,703,467	8	10,506,648	28,671	204
205 UNIT COST MULT-WS B PT II		0.023097	0.000019	36.393844	0.000041	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	SQUARE FEET	MEALS SERVED	FTES	FTES	COSTED REQUIS.	
	9	10	11	13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	282,655					9
10 DIETARY	8,568	202,628				10
11 CAFETERIA	11,644		1,039			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				31	665	13
14 CENTRAL SERVICES & SUPPLY	1,901				45,756,872	14
15 PHARMACY	5,087				8,469,465	15
16 MEDICAL RECORDS & LIBRARY	975			34	13,066	16
17 SOCIAL SERVICE	593			23	27,103	17
18 STERILE SUPPLY	7,702			18	590,738	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD				30		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	900			13	83,879	22
23 PARAMED ED PRGM-(SPECIFY)	321			1	37,394	23
23.01 CLINICAL PASTORAL EDUCATION				4	8,220	23.01
23.02 PHARMACY RESIDENCY PROGRAM				5	2,296	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	105,892	138,141	276	276	709,965	30
31 INTENSIVE CARE UNIT	7,705	9,144	55	55	375,803	31
35 NEONATAL INTENSIVE CARE UNIT	5,062		12	12	40,266	35
41 SUBPROVIDER - IRF		30,543	41	41	127,290	41
43 NURSEY	822	43	22	22	535,823	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	47,775		107	107	21,768,831	50
51 RECOVERY ROOM	3,166		15	15	152,059	51
52 DELIVERY ROOM & LABOR ROOM	12,331		4	4	93,769	52
54 RADIOLOGY-DIAGNOSTIC	13,348		55		737,627	54
55 RADIOLOGY-THERAPEUTIC			2			55
57 CT SCAN	1,706		9		850	57
58 MRI						58
59 CARDIAC CATHETERIZATION	14,667		35	35	243,938	59
60 LABORATORY	1,968				7,465,557	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,591		24		1,855,558	65
66 PHYSICAL THERAPY	3,254		34		291,699	66
67 OCCUPATIONAL THERAPY			9		103,683	67
68 SPEECH PATHOLOGY			4		41,033	68
69 ELECTROCARDIOLOGY	2,690		12		3,507	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS	468				295,999	73
74 RENAL DIALYSIS	1,133				124,452	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					633	90
90.01 HEALTHY FAMILY CENTER					18,454	90.01
90.02 MOBILE MEDICAL UNIT					2,273	90.02
90.03 FAMILY MEDICINE CENTER					278,955	90.03
90.04 WOUND HEALING CENTER			8	8	451,262	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	1,548	62	6	6	11,340	90.05
90.06 PEDIATRIC SPECIALTY CLINICS			7	7	10,784	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC			3	3	41,078	90.07
90.08 PODIATRY RESIDENCY CLINIC			1	1	7,477	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS					1,067	90.09
91 EMERGENCY	17,737		73	73	652,791	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	SQUARE FEET	MEALS SERVED	FTEs	FTEs	REQUIS.	
118 SUBTOTALS (SUM OF LINES 1-117)	282,554	177,933	1,018	665	45,675,984	118
NONREIMBURSABLE COST CENTERS						
190.01 ATHLETIC TRAINERS					315	190.01
190.10 OUTREACH SERVICES					79,586	190.10
190.11 KINDRED/OUR LADY OF PEACE						190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN		24,695				190.19
190.20 ADVANCED SPECIALTIES						190.20
192.01 PERINATOLOGIST	101					192.01
192.02 NEONATOLOGISTS				5		192.02
192.03 HOSPITALISTS/INTENSIVISTS				16	987	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,919,208	5,257,148	2,244,866	3,176,489	1,580,120	202
203 UNIT COST MULT-WS B PT I	17.403577	25.944825	2,160.602502	4,776.675188	0.034533	203
204 COST TO BE ALLOC PER B PT II	777,467	1,090,767	1,389,643	100,589	265,633	204
205 UNIT COST MULT-WS B PT II	2.750586	5.383101	1,337.481232	151.261654	0.005805	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	STERILE SUPPLY	I&R SALARY & FRINGES ASSIGNED	
	COSTED REQUIS. 15	GROSS REVENUE 16	TIME SPENT 17	COSTED REQUIS 18	TIME 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	9,400,148					15
16 MEDICAL RECORDS & LIBRARY		703,634,825				16
17 SOCIAL SERVICE	15,062		5,932			17
18 STERILE SUPPLY	71			68,816		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					577	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 CLINICAL PASTORAL EDUCATION						23.01
23.02 PHARMACY RESIDENCY PROGRAM						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	685	78,935,582	5,168	3,128	270	30
31 INTENSIVE CARE UNIT	67	18,637,291	537		20	31
35 NEONATAL INTENSIVE CARE UNIT	501	2,904,276	37		8	35
41 SUBPROVIDER - IRF	33	9,263,197			41	41
43 NURSEY		2,665,134			13	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	36,788	132,632,352	7	62,560	32	50
51 RECOVERY ROOM	170	13,484,213				51
52 DELIVERY ROOM & LABOR ROOM		4,754,102			2	52
54 RADIOLOGY-DIAGNOSTIC	425,424	45,707,270			9	54
55 RADIOLOGY-THERAPEUTIC		66,609				55
57 CT SCAN	119,890	44,687,525				57
58 MRI		2,027,889				58
59 CARDIAC CATHETERIZATION	46,081	46,941,955				59
60 LABORATORY		68,265,774				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	577	12,882,686				65
66 PHYSICAL THERAPY	4,735	13,886,395				66
67 OCCUPATIONAL THERAPY		4,995,715				67
68 SPEECH PATHOLOGY		2,052,843				68
69 ELECTROCARDIOLOGY	548	14,639,797			20	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS		64,596,717				72
73 DRUGS CHARGED TO PATIENTS	8,619,322	68,502,267				73
74 RENAL DIALYSIS	5,623	2,128,853			2	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		1,960,204				76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		214,004		104	111	90
90.01 HEALTHY FAMILY CENTER	12,103	317,850		133		90.01
90.02 MOBILE MEDICAL UNIT	730	286,437				90.02
90.03 FAMILY MEDICINE CENTER	69,660	3,370,401		816		90.03
90.04 WOUND HEALING CENTER	33,692	4,045,552		605		90.04
90.05 OUTPATIENT TREATMENT & INFUSION	239	1,710,466				90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2,700	460,279				90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	2,527	529,004				90.07
90.08 PODIATRY RESIDENCY CLINIC	810	242,172				90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS		43,062				90.09
91 EMERGENCY	2,110	35,796,952	183		49	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	STERILE SUPPLY	I&R SALARY & FRINGES		
	COSTED REQUIS. 15	GROSS REVENUE 16	TIME SPENT 17	COSTED REQUIS 18	ASSIGNED TIME 21		
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	9,400,148	703,634,825	5,932	67,346	577	118	
190.01 ATHLETIC TRAINERS							190.01
190.10 OUTREACH SERVICES							190.10
190.11 KINDRED/OUR LADY OF PEACE				1,470			190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN							190.19
190.20 ADVANCED SPECIALTIES							190.20
192.01 PERINATOLOGIST							192.01
192.02 NEONATOLOGISTS							192.02
192.03 HOSPITALISTS/INTENSIVISTS							192.03
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 COST TO BE ALLOC PER B PT I	5,218,492	4,590,428	3,243,864	3,683,042	2,567,383		202
203 UNIT COST MULT-WS B PT I	0.555150	0.006524	546.841537	53.520141	4,449.537262		203
204 COST TO BE ALLOC PER B PT II	774,378	246,471	161,886	986,835	87,506		204
205 UNIT COST MULT-WS B PT II	0.082379	0.000350	27.290290	14.340197	151.656846		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	CLINICAL PASTORAL EDUCATION TIME SPENT	PHARMACY RESIDENCY PROGRAM PATIENT DAYS	
	22	23	23.01	23.02	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING, RECEIVING & STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
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
18 STERILE SUPPLY					18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	577				22
23 PARAMED ED PRGM-(SPECIFY)		500			23
23.01 CLINICAL PASTORAL EDUCATION			507		23.01
23.02 PHARMACY RESIDENCY PROGRAM				60,945	23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	270		258	44,825	30
31 INTENSIVE CARE UNIT	20		161	5,349	31
35 NEONATAL INTENSIVE CARE UNIT	8			1,126	35
41 SUBPROVIDER - IRF	41		16	7,034	41
43 NURSEY	13			2,611	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	32				50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM	2				52
54 RADIOLOGY-DIAGNOSTIC	9				54
55 RADIOLOGY-THERAPEUTIC					55
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY	20				69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS	2				74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	111				90
90.01 HEALTHY FAMILY CENTER					90.01
90.02 MOBILE MEDICAL UNIT					90.02
90.03 FAMILY MEDICINE CENTER					90.03
90.04 WOUND HEALING CENTER					90.04
90.05 OUTPATIENT TREATMENT & INFUSION					90.05
90.06 PEDIATRIC SPECIALTY CLINICS					90.06
90.07 SPORTS MED FELLOWSHIP CLINIC					90.07
90.08 PODIATRY RESIDENCY CLINIC					90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS					90.09
91 EMERGENCY	49	100	72		91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	CLINICAL PASTORAL EDUCATION TIME SPENT 23.01	PHARMACY RESIDENCY PROGRAM PATIENT DAYS 23.02	
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	577	100	507	60,945	118
190.01 ATHLETIC TRAINERS					190.01
190.10 OUTREACH SERVICES					190.10
190.11 KINDRED/OUR LADY OF PEACE					190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN					190.19
190.20 ADVANCED SPECIALTIES					190.20
192.01 PERINATOLOGIST					192.01
192.02 NEONATOLOGISTS					192.02
192.03 HOSPITALISTS/INTENSIVISTS					192.03
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	2,882,720	276,415	320,641	544,166	202
203 UNIT COST MULT-WS B PT I	4,996.048527	2,764.150000	632.428008	8.928805	203
204 COST TO BE ALLOC PER B PT II	176,385	43,847	11,312	16,793	204
205 UNIT COST MULT-WS B PT II	305.693241	438.470000	22.311637	0.275544	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	55,177,069		55,177,069	26,488	55,203,557	30
31 INTENSIVE CARE UNIT	8,988,423		8,988,423	17,501	9,005,924	31
35 NEONATAL INTENSIVE CARE UNI	2,484,077		2,484,077		2,484,077	35
41 SUBPROVIDER - IRF	5,378,908		5,378,908	21,145	5,400,053	41
43 NURSERY	3,152,059		3,152,059		3,152,059	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	35,381,415		35,381,415	25,958	35,407,373	50
51 RECOVERY ROOM	2,530,184		2,530,184		2,530,184	51
52 DELIVERY ROOM & LABOR ROOM	2,887,275		2,887,275		2,887,275	52
54 RADIOLOGY-DIAGNOSTIC	10,106,193		10,106,193	20,300	10,126,493	54
55 RADIOLOGY-THERAPEUTIC	81,189		81,189		81,189	55
57 CT SCAN	2,379,002		2,379,002		2,379,002	57
58 MRI	429,056		429,056		429,056	58
59 CARDIAC CATHETERIZATION	11,225,194		11,225,194	18,680	11,243,874	59
60 LABORATORY	16,338,244		16,338,244		16,338,244	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	4,277,668		4,277,668	9,635	4,287,303	65
66 PHYSICAL THERAPY	4,845,657		4,845,657		4,845,657	66
67 OCCUPATIONAL THERAPY	1,209,849		1,209,849		1,209,849	67
68 SPEECH PATHOLOGY	510,675		510,675		510,675	68
69 ELECTROCARDIOLOGY	1,956,943		1,956,943	29,151	1,986,094	69
71 MEDICAL SUPPLIES CHARGED TO						71
72 IMPL. DEV. CHARGED TO PATIE	25,337,892		25,337,892		25,337,892	72
73 DRUGS CHARGED TO PATIENTS	17,215,887		17,215,887		17,215,887	73
74 RENAL DIALYSIS	1,558,902		1,558,902		1,558,902	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	139,888		139,888		139,888	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	291,681		291,681	7,704	299,385	90
90.01 HEALTHY FAMILY CENTER	365,681		365,681		365,681	90.01
90.02 MOBILE MEDICAL UNIT	126,645		126,645		126,645	90.02
90.03 FAMILY MEDICINE CENTER	2,301,267		2,301,267		2,301,267	90.03
90.04 WOUND HEALING CENTER	2,205,268		2,205,268		2,205,268	90.04
90.05 OUTPATIENT TREATMENT & INFU	939,006		939,006		939,006	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	936,476		936,476	1,462	937,938	90.06
90.07 SPORTS MED FELLOWSHIP CLINI	578,359		578,359		578,359	90.07
90.08 PODIATRY RESIDENCY CLINIC	217,892		217,892		217,892	90.08
90.09 FAMILY MEDICINE FACULTY PHY	6,092		6,092		6,092	90.09
91 EMERGENCY	12,268,884		12,268,884	53,795	12,322,679	91
92 OBSERVATION BEDS (NON-DISTI	2,957,051		2,957,051		2,957,051	92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	236,785,951		236,785,951	231,819	237,017,770	200
201 LESS OBSERVATION BEDS	2,957,051		2,957,051		2,957,051	201
202 TOTAL (SEE INSTRUCTIONS)	233,828,900		233,828,900		234,060,719	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	74,193,131		74,193,131			30
31 INTENSIVE CARE UNIT	18,637,291		18,637,291			31
35 NEONATAL INTENSIVE CARE UNI	2,904,276		2,904,276			35
41 SUBPROVIDER - IRF	9,263,197		9,263,197			41
43 NURSERY	2,665,134		2,665,134			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	70,206,407	62,425,945	132,632,352	0.266763	0.266763	0.266959 50
51 RECOVERY ROOM	6,672,760	6,811,453	13,484,213	0.187640	0.187640	0.187640 51
52 DELIVERY ROOM & LABOR ROOM	4,667,296	86,806	4,754,102	0.607323	0.607323	0.607323 52
54 RADIOLOGY-DIAGNOSTIC	10,415,006	35,292,264	45,707,270	0.221107	0.221107	0.221551 54
55 RADIOLOGY-THERAPEUTIC	2,992	63,617	66,609	1.218889	1.218889	1.218889 55
57 CT SCAN	14,079,304	30,608,221	44,687,525	0.053236	0.053236	0.053236 57
58 MRI	1,868,650	159,239	2,027,889	0.211578	0.211578	0.211578 58
59 CARDIAC CATHETERIZATION	22,982,918	23,959,037	46,941,955	0.239129	0.239129	0.239527 59
60 LABORATORY	41,751,050	26,514,724	68,265,774	0.239333	0.239333	0.239333 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	8,453,514	4,429,172	12,882,686	0.332048	0.332048	0.332796 65
66 PHYSICAL THERAPY	6,255,520	7,630,875	13,886,395	0.348950	0.348950	0.348950 66
67 OCCUPATIONAL THERAPY	3,984,700	1,011,015	4,995,715	0.242177	0.242177	0.242177 67
68 SPEECH PATHOLOGY	1,684,661	368,182	2,052,843	0.248765	0.248765	0.248765 68
69 ELECTROCARDIOLOGY	6,491,491	8,148,306	14,639,797	0.133673	0.133673	0.135664 69
71 MEDICAL SUPPLIES CHARGED TO						71
72 IMPL. DEV. CHARGED TO PATIE	50,569,975	14,026,742	64,596,717	0.392247	0.392247	0.392247 72
73 DRUGS CHARGED TO PATIENTS	49,655,042	18,847,225	68,502,267	0.251319	0.251319	0.251319 73
74 RENAL DIALYSIS	1,532,163	596,690	2,128,853	0.732273	0.732273	0.732273 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	5,753	1,954,451	1,960,204	0.071364	0.071364	0.071364 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		214,004	214,004	1.362970	1.362970	1.398969 90
90.01 HEALTHY FAMILY CENTER		317,850	317,850	1.150483	1.150483	1.150483 90.01
90.02 MOBILE MEDICAL UNIT		286,437	286,437	0.442139	0.442139	0.442139 90.02
90.03 FAMILY MEDICINE CENTER		3,370,401	3,370,401	0.682787	0.682787	0.682787 90.03
90.04 WOUND HEALING CENTER	46,139	3,999,413	4,045,552	0.545109	0.545109	0.545109 90.04
90.05 OUTPATIENT TREATMENT & INFU	14,977	1,695,489	1,710,466	0.548977	0.548977	0.548977 90.05
90.06 PEDIATRIC SPECIALTY CLINICS	192	460,087	460,279	2.034583	2.034583	2.037760 90.06
90.07 SPORTS MED FELLOWSHIP CLINI		529,004	529,004	1.093298	1.093298	1.093298 90.07
90.08 PODIATRY RESIDENCY CLINIC		242,172	242,172	0.899741	0.899741	0.899741 90.08
90.09 FAMILY MEDICINE FACULTY PHY		43,062	43,062	0.141470	0.141470	0.141470 90.09
91 EMERGENCY	9,626,645	26,170,307	35,796,952	0.342735	0.342735	0.344238 91
92 OBSERVATION BEDS (NON-DISTI	680,714	4,061,737	4,742,451	0.623528	0.623528	0.623528 92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	419,310,898	284,323,927	703,634,825			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	419,310,898	284,323,927	703,634,825			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL. 1 MINUS COL. 2)	(COL. 3 ÷ COL. 4)		(COL. 5 x COL. 6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	14,504,405		14,504,405	47,362	306.25	20,439	6,259,444 30
31 INTENSIVE CARE UNIT	1,197,565		1,197,565	5,349	223.89	2,336	523,007 31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATAL INTENSIVE CARE UNIT	651,032		651,032	1,126	578.18		35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	310,654		310,654	7,034	44.16	4,530	200,045 41
42 SUBPROVIDER I							42
43 NURSERY	188,229		188,229	2,611	72.09		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	16,851,885		16,851,885	63,482		27,305	6,982,496 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (15-0012) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,348,738	132,632,352	0.055407	28,990,890	1,606,298	50
51	RECOVERY ROOM	441,301	13,484,213	0.032727	2,583,605	84,554	51
52	DELIVERY ROOM & LABOR ROOM	1,489,010	4,754,102	0.313205	3,946	1,236	52
54	RADIOLOGY-DIAGNOSTIC	1,862,956	45,707,270	0.040758	5,318,727	216,781	54
55	RADIOLOGY-THERAPEUTIC	5,231	66,609	0.078533			55
57	CT SCAN	282,047	44,687,525	0.006312	6,436,053	40,624	57
58	MRI	8,919	2,027,889	0.004398	1,133,110	4,983	58
59	CARDIAC CATHETERIZATION	1,980,992	46,941,955	0.042201	6,125,143	258,487	59
60	LABORATORY	602,320	68,265,774	0.008823	19,940,848	175,938	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	542,905	12,882,686	0.042142	4,339,510	182,876	65
66	PHYSICAL THERAPY	520,510	13,886,395	0.037483	1,839,907	68,965	66
67	OCCUPATIONAL THERAPY	37,654	4,995,715	0.007537	876,798	6,608	67
68	SPEECH PATHOLOGY	16,275	2,052,843	0.007928	374,932	2,972	68
69	ELECTROCARDIOLOGY	370,816	14,639,797	0.025329	4,444,868	112,584	69
71	MEDICAL SUPPLIES CHARGED TO P						71
72	IMPL. DEV. CHARGED TO PATIENT	502,573	64,596,717	0.007780	20,691,374	160,979	72
73	DRUGS CHARGED TO PATIENTS	1,028,615	68,502,267	0.015016	21,984,296	330,116	73
74	RENAL DIALYSIS	162,385	2,128,853	0.076278	558,434	42,596	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	3,508	1,960,204	0.001790	1,569	3	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,988	214,004	0.032654			90
90.01	HEALTHY FAMILY CENTER	9,890	317,850	0.031115			90.01
90.02	MOBILE MEDICAL UNIT	2,602	286,437	0.009084			90.02
90.03	FAMILY MEDICINE CENTER	63,187	3,370,401	0.018748			90.03
90.04	WOUND HEALING CENTER	66,956	4,045,552	0.016551	26,664	441	90.04
90.05	OUTPATIENT TREATMENT & INFUSI	206,340	1,710,466	0.120634			90.05
90.06	PEDIATRIC SPECIALTY CLINICS	27,671	460,279	0.060118	192	12	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	15,650	529,004	0.029584			90.07
90.08	PODIATRY RESIDENCY CLINIC	5,703	242,172	0.023549			90.08
90.09	FAMILY MEDICINE FACULTY PHYSI	173	43,062	0.004017			90.09
91	EMERGENCY	2,400,267	35,796,952	0.067052	4,272,534	286,482	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	776,947	4,742,451	0.163828	206,044	33,756	92
200	TOTAL (SUM OF LINES 50-199)	20,789,129	595,971,796		130,149,444	3,617,291	200

