

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012 In Lieu of Form CMS-2552-10

Period : From: 07/01/2013 To: 06/30/2014 Run Date: 03/12/2015 Run Time: 10:18 Version: 2014.10

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

WORKSHEET S PARTS I, II & III

1. [X] ELECTRONICALLY FILED COST REPORT DATE: 03/12/2015 TIME: 10:18 2. [] MANUALLY SUBMITTED COST REPORT
3. [1] IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT
4. [F] MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.
REPORT STATUS 6. DATE RECEIVED: UBMITTED 7. CONTRACTOR NO: LED WITHOUT AUDIT LED WITH AUDIT PROVIDER CCN DED 10. NPR DATE: 11. CONTRACTOR'S VENDOR CODE: 12. [] IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9. PROVIDER CCN

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOSEPH'S REG MED CENTER S. BEND (15-0012) {(PROVIDER NAME(S) AND NUMBER(S)}; FOR THE COST REPORTING PERIOD BEGINNING 07/01/2013 AND ENDING 06/30/2014, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 03/12/2015 10:18 QyBjzfwD9z2m:qZ9M6PzH3PxJQwdw0 oES2P0JUuRh9FJPQN8y36EioKjViYM 7.GP1cA9UX0zoHfN

PI Encryption: 03/12/2015 10:18 XrHVQR6K8AqChLtUlQ7SK6S0Kac7n0 YJepn0CoHNPx4p:2fPMnjBlyXeTDJ. dVZ60XGjjO0Ks9G2 (SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

CFO

11/20/3

PART III - SETTLEMENT SUMMARY

			TITLE XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-9,819	-75,562	1,246,991	106,611	1
2	SUBPROVIDER - IPF				1,210,771	100,011	2
3	SUBPROVIDER - IRF		115,243			1,531	3
4	SUBPROVIDER (OTHER)					1,001	1
5	SWING BED - SNF			100			5
6	SWING BED - NF		CONTROL OF THE PARTY OF THE				6
7	SKILLED NURSING FACILITY			100			7
3	NURSING FACILITY		WASSING DESIGNATION				8
)	HOME HEALTH AGENCY						0
0	HEALTH CLINIC - RHC			100			10
1	HEALTH CLINIC - FOHC						10
2	OUTPATIENT REHABILITATION PROVIDER						12
00	TOTAL		105,424	-75,562	1,246,991	108,142	-

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 OMD 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.



ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012 In Lieu of Form CMS-2552-10

Period : From: 07/01/2013 To: 06/30/2014 Run Date: 03/12/2015 Run Time: 10:18 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

	l and Hospital Health Care Complex Address: Street: 5215 HOLY CROSS PARKWAY	P.O. Box:									1
	City: MISHAWAKA	State: IN	Zl	IP Code: 46545	(County: SAl	NT JOSEPH				2
pita	l and Hospital-Based Component Identification:			1			1		. 0		_
						_	+		yment Sys P, T, O, or		+
						Prov-	<u> </u>	(1	, 1, 0, 01	1	
	Component	Component		CCN	CBSA	ider	Date	V	XVIII	XIX	
	•	Name		Number	Number	Type	Certified				
	0	1		2	3	4	5	6	7	8	
		. JOSEPH'S REG MED	CENTER	15-0012	43780	1	07/01/1996	N	P	P	3
	S. Subprovider - IPF	BEND				_	+			_	4
		JOSEPH REG MED C	TR -								5
		EHAB		15-T012	43780	5	06/01/1983	N	P	P	-
	Subprovider - (OTHER)										6
	Swing Beds - SNF						1				7
	Swing Beds - NF						+			-	9
	Hospital-Based SNF Hospital-Based NF						 				10
	Hospital-Based OLTC										11
	Hospital-Based HHA										12
	Separately Certified ASC										13
	Hospital-Based Hospice						-				14
	Hospital-Based Health Clinic - RHC Hospital-Based Health Clinic - FOHC						1			+	15
	Hospital-Based (CMHC)						1			1	17
	Renal Dialysis										18
	Other										19
		om: 07 / 01 / 2013		To: 06 / 30 / 2	2014						20
otion	Type of control (see instructions)	1							1	2	21
atiei	Does this facility qualify for and receive disproportionate	share hospital payments							1		+
	Boes this facility quality for and receive disproportionate			ice with 42 (TER	8/112 1062	In column 1	enter 'V' for ver	c or 'N' for			
	no. Is this facility subject to 42 CFR§412.06(c)(2)(Pickle a						, enter 'Y' for yes	s or 'N' for	Y	N	22
	no. Is this facility subject to 42 CFR§412.06(c)(2)(Pickle : Did this hospital receive interim uncompensated care payr	amendment hospital)? Ir	n column 2,	enter 'Y' for yes	or 'N' for no				Y	N	22
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ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012

In Lieu of Form CMS-2552-10

Period : From: 07/01/2013 To: 06/30/2014 Run Date: 03/12/2015 Run Time: 10:18 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