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		563,400			563,400	30
31 INTENSIVE CARE UNIT		149,581			149,581	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 NEONATAL INTENSIVE CARE UNIT		10,054			10,054	35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF		72,924			72,924	41
42 SUBPROVIDER I						42
43 NURSERY		23,313			23,313	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		819,272			819,272	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	47,362	11.90	20,439	243,224	30
31 INTENSIVE CARE UNIT	5,349	27.96	2,336	65,315	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE UNIT	1,126	8.93			35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	7,034	10.37	4,530	46,976	41
42 SUBPROVIDER I					42
43 NURSERY	2,611	8.93			43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	63,482		27,305	355,515	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0012) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			HEALTH	MEDICAL	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 HEALTHY FAMILY CENTER						90.01
90.02 MOBILE MEDICAL UNIT						90.02
90.03 FAMILY MEDICINE CENTER						90.03
90.04 WOUND HEALING CENTER						90.04
90.05 OUTPATIENT TREATMENT & INFUSI						90.05
90.06 PEDIATRIC SPECIALTY CLINICS						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC						90.07
90.08 PODIATRY RESIDENCY CLINIC						90.08
90.09 FAMILY MEDICINE FACULTY PHYSI						90.09
91 EMERGENCY			321,950		321,950	321,950
92 OBSERVATION BEDS (NON-DISTINC			30,180		30,180	30,180
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)			352,130		352,130	352,130

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0012) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	132,632,352			28,990,890		14,395,875	50
51 RECOVERY ROOM	13,484,213			2,583,605		1,296,093	51
52 DELIVERY ROOM & LABOR ROOM	4,754,102			3,946			52
54 RADIOLOGY-DIAGNOSTIC	45,707,270			5,318,727		6,684,165	54
55 RADIOLOGY-THERAPEUTIC	66,609						55
57 CT SCAN	44,687,525			6,436,053		8,450,347	57
58 MRI	2,027,889			1,133,110		72,366	58
59 CARDIAC CATHETERIZATION	46,941,955			6,125,143		5,010,415	59
60 LABORATORY	68,265,774			19,940,848		1,550,760	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	12,882,686			4,339,510		259,643	65
66 PHYSICAL THERAPY	13,886,395			1,839,907		4,060	66
67 OCCUPATIONAL THERAPY	4,995,715			876,798			67
68 SPEECH PATHOLOGY	2,052,843			374,932		5,850	68
69 ELECTROCARDIOLOGY	14,639,797			4,444,868		4,569,753	69
71 MEDICAL SUPPLIES CHARGED TO							71
72 IMPL. DEV. CHARGED TO PATIEN	64,596,717			20,691,374		4,442,949	72
73 DRUGS CHARGED TO PATIENTS	68,502,267			21,984,296		6,241,681	73
74 RENAL DIALYSIS	2,128,853			558,434		30,984	74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,960,204			1,569		852,427	76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	214,004						90
90.01 HEALTHY FAMILY CENTER	317,850						90.01
90.02 MOBILE MEDICAL UNIT	286,437						90.02
90.03 FAMILY MEDICINE CENTER	3,370,401						90.03
90.04 WOUND HEALING CENTER	4,045,552			26,664		1,676,241	90.04
90.05 OUTPATIENT TREATMENT & INFUS	1,710,466					635,646	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	460,279			192		2,286	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	529,004						90.07
90.08 PODIATRY RESIDENCY CLINIC	242,172						90.08
90.09 FAMILY MEDICINE FACULTY PHYS	43,062						90.09
91 EMERGENCY	35,796,952	0.008994	0.008994	4,272,534	38,427	3,911,893	35,184 91
92 OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	4,742,451	0.006364	0.006364	206,044	1,311	1,169,372	7,442 92
200 TOTAL (SUM OF LINES 50-199)	595,971,796			130,149,444	39,738	61,262,806	42,626 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0012) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS				
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST	COST			
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS						
	1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.266763	14,395,875			3,840,287				50
51 RECOVERY ROOM	0.187640	1,296,093			243,199				51
52 DELIVERY ROOM & LABOR ROOM	0.607323								52
54 RADIOLOGY-DIAGNOSTIC	0.221107	6,684,165			1,477,916				54
55 RADIOLOGY-THERAPEUTIC	1.218889								55
57 CT SCAN	0.053236	8,450,347			449,863				57
58 MRI	0.211578	72,366			15,311				58
59 CARDIAC CATHETERIZATION	0.239129	5,010,415			1,198,136				59
60 LABORATORY	0.239333	1,550,760			371,148				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65 RESPIRATORY THERAPY	0.332048	259,643			86,214				65
66 PHYSICAL THERAPY	0.348950	4,060			1,417				66
67 OCCUPATIONAL THERAPY	0.242177								67
68 SPEECH PATHOLOGY	0.248765	5,850			1,455				68
69 ELECTROCARDIOLOGY	0.133673	4,569,753			610,853				69
71 MEDICAL SUPPLIES CHARGED TO PAT									71
72 IMPL. DEV. CHARGED TO PATIENTS	0.392247	4,442,949			1,742,733				72
73 DRUGS CHARGED TO PATIENTS	0.251319	6,241,681		151,096	1,568,653			37,973	73
74 RENAL DIALYSIS	0.732273	30,984			22,689				74
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.071364	852,427			60,833				76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	1.362970								90
90.01 HEALTHY FAMILY CENTER	1.150483								90.01
90.02 MOBILE MEDICAL UNIT	0.442139								90.02
90.03 FAMILY MEDICINE CENTER	0.682787								90.03
90.04 WOUND HEALING CENTER	0.545109	1,676,241			913,734				90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.548977	635,646			348,955				90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.034583	2,286			4,651				90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.093298								90.07
90.08 PODIATRY RESIDENCY CLINIC	0.899741								90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	0.141470								90.09
91 EMERGENCY	0.342735	3,911,893			1,340,743				91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.623528	1,169,372			729,136				92
200 SUBTOTAL (SEE INSTRUCTIONS)		61,262,806		151,096	15,027,926			37,973	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		61,262,806		151,096	15,027,926			37,973	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (15-T012)	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,348,738	132,632,352	0.055407	33,041	1,831	50
51	RECOVERY ROOM	441,301	13,484,213	0.032727			51
52	DELIVERY ROOM & LABOR ROOM	1,489,010	4,754,102	0.313205			52
54	RADIOLOGY-DIAGNOSTIC	1,862,956	45,707,270	0.040758	102,260	4,168	54
55	RADIOLOGY-THERAPEUTIC	5,231	66,609	0.078533			55
57	CT SCAN	282,047	44,687,525	0.006312	65,693	415	57
58	MRI	8,919	2,027,889	0.004398	13,420	59	58
59	CARDIAC CATHETERIZATION	1,980,992	46,941,955	0.042201			59
60	LABORATORY	602,320	68,265,774	0.008823	1,139,190	10,051	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	542,905	12,882,686	0.042142	8,284	349	65
66	PHYSICAL THERAPY	520,510	13,886,395	0.037483	1,771,201	66,390	66
67	OCCUPATIONAL THERAPY	37,654	4,995,715	0.007537	1,604,091	12,090	67
68	SPEECH PATHOLOGY	16,275	2,052,843	0.007928	524,840	4,161	68
69	ELECTROCARDIOLOGY	370,816	14,639,797	0.025329			69
71	MEDICAL SUPPLIES CHARGED TO P						71
72	IMPL. DEV. CHARGED TO PATIENT	502,573	64,596,717	0.007780	8,278	64	72
73	DRUGS CHARGED TO PATIENTS	1,028,615	68,502,267	0.015016	1,305,278	19,600	73
74	RENAL DIALYSIS	162,385	2,128,853	0.076278	37,878	2,889	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	3,508	1,960,204	0.001790			76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,988	214,004	0.032654			90
90.01	HEALTHY FAMILY CENTER	9,890	317,850	0.031115			90.01
90.02	MOBILE MEDICAL UNIT	2,602	286,437	0.009084			90.02
90.03	FAMILY MEDICINE CENTER	63,187	3,370,401	0.018748			90.03
90.04	WOUND HEALING CENTER	66,956	4,045,552	0.016551			90.04
90.05	OUTPATIENT TREATMENT & INFUSI	206,340	1,710,466	0.120634			90.05
90.06	PEDIATRIC SPECIALTY CLINICS	27,671	460,279	0.060118			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	15,650	529,004	0.029584			90.07
90.08	PODIATRY RESIDENCY CLINIC	5,703	242,172	0.023549			90.08
90.09	FAMILY MEDICINE FACULTY PHYSI	173	43,062	0.004017			90.09
91	EMERGENCY	2,400,267	35,796,952	0.067052	8,370	561	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		4,742,451	4,742,451			92
200	TOTAL (SUM OF LINES 50-199)	20,012,182	595,971,796		6,621,824	122,628	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (15-T012) [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			HEALTH	MEDICAL	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 HEALTHY FAMILY CENTER						90.01
90.02 MOBILE MEDICAL UNIT						90.02
90.03 FAMILY MEDICINE CENTER						90.03
90.04 WOUND HEALING CENTER						90.04
90.05 OUTPATIENT TREATMENT & INFUSI						90.05
90.06 PEDIATRIC SPECIALTY CLINICS						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC						90.07
90.08 PODIATRY RESIDENCY CLINIC						90.08
90.09 FAMILY MEDICINE FACULTY PHYSI						90.09
91 EMERGENCY			321,950		321,950	321,950
92 OBSERVATION BEDS (NON-DISTINC						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)			321,950		321,950	321,950