			V	XVIII	XIX	
Prospec	tive Payment System (PPS)-Capital		1	2	3	
15	Does this facility qualify and receive capital payment for disproportionate share in according to the control of the control o	ordance with 42 CFR 8412 3202	N	Y	N	45
	Is this facility eligible for additional paymetn exception for extraordinary circumstance		-			1.0
46	§412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	s parsuant to 12 Grit	N	N	N	46
17	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for i	10	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.		N	N	N	48
	Is the racinty crocking rain readonal eapthair payment. Effect 1 101 years 11 101 inst			-,		1.0
Геасhin	g Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' f	or yes or 'N' for no.	Y			56
	If line 56 is yes, is this the first cost reporting period during which residents in approve					
57	facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start		N			57
) /	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	N			57
	column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	,				
•••	If line 56 is yes, did this facility elect cost reimbursement for physicians' services ad de	efined in CMS Pub 15-1, section	3.7			
8	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
	Are you claiming nursing school and/or allied health costs for a program that meets the					
60	under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	Francis of street	Y			60
	3,		Y/N	IME	Direct GME	T
	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' f	or no in column 1.)(see				
51	instructions)	X	N			61
	Enter the average number of unweighted primary care FTEs from the hospital's 3 most	recent cost reports ending and				
1.01	submitted before March 23, 2010. (see instructions)					61.01
	Enter the current year total unweighted primary care FTE count (excluding OB/GYN,	general surgery FTEs, and				
51.02	primary care FTEs added under section 5503 of ACA). (see instructions)	g				61.02
	Enter the baseline FTE count for primary care and/or general surgery residents, which	is used for determining				
51.03	compliance with the 75% test. (see instructions)					61.03
	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathci	FTEs in the current cost				
51.04	reporting period. (see instructions)	1 125 in the current cost				61.04
	Enter the difference between the baseline primary and/or general surgery FTEs and the	current year's primary care				
51.05	and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	eurem your s primary care				61.05
	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs th	at are nonprimary care or				
51.06	general surgery. (see instructions)					61.06
	Selection surgery. (see instructions)	-				
	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number	of FTE residents for each new pro	gram (see instruction	s). Enter in column 1	the program name.	
	enter in column 2 the program code, enter in column 3 the IME FTE unweighted count				FB,	
				Unweighted	Unweighted	
	Prog	ram Name	Program Code	IME	Direct GME	
				FTE Count	FTE Count	
		1	2	3	4	
	'			•		
	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the nu	mber of FTE residents for each ex	panded program (see	instructions). Enter i	n column 1 the	
	program name, enter in column 2 the program code, enter in column 3 the IME FTE ur					
	program mane, enter in commin 2 the program code, enter in commin 3 the 1122 1 12 th	I worghted count and enter in cora	in runeer on ETTE	anneighted count		
CA Pr	ovisions Affecting the Health Resources and Services Administration (HRSA)					
	Enter the number of FTE residents that your hospital trained in this cost reporting period	nd for which your hospital				
2	reseived HRSA PCRE funding (see instructions)	od for which your hospital	32.00			62
	Enter the number of FTE residents that rotated from a teaching health center (THC) int	o your hospital in this cost				
52.01	reporting period of HRSA THC program. (see instructions)	.o Jour nospitar in tins cost				62.01
	Toporting period of TIKOA THE program, (see instructions)	L				_
eachin'	g Hospitals that Claim Residents in Non-Provider Settings					+
	Has your facility trained residents in non-provider settings during this cost reporting pe	eriod? Enter 'V' for vec or 'N' for				
3	no. If yes, complete lines 64-67. (see instructions)	Alog. Lines 1 for yes of N for	N			63
	no. ii yes, complete filles 04-07. (see filstructions)					



ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012

In Lieu of Form CMS-2552-10

Period : From: 07/01/2013 To: 06/30/2014 Run Date: 03/12/2015 Run Time: 10:18 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

	5504 of the ACA Base Year FTE Resion or after July 1, 2009 and before June	dents in Nonprovider settings-This base year is your cost repo 30, 2010.	orting period that	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
64	non-primary care resident FTEs attrib	r your facility trained residents in the base year period, the nu outable to rotations occurring in all non-provider settings. Ent are resident FTEs that trained in your hospital. Enter in oolur lumn 2)). (see instructions)	er in column 2 the				64
	3 the number of unweighted primary	f line 63 is yes, or your facility trained residents in the base y care FTE residents attributable to rotations occurring in all nc pital. Enter in column 5 the ratio of (column 3 divided by (co	on-provider settings. E	nter in column 4 the			
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
	July 1, 2010	esidents in Nonprovider settings-Effective for cost reporting p		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	65
66	Enter in column 1, the number of unv non-provider settings. Enter in column your hospital. Enter in column 3 the 1				66		
		program name. Enter in column 2 the program code. Enter in r settings. Enter in column 4 the number of unweighted prima lumn 4)), (see instructions)					
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
67							67
Inpatien	t Psychiatric Faciltiy PPS			1	2	3	
70		Facility (IPF), or does it contain an IPF subprovider? Enter	'Y' for yes or 'N' for	N		5	70
71	2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train resic §412.424(d)(1)(iii)(D)? Enter 'Y' for Column 3: If column 2 is Y, enter 1,	ching program in the most recent cost report filed on or beforents in a new teaching program in accordance with 42 CFR yes and 'N' for no. 2, or 3 respectively in column 3. If this cost reporting period of 3, or if the 5th or subsequent academic years of the new teach	covers the beginning				71
Inpatien	t Rehabilitation Facility PPS			1	2	3	
75	Is this facility an Inpatient Rehabilita for no.	tion Facility (IRF), or does it contain an IRF subprovider? En	ter 'Y' for yes or 'N'	Y			75
76	November 15, 2004? Enter 'Y' for ye. Column 2: Did this facility train resic §412.424(d)(1)(iii)(D)? Enter 'Y' for Column 3: If column 2 is Y, enter 1,	ching program in the most recent cost reporting period ending sor 'N' for no. the first in a new teaching program in accordance with 42 CFR yes and 'N' for no. 2, or 3 respectively in column 3. If this cost reporting period of the first in the 5th or subsequent academic years of the new teach	covers the beginning	Y	N		76
Long Te	erm Care Hospital PPS						
80	Is this a Long Term Care Hospital (L	TCH)? Enter 'Y' for yes or 'N' for no.			N		80
	Providers	412 40(0/1)//\ TEED 40 E \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		·	N		- 05
85 86		413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no. r subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)	? Enter 'Y' for yes. or '	N' for no.	N		85 86
	nem racing common a new One		1 101 105,01				- 00



ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

				V	XIX	Т
Title V	nd XIX Services			1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' f	for no in applicable of	olumn	N	<u>2</u> Y	90
	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in par				N	91
91	applicable column.			N		91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for ye				N	92
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter 'Y' for ye		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 co	olumn.		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	e column.		N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.					97
Rural Pr	oridore.			1	2	_
105	Does this hospital qualify as a Critical Access Hospital (CAH)?			N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpa	ntient cervices? (see in	etructions)	11		106
100	Column 1: If this facility qualifies as a CAH, has it elected the an-inclusive method of payment for outpath.					100
107	no in column 1. If yes, the GME elinination would not be on Worksheet B, Part I, column 25 a If yes, complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do L&Rs in an ap the CAH's excluded IPF and/or IRF unit? Enter 'Y' for yes or 'N' for no in column 2.	and the program wou	ld be cost reimbursed.			107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §41	12.113(c). Enter 'Y' fo	or yes or 'N' for no.	N		108
		Physical	Occupational	Speech	Respiratory	
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by					109
10)	outside supplier? Enter 'Y' for yes or 'N' for each therapy.					107
Miscella	neous Cost Reporting Information	l d . 1 1 / A				1
115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter the		N			115
116	B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short tern Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	m nospital or 98		N		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.			N N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 for yes or N for no.	n mada Entar 2 if the	noliov is ossurransa	1		117
110	Is the marpractice insurance a claims-made of occurrence poncy: Einer 1 if the poncy is claim	n-made. Enter 2 if the	1		Self	110
			Premiums	Paid Losses	Insurance	
118.01	List amounts of malpractice premiums and paid losses:		96,972	355,354	792,133	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrat supporting schedule listing cost centers and amounts contained therein.	tive and General cost	center? If yes, submit	N		118.02
	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §31	21 and applicable am	endments? (see			
120	instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 bed			N	N	120
	Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in co	olumn 2 'Y' for yes or	'N' for no.			
121	Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in concluding this facility incur and report costs for high cost implantable devices charged to patients? Expression of the patients of t			Y		121
	Did this facility incur and report costs for high cost implantable devices charged to patients? E			Y		121
Transpla	Did this facility incur and report costs for high cost implantable devices charged to patients? Ent Center Information	Enter 'Y' for yes or 'N	for no.			
Transpla	Did this facility incur and report costs for high cost implantable devices charged to patients? Ent Center Information Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certifi	Enter 'Y' for yes or 'N	for no.	Y N		121
	Did this facility incur and report costs for high cost implantable devices charged to patients? Entry Center Information Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification is a Medicare certified kidney transplant center enter the certification date in column 1 a column 2.	Enter 'Y' for yes or 'N Cation date(s)(mm/dand termination date,	for no. d/yyyy) below. if applicable in			
Transpla 125 126	Did this facility incur and report costs for high cost implantable devices charged to patients? Ent Center Information Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification is a Medicare certified kidney transplant center enter the certification date in column 1 and 1	Enter 'Y' for yes or 'N Cation date(s)(mm/dand termination date,	for no. d/yyyy) below. if applicable in			125
Transpla 125 126 127	Did this facility incur and report costs for high cost implantable devices charged to patients? Entry Center Information Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification is a Medicare certified kidney transplant center enter the certification date in column 1 a column 2.	Enter 'Y' for yes or 'N "ication date(s)(mm/dand termination date, if	d/yyyy) below. if applicable in column			125
Transpla 125 126 127 128	Did this facility incur and report costs for high cost implantable devices charged to patients? Ent Center Information Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date in column 1 accolumn 2. If this is a Medicare certified heart transplant center enter the certification date in column 1 and 2. If this is a Medicare certified heart transplant center enter the certification date in column 1 and 2.	Enter 'Y' for yes or 'N Cation date(s)(mm/de and termination date, ind termination date, if d termination date, if	d/yyyy) below. if applicable in applicable in column			125 126 127
Transpla 125 126 127 128 129	Did this facility incur and report costs for high cost implantable devices charged to patients? Entry Information Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date in column 1 acolumn 2. If this is a Medicare certified heart transplant center enter the certification date in column 1 and 2. If this is a Medicare certified liver transplant center enter the certification date in column 1 and 2. If this is a Medicare certified liver transplant center enter the certification date in column 1 and 2. If this is a Medicare certified lung transplant center enter the certification date in column 1 and If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and If this is a Medicare cert	Enter 'Y' for yes or 'N Cation date(s)(mm/de and termination date, if d termination date, if d termination date, if	d/yyyy) below. if applicable in applicable in column applicable in column applicable in column 2.			125 126 127 128
Transpla 125 126 127 128 129 130	Did this facility incur and report costs for high cost implantable devices charged to patients? Ent Center Information Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification is a Medicare certified kidney transplant center enter the certification date in column 1 are column 2. If this is a Medicare certified heart transplant center enter the certification date in column 1 and 2. If this is a Medicare certified liver transplant center enter the certification date in column 1 and 2. If this is a Medicare certified lung transplant center enter the certification date in column 1 and 1 If this is a Medicare certified pancreas transplant center enter the certification date in column column 2. If this is a Medicare certified intestinal transplant center enter the certification date in column column 2.	Enter 'Y' for yes or 'N Cation date(s)(mm/dand termination date, in d termination date, if d termination date, if d termination date, if d termination date, if	d/yyyy) below. if applicable in applicable in column 2. e, if applicable in			125 126 127 128 129
Transpla 125 126 127 128 129 130	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter the Center Information Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certifile the sis is a Medicare certified kidney transplant center enter the certification date in column 1 and 2. If this is a Medicare certified heart transplant center enter the certification date in column 1 and 2. If this is a Medicare certified liver transplant center enter the certification date in column 1 and 2. If this is a Medicare certified lung transplant center enter the certification date in column 1 and 1st this is a Medicare certified pancreas transplant center enter the certification date in column column 2. If this is a Medicare certified intestinal transplant center enter the certification date in column column 2.	Enter 'Y' for yes or 'N Tication date(s)(mm/de and termination date, if d termination date, if d termination date, if 1 and termination dat 1 and termination da	d/yyyy) below. if applicable in applicable in column applicable in column applicable in column applicable in column 2. e, if applicable in te, if applicable in			125 126 127 128 129 130
Transpla 125 126 127 128 129 130	Did this facility incur and report costs for high cost implantable devices charged to patients? Ent Center Information Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification is a Medicare certified kidney transplant center enter the certification date in column 1 are column 2. If this is a Medicare certified heart transplant center enter the certification date in column 1 and 2. If this is a Medicare certified liver transplant center enter the certification date in column 1 and 2. If this is a Medicare certified lung transplant center enter the certification date in column 1 and 1 If this is a Medicare certified pancreas transplant center enter the certification date in column column 2. If this is a Medicare certified intestinal transplant center enter the certification date in column column 2.	Enter 'Y' for yes or 'N Cation date(s)(mm/de and termination date, if d termination date, if d termination date, if 1 and termination dat 1 and termination da d termination date, if	d/yyyy) below. if applicable in applicable in column 2. e, if applicable in applicable in applicable in			125 126 127 128 129 130



ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012 In Lieu of Form CMS-2552-10

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

All Prov	viders							
All I IO	videis					1	2	
140	Are there any related organization or home office costs as defi- column 1. If yes, and home office costs are claimed, enter in c					Y	15H034	140
	column 1. If yes, and nome office costs are claimed, enter in c	oranni z the nome office e	num num	ber (see instructi	Ons)			
If this fa	acility is part of a chain organization, enter on lines 141 through	143 the name and address of	of the hon	ne office and ent	er the home office contract	ctor name and contr	actor number.	
141	Name: ST JOSEPH REG MED CTR	Contractor's Name: WIS						141
142	Street: 5215 HOLY CROSS PARKWAY	P.O. Box:						142
143	City: MISHAWAKA	State: IN	ZIP Cod	le: 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 inpatien	t services	only? Enter 'Y'	for yes, or 'N' for no.	Y		145
146	Has the cost allocation methodology changed from the previous	usly filed cost report? Ente	r 'Y' for y	es and 'N' for no	in column 1. (see CMS	N		146
146	Pub. 15-2, section 4020). If yes, enter the approval date (mm/c					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 ye	s or 'N' for no.				N		148
149	Was there a change to the simplified cost finding method? Ent	er 'Y' for yes or 'N' for no.				N		149
Does th CFR §4	is facility contain a provider that qualifies for an exemption from 13.13)	the application of the lower	er of costs			for each componer	nt for Part A and Part	B. See 42
					itle XVIII			
				Part A	Part B	Title V	Title XIX	
	Tree to a				1	2	3	
155	Hospital			N	N	N	N	155
156	Subprovider - IPF			N	N			156
157	Subprovider - IRF			N	N	N	N	157
158	Subprovider - Other							158
159	SNF			N	N			159
160	HHA CMHC			N	N			160
161 161.10	CORF				N			161 161.10
161.10	CORF							161.10
Multica								
165	Is this hospital part of a multicampus hospital that has one or different CBSAs? Enter 'Y' for yes or 'N' for no.	nore campuses in	N					165
166	If line 165 is yes, for each campus, enter the name in column), county in column 1, state	e in colun	nn 2, ZIP in colu	mn 3, CBSA in column 4	, FTE/campus in co	lumn 5.	166
	Name	County		State	ZIP Code	CBSA	FTE/Campus	
	0	1		2	3	4	5	
Uaalth 1	Information Technology (HIT) incentive in the American Recove	m; and Dainyaatmant A at						
Heaith 1 167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for				Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful		the reaso	nable cost incurr				168
	for the HIT assets. (see instructions) If this provider is a meaningful user (line 167 is 'Y') and is not	a CAH (line 105 is 'N') as	nter the tr	ancitional factor				
169	(see instructions)				0.50			169
170	Enter in columns 1 and 2 the EHR beginning date and ending	date for the reporting period	d respect	ively (mm/dd/yy	yy)	07/01/2013	06/30/2014	170



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2 PART II

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

COMPLETED BY ALL HOSPITALS

			Y/N	DATE		
PROV	IDER ORGANIZATION AND OPERATION		1	2		
	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING	G OF THE COST	2.7			1
1	REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (see ins		N			1
			Y/N	DATE	V/I	
			1	2	3	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF Y COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I INVOLUNTARY.		N			2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMEN WITH INDIVIDUALS OR ENTITIES (e.g., chain home offices, drug or medical supply companies) RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERS MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAM OTHER SIMILAR RELATIONSHIPS? (see instructions)	THAT ARE SONNEL, OR	N			3
			Y/N	TYPE	DATE	
FINAN	ICIAL DATA AND REPORTS		1	2	3	
THINAI	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC	ACCOLINTANT?	1		3	
4	COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, S INSTRUCTIONS.	. SUBMIT	Y	A		4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	THOSE ON THE	N			5
				37.27	****	
4 DDD	OVED EDUCATION AT A CONTINUE C			Y/N	Y/N	
APPRO	OVED EDUCATIONAL ACTIVITIES COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL?			1	2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NORSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?			N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.			Y		7
	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RI	ENEWED DURING	THE COST			- '
8	REPORTING PERIOD?	LIVE WED DOKING	THE COST	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT	T COST REPORT?	IF YES, SEE	Y		9
9	INSTRUCTIONS.			I		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COSEE INSTRUCTIONS.		,	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN A ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	PPROVED TEACH	IING PROGRAM	N		11
BADI					Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCT				Y	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DUI	RING THIS COST I	REPORTING PERIO	D? IF YES,	N	13
14	SUBMIT COPY. IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF	VEC CEE INCTEL	CTIONS		N	14
14	IF LINE 12 IS TES, WERE PATIENT DEDUCTIBLES AND/OR CO-PATMENTS WAIVED? IF	1ES, SEE INSTRU	CHONS.		IN .	14
BED C	OMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD?	IF YES, SEE INSTE	RUCTIONS.		Y	15
		PAR	T A		RT B	
		Y/N	DATE	Y/N	DATE	
PS&R	REPORT DATA	1	2	3	4	
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (see instructions)	Y	09/30/2014	Y	09/30/2014	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (see instructions)	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	N		N		18
19	PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS. 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	N		N		19
20	INSTRUCTIONS. IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR	N		N		20
<u> </u>	OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	-,		-''		
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2 PART II