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (15-T012) [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	132,632,352			33,041			50
51 RECOVERY ROOM	13,484,213						51
52 DELIVERY ROOM & LABOR ROOM	4,754,102						52
54 RADIOLOGY-DIAGNOSTIC	45,707,270			102,260			54
55 RADIOLOGY-THERAPEUTIC	66,609						55
57 CT SCAN	44,687,525			65,693			57
58 MRI	2,027,889			13,420			58
59 CARDIAC CATHETERIZATION	46,941,955						59
60 LABORATORY	68,265,774			1,139,190			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	12,882,686			8,284			65
66 PHYSICAL THERAPY	13,886,395			1,771,201			66
67 OCCUPATIONAL THERAPY	4,995,715			1,604,091			67
68 SPEECH PATHOLOGY	2,052,843			524,840			68
69 ELECTROCARDIOLOGY	14,639,797						69
71 MEDICAL SUPPLIES CHARGED TO							71
72 IMPL. DEV. CHARGED TO PATIEN	64,596,717			8,278			72
73 DRUGS CHARGED TO PATIENTS	68,502,267			1,305,278			73
74 RENAL DIALYSIS	2,128,853			37,878			74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,960,204						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	214,004						90
90.01 HEALTHY FAMILY CENTER	317,850						90.01
90.02 MOBILE MEDICAL UNIT	286,437						90.02
90.03 FAMILY MEDICINE CENTER	3,370,401						90.03
90.04 WOUND HEALING CENTER	4,045,552						90.04
90.05 OUTPATIENT TREATMENT & INFUS	1,710,466						90.05
90.06 PEDIATRIC SPECIALTY CLINICS	460,279						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	529,004						90.07
90.08 PODIATRY RESIDENCY CLINIC	242,172						90.08
90.09 FAMILY MEDICINE FACULTY PHYS	43,062						90.09
91 EMERGENCY	35,796,952	0.008994	0.008994	8,370	75		91
92 OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	4,742,451						92
200 TOTAL (SUM OF LINES 50-199)	595,971,796			6,621,824	75		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (15-T012) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES SUBJECT TO	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.266763						50
51 RECOVERY ROOM	0.187640						51
52 DELIVERY ROOM & LABOR ROOM	0.607323						52
54 RADIOLOGY-DIAGNOSTIC	0.221107						54
55 RADIOLOGY-THERAPEUTIC	1.218889						55
57 CT SCAN	0.053236						57
58 MRI	0.211578						58
59 CARDIAC CATHETERIZATION	0.239129						59
60 LABORATORY	0.239333						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.332048						65
66 PHYSICAL THERAPY	0.348950						66
67 OCCUPATIONAL THERAPY	0.242177						67
68 SPEECH PATHOLOGY	0.248765						68
69 ELECTROCARDIOLOGY	0.133673						69
71 MEDICAL SUPPLIES CHARGED TO PAT							71
72 IMPL. DEV. CHARGED TO PATIENTS	0.392247						72
73 DRUGS CHARGED TO PATIENTS	0.251319						73
74 RENAL DIALYSIS	0.732273						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.071364						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.362970						90
90.01 HEALTHY FAMILY CENTER	1.150483						90.01
90.02 MOBILE MEDICAL UNIT	0.442139						90.02
90.03 FAMILY MEDICINE CENTER	0.682787						90.03
90.04 WOUND HEALING CENTER	0.545109						90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.548977						90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.034583						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.093298						90.07
90.08 PODIATRY RESIDENCY CLINIC	0.899741						90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	0.141470						90.09
91 EMERGENCY	0.342735						91
92 OBSERVATION BEDS (NON-DISTINCT	0.623528						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL. 1 MINUS COL. 2)	(COL. 1 MINUS COL. 2)	(COL. 3 ÷ COL. 4)	(COL. 5 x COL. 6)	(COL. 5 x COL. 6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	14,504,405		14,504,405	47,362	306.25	6,416	1,964,900 30
31 INTENSIVE CARE UNIT	1,197,565		1,197,565	5,349	223.89	624	139,707 31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATAL INTENSIVE CARE UNIT	651,032		651,032	1,126	578.18	874	505,329 35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	310,654		310,654	7,034	44.16	346	15,279 41
42 SUBPROVIDER I							42
43 NURSERY	188,229		188,229	2,611	72.09	1,346	97,033 43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	16,851,885		16,851,885	63,482		9,606	2,722,248 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (15-0012) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA [] OTHER			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,348,738	132,632,352	0.055407	6,256,914	346,677	50
51	RECOVERY ROOM	441,301	13,484,213	0.032727	406,414	13,301	51
52	DELIVERY ROOM & LABOR ROOM	1,489,010	4,754,102	0.313205			52
54	RADIOLOGY-DIAGNOSTIC	1,862,956	45,707,270	0.040758	1,295,021	52,782	54
55	RADIOLOGY-THERAPEUTIC	5,231	66,609	0.078533	406	32	55
57	CT SCAN	282,047	44,687,525	0.006312	1,457,074	9,197	57
58	MRI	8,919	2,027,889	0.004398			58
59	CARDIAC CATHETERIZATION	1,980,992	46,941,955	0.042201	2,687,380	113,410	59
60	LABORATORY	602,320	68,265,774	0.008823	4,521,442	39,893	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	542,905	12,882,686	0.042142	1,118,418	47,132	65
66	PHYSICAL THERAPY	520,510	13,886,395	0.037483	296,109	11,099	66
67	OCCUPATIONAL THERAPY	37,654	4,995,715	0.007537	92,546	698	67
68	SPEECH PATHOLOGY	16,275	2,052,843	0.007928	46,599	369	68
69	ELECTROCARDIOLOGY	370,816	14,639,797	0.025329	532,021	13,476	69
71	MEDICAL SUPPLIES CHARGED TO P						71
72	IMPL. DEV. CHARGED TO PATIENT	502,573	64,596,717	0.007780			72
73	DRUGS CHARGED TO PATIENTS	1,028,615	68,502,267	0.015016	6,452,153	96,886	73
74	RENAL DIALYSIS	162,385	2,128,853	0.076278	155,308	11,847	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	3,508	1,960,204	0.001790			76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,988	214,004	0.032654			90
90.01	HEALTHY FAMILY CENTER	9,890	317,850	0.031115			90.01
90.02	MOBILE MEDICAL UNIT	2,602	286,437	0.009084			90.02
90.03	FAMILY MEDICINE CENTER	63,187	3,370,401	0.018748			90.03
90.04	WOUND HEALING CENTER	66,956	4,045,552	0.016551			90.04
90.05	OUTPATIENT TREATMENT & INFUSI	206,340	1,710,466	0.120634			90.05
90.06	PEDIATRIC SPECIALTY CLINICS	27,671	460,279	0.060118			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	15,650	529,004	0.029584			90.07
90.08	PODIATRY RESIDENCY CLINIC	5,703	242,172	0.023549			90.08
90.09	FAMILY MEDICINE FACULTY PHYSI	173	43,062	0.004017			90.09
91	EMERGENCY	2,400,267	35,796,952	0.067052	1,129,410	75,729	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	776,947	4,742,451	0.163828			92
200	TOTAL (SUM OF LINES 50-199)	20,789,129	595,971,796		26,447,215	832,528	200

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		563,400			563,400	30
31 INTENSIVE CARE UNIT		149,581			149,581	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 NEONATAL INTENSIVE CARE UNIT		10,054			10,054	35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF		72,924			72,924	41
42 SUBPROVIDER I						42
43 NURSERY		23,313			23,313	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		819,272			819,272	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	47,362	11.90	6,416	76,350	30
31 INTENSIVE CARE UNIT	5,349	27.96	624	17,447	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE UNIT	1,126	8.93	874	7,805	35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	7,034	10.37	346	3,588	41
42 SUBPROVIDER I					42
43 NURSERY	2,611	8.93	1,346	12,020	43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	63,482		9,606	117,210	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0012) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
54 RADIOLOGY-DIAGNOSTIC							54
55 RADIOLOGY-THERAPEUTIC							55
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT							90.02
90.03 FAMILY MEDICINE CENTER							90.03
90.04 WOUND HEALING CENTER							90.04
90.05 OUTPATIENT TREATMENT & INFUSI							90.05
90.06 PEDIATRIC SPECIALTY CLINICS							90.06
90.07 SPORTS MED FELLOWSHIP CLINIC							90.07
90.08 PODIATRY RESIDENCY CLINIC							90.08
90.09 FAMILY MEDICINE FACULTY PHYSI							90.09
91 EMERGENCY			321,950		321,950	321,950	91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							92
200 TOTAL (SUM OF LINES 50-199)			321,950		321,950	321,950	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (15-0012) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA [] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	132,632,352			6,256,914		50
51	RECOVERY ROOM	13,484,213			406,414		51
52	DELIVERY ROOM & LABOR ROOM	4,754,102					52
54	RADIOLOGY-DIAGNOSTIC	45,707,270			1,295,021		54
55	RADIOLOGY-THERAPEUTIC	66,609			406		55
57	CT SCAN	44,687,525			1,457,074		57
58	MRI	2,027,889					58
59	CARDIAC CATHETERIZATION	46,941,955			2,687,380		59
60	LABORATORY	68,265,774			4,521,442		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	12,882,686			1,118,418		65
66	PHYSICAL THERAPY	13,886,395			296,109		66
67	OCCUPATIONAL THERAPY	4,995,715			92,546		67
68	SPEECH PATHOLOGY	2,052,843			46,599		68
69	ELECTROCARDIOLOGY	14,639,797			532,021		69
71	MEDICAL SUPPLIES CHARGED TO						71
72	IMPL. DEV. CHARGED TO PATIEN	64,596,717					72
73	DRUGS CHARGED TO PATIENTS	68,502,267			6,452,153		73
74	RENAL DIALYSIS	2,128,853			155,308		74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,960,204					76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	214,004					90
90.01	HEALTHY FAMILY CENTER	317,850					90.01
90.02	MOBILE MEDICAL UNIT	286,437					90.02
90.03	FAMILY MEDICINE CENTER	3,370,401					90.03
90.04	WOUND HEALING CENTER	4,045,552					90.04
90.05	OUTPATIENT TREATMENT & INFUS	1,710,466					90.05
90.06	PEDIATRIC SPECIALTY CLINICS	460,279					90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	529,004					90.07
90.08	PODIATRY RESIDENCY CLINIC	242,172					90.08
90.09	FAMILY MEDICINE FACULTY PHYS	43,062					90.09
91	EMERGENCY	35,796,952	0.008994	0.008994	1,129,410	10,158	91
92	OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	4,742,451					92
200	TOTAL (SUM OF LINES 50-199)	595,971,796			26,447,215	10,158	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0012) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES SUBJECT TO	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.266763						50
51 RECOVERY ROOM	0.187640						51
52 DELIVERY ROOM & LABOR ROOM	0.607323						52
54 RADIOLOGY-DIAGNOSTIC	0.221107						54
55 RADIOLOGY-THERAPEUTIC	1.218889						55
57 CT SCAN	0.053236						57
58 MRI	0.211578						58
59 CARDIAC CATHETERIZATION	0.239129						59
60 LABORATORY	0.239333						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.332048						65
66 PHYSICAL THERAPY	0.348950						66
67 OCCUPATIONAL THERAPY	0.242177						67
68 SPEECH PATHOLOGY	0.248765						68
69 ELECTROCARDIOLOGY	0.133673						69
71 MEDICAL SUPPLIES CHARGED TO PAT							71
72 IMPL. DEV. CHARGED TO PATIENTS	0.392247						72
73 DRUGS CHARGED TO PATIENTS	0.251319						73
74 RENAL DIALYSIS	0.732273						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.071364						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.362970						90
90.01 HEALTHY FAMILY CENTER	1.150483						90.01
90.02 MOBILE MEDICAL UNIT	0.442139						90.02
90.03 FAMILY MEDICINE CENTER	0.682787						90.03
90.04 WOUND HEALING CENTER	0.545109						90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.548977						90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.034583						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.093298						90.07
90.08 PODIATRY RESIDENCY CLINIC	0.899741						90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	0.141470						90.09
91 EMERGENCY	0.342735						91
92 OBSERVATION BEDS (NON-DISTINCT	0.623528						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (15-T012)	[] SUB (OTHER)	[XX] PPS [] TEFRA [] OTHER			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,348,738	132,632,352	0.055407	3,856	214	50
51	RECOVERY ROOM	441,301	13,484,213	0.032727			51
52	DELIVERY ROOM & LABOR ROOM	1,489,010	4,754,102	0.313205			52
54	RADIOLOGY-DIAGNOSTIC	1,862,956	45,707,270	0.040758	7,515	306	54
55	RADIOLOGY-THERAPEUTIC	5,231	66,609	0.078533			55
57	CT SCAN	282,047	44,687,525	0.006312	5,664	36	57
58	MRI	8,919	2,027,889	0.004398	2,049	9	58
59	CARDIAC CATHETERIZATION	1,980,992	46,941,955	0.042201	2,044	86	59
60	LABORATORY	602,320	68,265,774	0.008823	55,707	492	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	542,905	12,882,686	0.042142			65
66	PHYSICAL THERAPY	520,510	13,886,395	0.037483	126,325	4,735	66
67	OCCUPATIONAL THERAPY	37,654	4,995,715	0.007537	120,758	910	67
68	SPEECH PATHOLOGY	16,275	2,052,843	0.007928	87,737	696	68
69	ELECTROCARDIOLOGY	370,816	14,639,797	0.025329	630	16	69
71	MEDICAL SUPPLIES CHARGED TO P						71
72	IMPL. DEV. CHARGED TO PATIENT	502,573	64,596,717	0.007780			72
73	DRUGS CHARGED TO PATIENTS	1,028,615	68,502,267	0.015016	114,163	1,714	73
74	RENAL DIALYSIS	162,385	2,128,853	0.076278			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	3,508	1,960,204	0.001790			76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,988	214,004	0.032654			90
90.01	HEALTHY FAMILY CENTER	9,890	317,850	0.031115			90.01
90.02	MOBILE MEDICAL UNIT	2,602	286,437	0.009084			90.02
90.03	FAMILY MEDICINE CENTER	63,187	3,370,401	0.018748			90.03
90.04	WOUND HEALING CENTER	66,956	4,045,552	0.016551			90.04
90.05	OUTPATIENT TREATMENT & INFUSI	206,340	1,710,466	0.120634			90.05
90.06	PEDIATRIC SPECIALTY CLINICS	27,671	460,279	0.060118			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	15,650	529,004	0.029584			90.07
90.08	PODIATRY RESIDENCY CLINIC	5,703	242,172	0.023549			90.08
90.09	FAMILY MEDICINE FACULTY PHYSI	173	43,062	0.004017			90.09
91	EMERGENCY	2,400,267	35,796,952	0.067052			91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		4,742,451	4,742,451			92
200	TOTAL (SUM OF LINES 50-199)	20,012,182	595,971,796		526,448	9,214	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (15-T012) [] NF [] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
54 RADIOLOGY-DIAGNOSTIC							54
55 RADIOLOGY-THERAPEUTIC							55
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT							90.02
90.03 FAMILY MEDICINE CENTER							90.03
90.04 WOUND HEALING CENTER							90.04
90.05 OUTPATIENT TREATMENT & INFUSI							90.05
90.06 PEDIATRIC SPECIALTY CLINICS							90.06
90.07 SPORTS MED FELLOWSHIP CLINIC							90.07
90.08 PODIATRY RESIDENCY CLINIC							90.08
90.09 FAMILY MEDICINE FACULTY PHYSI							90.09
91 EMERGENCY			321,950		321,950	321,950	91
92 OBSERVATION BEDS (NON-DISTINC							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			321,950		321,950	321,950	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (15-T012) [] NF [] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	132,632,352			3,856			50
51 RECOVERY ROOM	13,484,213						51
52 DELIVERY ROOM & LABOR ROOM	4,754,102						52
54 RADIOLOGY-DIAGNOSTIC	45,707,270			7,515			54
55 RADIOLOGY-THERAPEUTIC	66,609						55
57 CT SCAN	44,687,525			5,664			57
58 MRI	2,027,889			2,049			58
59 CARDIAC CATHETERIZATION	46,941,955			2,044			59
60 LABORATORY	68,265,774			55,707			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	12,882,686						65
66 PHYSICAL THERAPY	13,886,395			126,325			66
67 OCCUPATIONAL THERAPY	4,995,715			120,758			67
68 SPEECH PATHOLOGY	2,052,843			87,737			68
69 ELECTROCARDIOLOGY	14,639,797			630			69
71 MEDICAL SUPPLIES CHARGED TO							71
72 IMPL. DEV. CHARGED TO PATIEN	64,596,717						72
73 DRUGS CHARGED TO PATIENTS	68,502,267			114,163			73
74 RENAL DIALYSIS	2,128,853						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,960,204						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	214,004						90
90.01 HEALTHY FAMILY CENTER	317,850						90.01
90.02 MOBILE MEDICAL UNIT	286,437						90.02
90.03 FAMILY MEDICINE CENTER	3,370,401						90.03
90.04 WOUND HEALING CENTER	4,045,552						90.04
90.05 OUTPATIENT TREATMENT & INFUS	1,710,466						90.05
90.06 PEDIATRIC SPECIALTY CLINICS	460,279						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	529,004						90.07
90.08 PODIATRY RESIDENCY CLINIC	242,172						90.08
90.09 FAMILY MEDICINE FACULTY PHYS	43,062						90.09
91 EMERGENCY	35,796,952	0.008994	0.008994				91
92 OBSERVATION BEDS (NON-DISTIN	4,742,451						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	595,971,796			526,448			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [XX] IRF (15-T012) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	SERVICES SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.266763						50
51 RECOVERY ROOM	0.187640						51
52 DELIVERY ROOM & LABOR ROOM	0.607323						52
54 RADIOLOGY-DIAGNOSTIC	0.221107						54
55 RADIOLOGY-THERAPEUTIC	1.218889						55
57 CT SCAN	0.053236						57
58 MRI	0.211578						58
59 CARDIAC CATHETERIZATION	0.239129						59
60 LABORATORY	0.239333						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.332048						65
66 PHYSICAL THERAPY	0.348950						66
67 OCCUPATIONAL THERAPY	0.242177						67
68 SPEECH PATHOLOGY	0.248765						68
69 ELECTROCARDIOLOGY	0.133673						69
71 MEDICAL SUPPLIES CHARGED TO PAT							71
72 IMPL. DEV. CHARGED TO PATIENTS	0.392247						72
73 DRUGS CHARGED TO PATIENTS	0.251319						73
74 RENAL DIALYSIS	0.732273						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.071364						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.362970						90
90.01 HEALTHY FAMILY CENTER	1.150483						90.01
90.02 MOBILE MEDICAL UNIT	0.442139						90.02
90.03 FAMILY MEDICINE CENTER	0.682787						90.03
90.04 WOUND HEALING CENTER	0.545109						90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.548977						90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.034583						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.093298						90.07
90.08 PODIATRY RESIDENCY CLINIC	0.899741						90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	0.141470						90.09
91 EMERGENCY	0.342735						91
92 OBSERVATION BEDS (NON-DISTINCT	0.623528						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (15-0012) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	47,362	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	47,362	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	44,825	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	20,439	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)	55,203,557	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	55,203,557	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	55,203,557	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (15-0012) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,165.57 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 23,823,085 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) 23,823,085 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	9,005,924	5,349	1,683.66	2,336	3,933,030	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE UNIT	2,484,077	1,126	2,206.11			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					34,886,177	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					62,642,292	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 7,090,990 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 3,657,029 51
 52 TOTAL PROGRAM EXCLUDABLE COST 10,748,019 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 51,894,273 53