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

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

CAPI	TAL RELATED COSTS			
22	HAVE ASSETS BEEN RELIFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.			22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COS' PERIOD? IF YES, SEE INSTRUCTIONS.	T REPORTING		23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIC INSTRUCTIONS.	DP? IF YES, SEE		24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INS'	TRUCTIONS.		25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRU	CTIONS.		26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTION	ONS.		27
TA ITEL	PEGE TARRAGE			
INTE	REST EXPENSE WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING I	DEDIODO JE VEC		
28	WERE NEW LOANS, MORIGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING I	ERIOD? IF YES,		28
	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (debt service reserve fund) TREATED	AS A FUNDED		T
29	DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.	115 111 01122		29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIO	NS.		30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUC	ΓIONS.		31
PURG	CHASED SERVICES			
32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL			32
	ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.			
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEC.	E INSTRUCTIONS.		33
PR∩	VIDER-BASED PHYSICIANS			\neg
	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIA	NS? IF YES SEE		
34	INSTRUCTIONS.	120,022		34
25	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASEL	PHYSICIANS		25
35	DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			35
****	A ANNUAL ADAMS	Y/N	DATE	
	E OFFICE COSTS	1	2	24
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			37
	INSTRUCTIONS. IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF			_
38	YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.			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
	REORT PREPARER INFORMATION			
41		ECTOR OF REIMBUI	RSEMENT	41
42	EMPLOYER: SAINT JOSEPH REGIONAL MEDICAL CENTER			42
43	PHONE NUMBER: 574-335-4653 E-MAIL ADDRESS: NIETCHC@SJRMC.COM			43



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

HMO IPF SUBPROVIDER							INDATIE	NT DAVS/OUT	DATIENT VISIT	C/TDIDC	
COMPONENT			WKST				INFAIII	NI DAIS/OUII	ATIENT VISIT		
HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospite days) (see instructions) 30		COMPONENT	A LINE				TITLE V			ALL	
1 and 8 exclude Swing Bed, Observation Bed and Hospite days (see instructions for co. 1, 2 for the portion of LDP room available beds) 2 HMO AND OTHER (see instructions) 3 HMO IPF SUBPOVIDER 4 HMO REF SUBPOVIDER 5 HOSPITAL ADULTS & PEDS. SWING BED NF CORONARY CARE UNIT SITE SWING EARLY STATE STATE SWING EARLY SWING E				2	3	4	5	6	7	8	
HMO IPF SUBPROVIDER	1	and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the	30	214	78,110			21,108	1,799	48,666	1
HMO IRF SUBPROVIDER 504 105 4	2	HMO AND OTHER (see instructions)						8,662	4,821		2
MOSPITAL ADULTS & PEDS. SWING BED NF	3	HMO IPF SUBPROVIDER									3
HOSPITAL ADULTS & PEDS. SWING BED NF	4							504	105		4
TOTAL ADULTS & PEDS, (exclude observation beds) 214 78,110 21,108 1,799 48,666 7	5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
Pedsylsee instructions	6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
9 CORONARY CARE UNIT 32 9 10 BURN INTENSIVE CARE UNIT 33 11 10 11 SURGICAL INTENSIVE CARE UNIT 34 11 12 NEONATAL INTENSIVE CARE UNIT 35 12 4,380 1,055 1,933 12 13 NURSERY 43 92,710 23,275 5,153 59,244 14 15 CAH VISITS 5 15 15 15 15 15 15 16 16 16 17 SUBPROVIDER - IPF 40 16 SUBPROVIDER - IPF 40 16 16 18 SUBPROVIDER - IRF 41 40 14,600 3,643 333 5,942 17 18 SUBPROVIDER I 19 SKILLED NURSING FACILITY 44 19 19 SKILLED NURSING FACILITY 44 19 19 NURSING FACILITY 45 19 NURSING FACILITY 45 19 NURSING FACILITY 45 19 10 10 12 10 THER LONG TERM CARE 46 19 116 12 12 14 16 16 16 16 16 16 16 16 16 16 16 16 16	7			214	78,110			21,108	1,799	48,666	7
10 BURN INTENSIVE CARE UNIT 33 10 11 11 11 12 12 13 12 14,380 1,055 1,933 12 13 14 15 14,550 1,935 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,933 12 1,055 1,055 1,933 12 1,055 1,	8	INTENSIVE CARE UNIT	31	28	10,220			2,167	649	5,282	8
11 SURGICAL INTENSIVE CARE UNIT 34	9	CORONARY CARE UNIT	32								9
12 NEONATAL INTENSIVE CARE UNIT 35 12 4,380 1,055 1,933 12	10	BURN INTENSIVE CARE UNIT	33								10
13	11	SURGICAL INTENSIVE CARE UNIT	34								11
14 TOTAL (see instructions) 254 92,710 23,275 5,153 59,244 14 15	12	NEONATAL INTENSIVE CARE UNIT	35	12	4,380				1,055	1,933	12
15	13	NURSERY	43						1,650	3,363	13
16 SUBPROVIDER - IPF 40 14,600 3,643 333 5,942 17	14	TOTAL (see instructions)		254	92,710			23,275	5,153	59,244	
17 SUBPROVIDER - IRF 41 40 14,600 3,643 333 5,942 17 18 SUBPROVIDER I 42	15										
18	16	SUBPROVIDER - IPF	40								16
19 SKILLED NURSING FACILITY	17			40	14,600			3,643	333	5,942	
20 NURSING FACILITY	18	SUBPROVIDER I									18
OTHER LONG TERM CARE 46 21	19	SKILLED NURSING FACILITY									
22 HOME HEALTH AGENCY 101 22 23 ASC (Distinct Part) 115 23 24 HOSPICE (Distinct Part) 116 24 24 10 HOSPICE (non-distinct part) 30 24 10 25 CMHC 99 25 CMHC 26 27 TOTAL (sum of lines 14-26) 27 27 28 OBSERVATION BED DAYS 29 AMBULANCE TRIPS 29 29 29 29 29 29 29 2	20	NURSING FACILITY									20
23 ASC (Distinct Part) 115 23 24 HOSPICE (Distinct Part) 116 24 24.10 HOSPICE (non-distinct part) 30 24.10 25 CMHC 99 26 RHC 88 27 TOTAL (sum of lines 14-26) 26 28 OBSERVATION BED DAYS 29 30 EMPLOYEE DISCOUNT DAYS (see instructions) 31 EMPLOYEE DISCOUNT DAYS (see instructions) 31 CABOR & DELIVERY BOOM OUTPATIENT DAYS (see instructions) 32.01 32.01 TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions) 32.01	21										
24 HOSPICE (Distinct Part) 116 24 24.10 HOSPICE (non-distinct part) 30 24.10 25 CMHC 99 25 26 RHC 26 26 27 TOTAL (sum of lines 14-26) 26 28 OBSERVATION BED DAYS 620 9,316 28 29 AMBULANCE TRIPS 29 30 EMPLOYEE DISCOUNT DAYS (see instructions) 30 31 EMPLOYEE DISCOUNT DAYS (see instructions) 31 32 LABOR & DELIVERY DAYS (see instructions) 4 1,460 313 759 32 32.01 TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions) 32.01	22										
24.10 HOSPICE (non-distinct part) 30 25 CMHC 99 26 RHC 88 27 TOTAL (sum of lines 14-26) 26 28 OBSERVATION BED DAYS 620 9,316 29 AMBULANCE TRIPS 29 30 EMPLOYEE DISCOUNT DAYS (see instructions) 30 31 EMPLOYEE DISCOUNT DAYS (see instructions) 31 32 LABOR & DELIVERY DAYS (see instructions) 4 1,460 313 759 32 32.01 TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions) 32.01	23										
25 CMHC 99 25	24										24
26	24.10										
27	25										
28 OBSERVATION BED DAYS 620 9,316 28 29 AMBULANCE TRIPS 29 30 EMPLOYEE DISCOUNT DAYS (see instructions) 30 31 EMPLOYEE DISCOUNT DAYS-IRF 31 32 LABOR & DELIVERY DAYS (see instructions) 4 1,460 313 759 32 32.01 TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions) 32.01 32.01	26		88								
29 AMBULANCE TRIPS 29 30 EMPLOYEE DISCOUNT DAYS (see instructions) 30 31 EMPLOYEE DISCOUNT DAYS-IRF 31 32 LABOR & DELIVERY DAYS (see instructions) 4 1,460 313 759 32 32.01 TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions) 32.01 32.01	27			294							
30 EMPLOYEE DISCOUNT DAYS (see instructions) 30 31 EMPLOYEE DISCOUNT DAYS-IRF 31 32 LABOR & DELIVERY DAYS (see instructions) 4 1,460 313 759 32 32.01 TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions) 32.01 32.01 33.01 33.01 34.01 35.01	28								620	9,316	
31 EMPLOYEE DISCOUNT DAYS-IRF 31 32 LABOR & DELIVERY DAYS (see instructions) 4 1,460 313 759 32 32.01 TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions) 32.01	29										
32 LABOR & DELIVERY DAYS (see instructions) 4 1,460 313 759 32 32.01 TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions) 32.01	30										
32.01 TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions) 32.01	31										
32.01 ROOM OUTPATIENT DAYS (see instructions) 32.01	32			4	1,460				313	759	32
	32.01										32.01
	33	LTCH NON-COVERED DAYS									33