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,537 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,165.57 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,957,051 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	14,504,405	55,203,557	0.262744	2,957,051	776,947	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	563,400	55,203,557	0.010206	2,957,051	30,180	92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (15-T012) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	7,034	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,034	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,034	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,530	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)	5,400,053	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	5,400,053	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,400,053	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (15-T012)			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	767.71	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,477,726	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)	3,477,726	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,812,219	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	5,289,945	49

PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	247,021	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	122,703	51
52 TOTAL PROGRAM EXCLUDABLE COST	369,724	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,920,221	53

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

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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (15-0012) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	47,362	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	47,362	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	44,825	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,416	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)	2,611	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,346	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)	55,203,557	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	55,203,557	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	55,203,557	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (15-0012) [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,165.57 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 7,478,297 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) 7,478,297 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
42 NURSERY (TITLES V AND XIX ONLY)	3,152,059	2,611	1,207.22	1,346	1,624,918 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	9,005,924	5,349	1,683.66	624	1,050,604 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 NEONATAL INTENSIVE CARE UNIT	2,484,077	1,126	2,206.11	874	1,928,140 47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					6,543,183 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					18,625,142 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,820,591 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 842,686 51
 52 TOTAL PROGRAM EXCLUDABLE COST 3,663,277 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 14,961,865 53

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,537 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