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

		FULL	TIME EQUIVAI	ENTS		DISCHA	ARGES		
	COMPONENT	TOTAL INTERNS & RESIDENTS	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					5,089	2,018	13,716	1
2	HMO AND OTHER (see instructions)					1,792			2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	NEONATAL INTENSIVE CARE UNIT								12
13	NURSERY								13
14	TOTAL (see instructions)	26.67	1,356.00	24.68		5,089	2,018	13,716	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF	0.38	43.00			272	22	422	17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY								22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)	27.05	1,399.00	24.68					27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32



instructions)

SUBTOTAL WAGE-RELATED COSTS (see instructions)
TOTAL (sum of lines 3 through 5)

TOTAL OVERHEAD COST (see instructions)

COMPU-MAX

In Lieu of Form Run Date: 03/12/2015 Period: From: 07/01/2013 ST. JOSEPH'S REG MED CENTER S. BEND CMS-2552-10 Run Time: 10:18 To: 06/30/2014 Provider CCN: 15-0012 Version: 2014.10

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3 PARTS II-III

	II - WAGE DATA	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)	
		1	2	3	4	5	6	
	SALARIES							
	TOTAL SALARIES (see instructions)	200	76,399,973		76,399,973	2,933,545.00	26.04	
	NON-PHYSICIAN ANESTHETIST PART A							2
	NON-PHYSICIAN ANESTHETIST PART B		402 201		402 201	2.050.00	160.04	3
)1	PHYSICIAN-PART A - ADMINISTRATIVE PHYSICIAN-PART A - TEACHING		483,281 1,357,164		483,281 1,357,164	2,859.00 13,218.00	169.04 102.68	
)1	PHYSICIAN-PART B		1,337,104		1,337,104	13,216.00	102.06	5
	NON-PHYSICIAN-PART B							6
	INTERNS & RESIDENTS (in an approved program)	21	1,528,789	290,715	1,819,504	54,922.00	33.13	_
	CONTRACTED INTERNS & RESIDENTS (in an approved		1,020,700	2,0,710	1,012,001	51,722.00	33113	
)1	program)							7.0
	HOME OFFICE PERSONNEL							8
	SNF	44						9
	EXCLUDED AREA SALARIES (see instructions)		6,129,197	30,919	6,160,116	212,215.00	29.03	10
	OTHER WAGES & RELATED COSTS							1
	CONTRACT LABOR (see instructions)		260,012		260,012	5,423.00	47.95	11
	CONTRACT MANAGEMENT AND ADMINISTRATIVE		127,296		127,296	2,080.00	61.20	12
	SERVICES CONTRACT LABOR, PHYSICIAN RAPT A		,->0		,>0	_,	51.20	+
	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		416,619		416,619	2,747.00	151.66	13
	HOME OFFICE SALARIES & WAGE-RELATED COSTS		30,259,042		30,259,042	597,335.00	50.66	14
	HOME OFFICE: PHYSICIAN PART A - ADMINISTRATIVE		30,239,042		30,239,042	397,333.00	30.00	15
	HOME OFFICE & CONTRACT PHYSICIANS PART A -							
	TEACHING							16
	WAGE-RELATED COSTS							
	WAGE-RELATED COSTS (core)(see instructions)		23,919,516		23,919,516			17
	WAGE-RELATED COSTS (other)(see instructions)		21,699		21,699			18
	EXCLUDED AREAS		2,523,651		2,523,651			19
	NON-PHYSICIAN ANESTHETIST PART A							20
	NON-PHYSICIAN ANESTHETIST PART B							21
	PHYSICIAN PART A - ADMINISTRATIVE		106,322		106,322			22
01	PHYSICIAN PART A - TEACHING		298,576		298,576			22
	PHYSICIAN PART B							23
	WAGE-RELATED COSTS (RHC/FQHC)		526 511		526 511			24
	INTERNS & RESIDENTS (in an approved program)		536,511		536,511			25
	OVERHEAD COSTS - DIRECT SALARIES EMPLOYEE BENEFITS DEPARTMENT		-25,010	25,010				26
	ADMINISTRATIVE & GENERAL		2,928,028	-55,929	2,872,099	130,168.00	22.06	26
	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see		2,920,020	-33,929	2,672,099	130,106.00	22.00	21
	instructions)		262,616		262,616	768.00	341.95	28
	MAINTENANCE & REPAIRS							29
	OPERATION OF PLANT		1,779,164		1,779,164	72,595.00	24.51	
	LAUNDRY & LINEN SERVICE		134,251		134,251	12,224.00	10.98	_
	HOUSEKEEPING		1,857,063		1,857,063	143,707.00	12.92	
	HOUSEKEEPING UNDER CONTRACT (see instructions)							33
	DIETARY		1,938,037	-620,172	1,317,865	89,712.00	14.69	
	DIETARY UNDER CONTRACT (see instructions)		164,802		164,802	4,160.00	39.62	
	CAFETERIA			620,172	620,172	42,217.00	14.69	
	MAINTENANCE OF PERSONNEL							37
	NURSING ADMINISTRATION		2,091,660		2,091,660	73,526.00	28.45	
	CENTRAL SERVICES AND SUPPLY		379,214		379,214	22,472.00	16.87	
	PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,838,204		2,838,204	72,008.00	39.42	
	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY SOCIAL SERVICE		1,512,069		1,512,069	71,861.00	21.04	
	OTHER GENERAL SERVICE		1,606,848 582,091		1,606,848 582,091	51,447.00 36,465.00	31.23 15.96	
	OTHER GENERAL SERVICE		302,091		302,091	30,403.00	13.90	1 43
RT	III - HOSPITAL WAGE INDEX SUMMARY	1		1				
	NET SALARIES (see instructions)		73,941,438	-290,715	73,650,723	2,870,333.00	25.66	
	EXCLUDED AREA SALARIES (see instructions)		6,129,197	30,919	6,160,116	212,215.00	29.03	
	SUBTOTAL SALARIES (line 1 minus line 2)		67,812,241	-321,634	67,490,607	2,658,118.00	25.39	3
	SUBTOTAL OTHER WAGES & RELATED COSTS (see		31,062,969		31,062,969	607,585.00	51.13	4

24,047,537

18,049,037

122,922,747

3,265,703.00

823,330.00

24,047,537

122,601,113

18,018,118

-321,634

-30,919

35.63% 5 37.54 6

21.88 7



HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3 PART IV

PART IV - WAGE RELATED COST

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS		1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	3,914,244	3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	8,512,133	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)	9,270,421	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	834,032	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	153,230	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	148,086	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	425,158	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	-864,231	16
	TAXES		
17	FICA-EMPLOYERS PORTION ONLY	4,891,228	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	100,275	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
	OTHER		
21	EXECUTIVE DEFERRED COMPENSATION (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT		23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	27,384,576	24

PART	B - OTHER THAN CORE RELATED COST		
25	OTHER WAGE RELATED (OTHER WAGE REL	21,699	25



| Supporting Exhibit for Form | Period : Run Date: 03/12/2015 |
| ST. JOSEPH'S REG MED CENTER S. BEND | CMS-2552-10 | From: 07/01/2013 | Run Time: 10:18 |
| Provider CCN: 15-0012 | To: 06/30/2014 | Version: 2014.10

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

EXHIBIT 3

	STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	WAGE INDEX FISCAL YEAR ENDING DATE	06/30/2017		1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)	07/01/2013	06/30/2014	2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH	1/01/2014		3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)	7/01/2012		4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)	7/01/2015		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	7/01/2012		9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5	7/01/2015		10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	DEPOSIT DATE(S)	CONTRIB- UTION(S)	11
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)	36		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	12		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)	8,512,133		17
18	REPORTABLE PREFUNDING INSTALLMENT ((Line 17 times Line 15) divided by 12)	8,512,133		18
19	TOTAL PENSION COST FOR WAGE INDEX (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	8,512,133		19



HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3 PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPIAL-BASED COMPONENT IDENTIFICATION:

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



HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION	1				
1 COST TO CHARGE RATIO (Worksheet C, Part I, line 202, colo				0.299696	1
MEDICAID (see instructions for each line)					
2 NET REVENUE FROM MEDICAID				32,336,000	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 SU				Y	4
5 IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMI	NTS FROM MEDICAID				5
6 MEDICAID CHARGES				105,000,000	6
7 MEDICAID COST (line 1 times line 6)				31,468,080	7
8 DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, TH		2 and 5)			8
In Edition (1) Edi	THE TENTO		1		
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)	ee 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) DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR			11		
12 IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.	STAND-ALONE SCHIP (line 11 minus line 9)				12
			-		
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PR					
13 NET REVENUE FROM STATE OR LOCAL INDIGENT CAR			13		
14 CHARGES FOR PATIENTS COVERED UNDER STATE OR I			14		
15 STATE OR LOCAL INDIGENT CARE PROGRAM COST (lin. DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR		15' 1' 12\			15
16 IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.	STATE OR LOCAL INDIGENT CARE PROGRAM (III	ne 15 minus line 13)			16
II EINE 13 IS EESS THAN EINE 13, THEN EINTER ZERO.					
UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION					
17 PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCO					17
18 GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFI		MG (61: 0.12	116)		18
19 TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP A	D STATE AND LOCAL INDIGENT CARE PROGRAM	MS (sum of lines 8, 12 a	and 16)	TOTAL	19
		UNINSURED	INSURED	(col. 1 +	
		PATIENTS	PATIENTS	col. 2)	
		1	2	3	
20 TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED reimbursable cost centers) FOR THE ENTIRE FACILITY	OR CHARITY CARE (at full charges excluding non-	14,010,380	1,785,815	15,796,195	20
21 COST OF INITIAL OBLIGATION OF PATIENTS APPROVEI	FOR CHARITY CARE (line 1 times line 20)	4.198.855	535,202	4,734,057	21
22 PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHA	ITY CARE	99,540		99,540	22
23 COST OF CHARITY CARE (line 21 minus line 22)		4,099,315	535,202	4,634,517	23
DOES THE AMOUNT BY DIE 20, GOLUBBY A DISCUSSE OF	A DOEG FOR DATERNIE DAVIG REVONDA A LENGTHA	OF CTAVAR DATE DATE	DOED ON		
DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CH PATIENTS COVERED BY MEDICAID OR OTHER INDIGEN		OF STAY LIMIT IMPO	DSED ON	N	24
25 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS		TH OF CTAV LIMIT (an instructions)		25
26 TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL	see instructions)	22,703,000			
27 MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL CO.				497,124	
28 NON-MEDICARE AND NON-REIMBURSABLE MEDICARE				22,205,876	
29 COST OF NON-MEDICARE AND NON-REIMBURSABLE M				6,655,012	
30 COST OF UNCOMPENSATED CARE (line 23, column 3 plus				11,289,529	30
31 TOTAL UNREIMBURSED AND UNCOMPENSATED CARE	OST (line 19 plus line 30)			11,289,529	31