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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (15-T012) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	7,034	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,034	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,034	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	346	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)	5,400,053	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	5,400,053	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,400,053	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (15-T012)			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	767.71 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	265,628 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)	265,628 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	141,181 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	406,809 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	18,867 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	9,214 51
52	TOTAL PROGRAM EXCLUDABLE COST	28,081 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	378,728 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (15-0012) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		32,200,019			30
31 INTENSIVE CARE UNIT		8,051,826			31
35 NEONATAL INTENSIVE CARE UNIT					35
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.266959	28,990,890	7,739,379		50
51 RECOVERY ROOM	0.187640	2,583,605	484,788		51
52 DELIVERY ROOM & LABOR ROOM	0.607323	3,946	2,396		52
54 RADIOLOGY-DIAGNOSTIC	0.221551	5,318,727	1,178,369		54
55 RADIOLOGY-THERAPEUTIC	1.218889				55
57 CT SCAN	0.053236	6,436,053	342,630		57
58 MRI	0.211578	1,133,110	239,741		58
59 CARDIAC CATHETERIZATION	0.239527	6,125,143	1,467,137		59
60 LABORATORY	0.239333	19,940,848	4,772,503		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.332796	4,339,510	1,444,172		65
66 PHYSICAL THERAPY	0.348950	1,839,907	642,036		66
67 OCCUPATIONAL THERAPY	0.242177	876,798	212,340		67
68 SPEECH PATHOLOGY	0.248765	374,932	93,270		68
69 ELECTROCARDIOLOGY	0.135664	4,444,868	603,009		69
71 MEDICAL SUPPLIES CHARGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENTS	0.392247	20,691,374	8,116,129		72
73 DRUGS CHARGED TO PATIENTS	0.251319	21,984,296	5,525,071		73
74 RENAL DIALYSIS	0.732273	558,434	408,926		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.071364	1,569	112		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.398969				90
90.01 HEALTHY FAMILY CENTER	1.150483				90.01
90.02 MOBILE MEDICAL UNIT	0.442139				90.02
90.03 FAMILY MEDICINE CENTER	0.682787				90.03
90.04 WOUND HEALING CENTER	0.545109	26,664	14,535		90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.548977				90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.037760	192	391		90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.093298				90.07
90.08 PODIATRY RESIDENCY CLINIC	0.899741				90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	0.141470				90.09
91 EMERGENCY	0.344238	4,272,534	1,470,769		91
92 OBSERVATION BEDS (NON-DISTINCT	0.623528	206,044	128,474		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		130,149,444	34,886,177		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		130,149,444			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (15-T012) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
35 NEONATAL INTENSIVE CARE UNIT					35
41 SUBPROVIDER - IRF		5,750,464			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.266959	33,041	8,821		50
51 RECOVERY ROOM	0.187640				51
52 DELIVERY ROOM & LABOR ROOM	0.607323				52
54 RADIOLOGY-DIAGNOSTIC	0.221551	102,260	22,656		54
55 RADIOLOGY-THERAPEUTIC	1.218889				55
57 CT SCAN	0.053236	65,693	3,497		57
58 MRI	0.211578	13,420	2,839		58
59 CARDIAC CATHETERIZATION	0.239527				59
60 LABORATORY	0.239333	1,139,190	272,646		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.332796	8,284	2,757		65
66 PHYSICAL THERAPY	0.348950	1,771,201	618,061		66
67 OCCUPATIONAL THERAPY	0.242177	1,604,091	388,474		67
68 SPEECH PATHOLOGY	0.248765	524,840	130,562		68
69 ELECTROCARDIOLOGY	0.135664				69
71 MEDICAL SUPPLIES CHARGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENTS	0.392247	8,278	3,247		72
73 DRUGS CHARGED TO PATIENTS	0.251319	1,305,278	328,041		73
74 RENAL DIALYSIS	0.732273	37,878	27,737		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.071364				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.398969				90
90.01 HEALTHY FAMILY CENTER	1.150483				90.01
90.02 MOBILE MEDICAL UNIT	0.442139				90.02
90.03 FAMILY MEDICINE CENTER	0.682787				90.03
90.04 WOUND HEALING CENTER	0.545109				90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.548977				90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.037760				90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.093298				90.07
90.08 PODIATRY RESIDENCY CLINIC	0.899741				90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	0.141470				90.09
91 EMERGENCY	0.344238	8,370	2,881		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.623528				92
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		6,621,824	1,812,219		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		6,621,824			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (15-0012) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		11,291,378			30
31 INTENSIVE CARE UNIT		3,440,456			31
35 NEONATAL INTENSIVE CARE UNIT		2,196,647			35
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.266959	6,256,914	1,670,340		50
51 RECOVERY ROOM	0.187640	406,414	76,260		51
52 DELIVERY ROOM & LABOR ROOM	0.607323				52
54 RADIOLOGY-DIAGNOSTIC	0.221551	1,295,021	286,913		54
55 RADIOLOGY-THERAPEUTIC	1.218889	406	495		55
57 CT SCAN	0.053236	1,457,074	77,569		57
58 MRI	0.211578				58
59 CARDIAC CATHETERIZATION	0.239527	2,687,380	643,700		59
60 LABORATORY	0.239333	4,521,442	1,082,130		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.332796	1,118,418	372,205		65
66 PHYSICAL THERAPY	0.348950	296,109	103,327		66
67 OCCUPATIONAL THERAPY	0.242177	92,546	22,413		67
68 SPEECH PATHOLOGY	0.248765	46,599	11,592		68
69 ELECTROCARDIOLOGY	0.135664	532,021	72,176		69
71 MEDICAL SUPPLIES CHARGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENTS	0.392247				72
73 DRUGS CHARGED TO PATIENTS	0.251319	6,452,153	1,621,549		73
74 RENAL DIALYSIS	0.732273	155,308	113,728		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.071364				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.398969				90
90.01 HEALTHY FAMILY CENTER	1.150483				90.01
90.02 MOBILE MEDICAL UNIT	0.442139				90.02
90.03 FAMILY MEDICINE CENTER	0.682787				90.03
90.04 WOUND HEALING CENTER	0.545109				90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.548977				90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.037760				90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.093298				90.07
90.08 PODIATRY RESIDENCY CLINIC	0.899741				90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	0.141470				90.09
91 EMERGENCY	0.344238	1,129,410	388,786		91
92 OBSERVATION BEDS (NON-DISTINCT	0.623528				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		26,447,215	6,543,183		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		26,447,215			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (15-T012) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
35 NEONATAL INTENSIVE CARE UNIT					35
41 SUBPROVIDER - IRF		456,082			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.266959	3,856	1,029		50
51 RECOVERY ROOM	0.187640				51
52 DELIVERY ROOM & LABOR ROOM	0.607323				52
54 RADIOLOGY-DIAGNOSTIC	0.221551	7,515	1,665		54
55 RADIOLOGY-THERAPEUTIC	1.218889				55
57 CT SCAN	0.053236	5,664	302		57
58 MRI	0.211578	2,049	434		58
59 CARDIAC CATHETERIZATION	0.239527	2,044	490		59
60 LABORATORY	0.239333	55,707	13,333		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.332796				65
66 PHYSICAL THERAPY	0.348950	126,325	44,081		66
67 OCCUPATIONAL THERAPY	0.242177	120,758	29,245		67
68 SPEECH PATHOLOGY	0.248765	87,737	21,826		68
69 ELECTROCARDIOLOGY	0.135664	630	85		69
71 MEDICAL SUPPLIES CHARGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENTS	0.392247				72
73 DRUGS CHARGED TO PATIENTS	0.251319	114,163	28,691		73
74 RENAL DIALYSIS	0.732273				74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.071364				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.398969				90
90.01 HEALTHY FAMILY CENTER	1.150483				90.01
90.02 MOBILE MEDICAL UNIT	0.442139				90.02
90.03 FAMILY MEDICINE CENTER	0.682787				90.03
90.04 WOUND HEALING CENTER	0.545109				90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.548977				90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.037760				90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.093298				90.07
90.08 PODIATRY RESIDENCY CLINIC	0.899741				90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	0.141470				90.09
91 EMERGENCY	0.344238				91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.623528				92
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		526,448	141,181		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		526,448			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (15-0012)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	41,319,484	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	953,553	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	11,965,588	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	240.07	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)	17.61	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)	1.02	7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)	5.87	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)	22.46	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	23.93	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	4.00	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	26.46	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	25.46	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	25.08	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	25.67	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	25.67	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.106927	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.103918	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.103918	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	2,938,778	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)	1.47	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)	2,938,778	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0466	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.1714	31
32	SUM OF LINES 30 AND 31	0.2180	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0720	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,975,003	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	48,186,818	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)	48,186,818	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,941,766	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (15-0012)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	1,531,018	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	225,257	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	308,539	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	39,738	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	54,233,136	59
60	PRIMARY PAYER PAYMENTS	67,476	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	54,165,660	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,565,916	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	175,637	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	445,317	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	311,722	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	49,735,829	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	49,735,829	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		71.01
72	INTERIM PAYMENTS	49,909,824	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	-173,995	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	1,350,214	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (15-0012) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		50,697,720		12,096,660	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 06/12/2012	11,514	06/12/2012	6,953	3.01
PROGRAM	.02				3.02
TO	.03				3.03
PROVIDER	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50 04/02/2012	799,410	04/02/2012	56,492	3.50
	.51				3.51
PROVIDER	.52				3.52
TO	.53				3.53
PROGRAM	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	-787,896		-49,539	3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		49,909,824		12,047,121	4

TO BE COMPLETED BY CONTRACTOR

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

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ NPR DATE: _____ 8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (15-T012) [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY		AMOUNT	
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,958,311		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	.01	NONE		3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	03/23/2012	110,762	NONE
	.51	06/12/2012	23,635	
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-134,397		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		5,823,914		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT				
	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .03			6.03
	PROVIDER .04			6.04
	TO .05			6.05
	PROGRAM .06			6.06
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
03/07/2014 16:38

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (15-0012) [] 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	13,554	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	22,775	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	6,788	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	51,300	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	703,634,825	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	17,593,777	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)	2,648,719	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)		10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	2,648,719	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IRF (15-T012)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	5,638,952	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.016700	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	168,605	3
4	OUTLIER PAYMENTS	18,817	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	0.80	5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	0.37	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	0.37	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	19.218579	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.013198	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	74,423	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	5,900,797	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	5,900,797	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	5,900,797	19
20	DEDUCTIBLES	21,748	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	5,879,049	21
22	COINSURANCE	40,859	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	5,838,190	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	10,838	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	7,587	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	5,845,777	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	47,051	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,892,828	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		32.01
33	INTERIM PAYMENTS	5,823,914	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	68,914	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43,375	36

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (15-0012) [] SNF [XX] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [] OTHER
 [] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1		1
2		2
3		3
4		4
5		5
6		6
7		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8		8
9	26,447,215	9
10		10
11		11
12	26,447,215	12
CUSTOMARY CHARGES		
13		13
14		14
15	1.000000	1.000000 15
16	26,447,215	16
17	26,447,215	17
18		18
19		19
20		20
21		21
PROSPECTIVE PAYMENT AMOUNT		
22		22
23		23
24		24
25		25
26	127,368	26
27	127,368	27
28		28
29	127,368	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30		30
31	127,368	31
32		32
33		33
34		34
35		35
36	127,368	36
37		37
38	127,368	38
39		39
40	127,368	40
41		41
42	127,368	42
43		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK TITLE V HOSPITAL SNF PPS
 APPLICABLE TITLE XIX IPF NF TEFRA
 BOXES: IRF (15-T012) ICF/MR OTHER
 SUB (OTHER)

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

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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		22.87 1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		2.14 3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		7.00 4.02	
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)		27.73 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		25.97 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		25.97 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	24.97	0.50	25.47 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	24.97	0.50	25.47 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		3.50	10
11	TOTAL WEIGHTED FTE COUNT	24.97	4.00	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	26.04	0.50	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	25.13	3.00	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	25.38	2.50	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	25.38	2.50	17
18	PER RESIDENT AMOUNT	118,661.86	112,713.29	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	3,011,638	281,783	3,293,421 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			3,293,421 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	27,305	6,788	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	58,334	58,334	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.468080	0.116364	28
29	PROGRAM DIRECT GME AMOUNT	1,541,585	383,236	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		54,151	30
31	NET PROGRAM DIRECT GME AMOUNT			1,870,670 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			2,128,853 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
				PART A REASONABLE COST
37	REASONABLE COST (SEE INSTRUCTIONS)			67,932,237 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			67,476 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			67,864,761 41
				PART B REASONABLE COST
42	REASONABLE COST (SEE INSTRUCTIONS)			15,065,899 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			10,259 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			15,055,640 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			82,920,401 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.818433 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.181567 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			1,870,670 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,531,018 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			339,652 50

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	8,260		26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	58,334		27
29	PROGRAM DIRECT GME AMOUNT	0.141598		28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	17,680,000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	44,312,000			4
5	OTHER RECEIVABLES	11,391,000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-12,078,000			6
7	INVENTORY	6,134,000			7
8	PREPAID EXPENSES	1,468,000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	68,907,000			11
FIXED ASSETS					
12	LAND	3,539,000			12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	215,570,000			15
16	ACCUMULATED DEPRECIATION	-22,553,000			16
17	LEASEHOLD IMPROVEMENTS	1,298,000			17
18	ACCUMULATED AMORTIZATION	-249,000			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS	676,000			21
22	ACCUMULATED DEPRECIATION	-633,000			22
23	MAJOR MOVABLE EQUIPMENT	178,153,000			23
24	ACCUMULATED DEPRECIATION	-44,389,000			24
25	MINOR EQUIPMENT DEPRECIABLE				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)	331,412,000			30
OTHER ASSETS					
31	INVESTMENTS	3,039,000			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	12,807,000			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	15,846,000			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	416,165,000			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	10,703,000			37
38	SALARIES, WAGES & FEES PAYABLE	7,626,000			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	6,978,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	3,758,000			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	29,065,000			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	333,593,000			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	333,593,000			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	362,658,000			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	53,507,000			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	53,507,000			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	416,165,000			60

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		50,033,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		7,343,496							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		57,376,496							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 ROUNDING		-496							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		-496							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		57,376,000							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 INTERNAL TRANSFERS		3,869,000							13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		3,869,000							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		53,507,000							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	416,490,354		416,490,354	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF	9,264,195		9,264,195	5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	425,754,549		425,754,549	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 NEONATAL INTENSIVE CARE UNIT				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	425,754,549		425,754,549	18
19 ANCILLARY SERVICES				19
20 OUTPATIENT SERVICES		287,337,291	287,337,291	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	425,754,549	287,337,291	713,091,840	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		280,635,374	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		280,635,374	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	713,091,840	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	431,110,840	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	281,981,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	280,635,374	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	1,345,626	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-2,565,000	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,663,000	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	564,000	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (BLANK)		24
24.01	OTHER (OTHER REVENUE)	1,485,870	24.01
24.02	OTHER (PEDS CLINIC SUBSIDY)	115,000	24.02
24.03	OTHER (BLANK)		24.03
24.04	OTHER (BLANK)		24.04
24.05	OTHER (BLANK)		24.05
24.06	OTHER (BLANK)		24.06
24.07	OTHER (SCHOOL NURSE REVENUE)	695,000	24.07
24.08	OTHER (ATHLETIC TRAINER REVENUE)	36,000	24.08
24.09	OTHER (BLANK)		24.09
24.10	OTHER (I.U. MED. ED GRANT)	124,000	24.10
24.11	OTHER (BLANK)		24.11
24.12	OTHER (HOSPITAL HIT REVENUE)	2,536,000	24.12
24.13	OTHER (BLANK)		24.13
24.14	OTHER (BLANK)		24.14
24.15	OTHER (BLANK)		24.15
24.16	OTHER (BLANK)		24.16
24.17	OTHER (RESTRICTED NET ASSETS RELEASED)	1,000,000	24.17
24.18	OTHER (GRANTS)	220,000	24.18
24.19	OTHER (I.U. MED. ED. GRANT)	124,000	24.19
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	5,997,870	25
26	TOTAL (LINE 5 PLUS LINE 25)	7,343,496	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	7,343,496	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((15-001) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	3,332,696	1
2	CAPITAL DRG OUTLIER PAYMENTS	282,465	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	140.45	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	25.67	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0529	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	176,300	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0466	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.1714	8
9	SUM OF LINES 7 AND 8	0.2180	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0451	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	150,305	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,941,766	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((15-001) [XX] PPS
APPLICABLE [] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [XX] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

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

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING, RECEIVING & STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
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
18 STERILE SUPPLY					18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 CLINICAL PASTORAL EDUCATION					23.01
23.02 PHARMACY RESIDENCY PROGRAM					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
35 NEONATAL INTENSIVE CARE UNIT					35
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 HEALTHY FAMILY CENTER					90.01
90.02 MOBILE MEDICAL UNIT					90.02
90.03 FAMILY MEDICINE CENTER					90.03
90.04 WOUND HEALING CENTER					90.04
90.05 OUTPATIENT TREATMENT & INFUSIO					90.05
90.06 PEDIATRIC SPECIALTY CLINICS					90.06
90.07 SPORTS MED FELLOWSHIP CLINIC					90.07
90.08 PODIATRY RESIDENCY CLINIC					90.08
90.09 FAMILY MEDICINE FACULTY PHYSIC					90.09
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2013.11
 03/07/2014 16:38

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190.01 ATHLETIC TRAINERS						190.01
190.10 OUTREACH SERVICES						190.10
190.11 KINDRED/OUR LADY OF PEACE						190.11
190.19 KINDRED/OUR LADY OF PEACE ADMI						190.19
190.20 ADVANCED SPECIALTIES						190.20
192.01 PERINATOLOGIST						192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALISTS/INTENSIVISTS						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

EXHIBIT 3

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