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
	00100	GENERAL SERVICE COST CENTERS				20.271.126	20.271.126	2.062.006	22 424 022	
2	00100	CAP REL COSTS MANDE FOUR				20,371,126 10,061,743	20,371,126 10,061,743	2,063,806	22,434,932 10,061,743	2
3	00300	CAP REL COSTS-MVBLE EQUIP OTHER CAP REL COSTS				10,061,743	10,001,745		-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	-25,010	201,920	176,910	25,010	201,920	680,376	882,296	4
5.01	00540	NONPATIENT TELEPHONES	228,880	67,539	296,419	23,010	296,419	000,570	296,419	5.01
5.04	00570	ADMITTING	1,145,160	494,653	1,639,813	-62	1,639,751	-250	1.639.501	5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	1,553,988	85,649,856	87,203,844	-20,773,788	66,430,056	-15,161,591	51,268,465	5.06
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT	1,779,164	7,400,146	9,179,310	-972,651	8,206,659	-55,728	8,150,931	7
8	00800	LAUNDRY & LINEN SERVICE	134,251	1,022,631	1,156,882		1,156,882		1,156,882	8
9	00900	HOUSEKEEPING	1,857,063	1,078,215	2,935,278	-11,501	2,923,777		2,923,777	9
10	01000	DIETARY	1,938,037	3,055,152	4,993,189	-2,038,663	2,954,526	-259,315	2,695,211	10
11	01100	CAFETERIA MAINTENANCE OF PERSONNEL				1,842,233	1,842,233	-1,656,961	185,272	11 12
13	01300	NURSING ADMINISTRATION	2,091,660	811,932	2,903,592	-30,146	2,873,446	-695	2,872,751	13
14	01400	CENTRAL SERVICES & SUPPLY	379,214	575,556	954,770	-7,648	947,122	-093	947,122	14
15	01500	PHARMACY	2,838,204	11,628,797	14,467,001	-10,849,447	3,617,554		3,617,554	
16	01600	MEDICAL RECORDS & LIBRARY	1,512,069	2,451,295	3,963,364	-19,543	3,943,821	-31,495	3,912,326	16
17	01700	SOCIAL SERVICE	1,606,848	954,730	2,561,578		2,561,578	-1,682	2,559,896	17
18	01850	STERILE SUPPLY	582,091	1,664,108	2,246,199	-119,329	2,126,870		2,126,870	18
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,528,789	640,977	2,169,766	198,825	2,368,591	-188,885	2,179,706	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,578,770	657,402	2,236,172	55,118	2,291,290	-476,686	1,814,604	22
23.01	02300	PARAMED ED PRGM-(SPECIFY) CLINICAL PASTORAL EDUCATION	64,487 207,716	167,149 76,073	231,636 283,789	38,496	231,636 322,285	-75,834 -12,338	155,802 309,947	23.01
23.02	02301	PHARMACY RESIDENCY PROGRAM	435,319	171,622	606,941	30,490	606,941	-12,336	606,941	23.02
23.02	02302	INPATIENT ROUTINE SERV COST CENTERS	433,319	171,022	000,941		000,941		000,941	23.02
30	03000	ADULTS & PEDIATRICS	18,299,233	10,018,597	28,317,830	-4,920,996	23,396,834	-1,764,890	21,631,944	30
31	03100	INTENSIVE CARE UNIT	3,656,049	1,691,272	5,347,321	-202,620	5,144,701	-54,866	5,089,835	
35	02060	NEONATAL INTENSIVE CARE UNIT	1,184,537	534,765	1,719,302	-45,451	1,673,851	-4,640	1,669,211	35
41	04100	SUBPROVIDER - IRF	2,021,008	2,960,551	4,981,559	-1,836,897	3,144,662	-24,004	3,120,658	41
43	04300	NURSERY				3,980,462	3,980,462		3,980,462	43
# 0	0,5000	ANCILLARY SERVICE COST CENTERS	5 04 0 40 2	20. 500.004	0 / 5 / 0 / 5 / 1	44.455.504	10.041.500	1 201 125	40.500.055	#O
50	05000	OPERATING ROOM	6,919,493	29,600,081	36,519,574	-16,657,784	19,861,790	-1,281,435	18,580,355	50
51 52	05100 05200	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	916,886	402,449	1,319,335	-3,397 670,585	1,315,938 670,585		1,315,938 670,585	51 52
54	05400	RADIOLOGY-DIAGNOSTIC	2,953,382	3,087,180	6,040,562	-1,215,303	4,825,259	-64,390	4,760,869	54
55	05500	RADIOLOGY-THERAPEUTIC	110,931	104,900	215,831	-15,644	200,187	-04,370	200,187	55
57	05700	CT SCAN	587,403	588,482	1,175,885	-176,558	999,327		999,327	57
58	05800	MRI	ŕ	452,563	452,563	,	452,563		452,563	58
59	05900	CARDIAC CATHETERIZATION	2,092,483	8,443,160	10,535,643	-3,410,380	7,125,263	-11,117	7,114,146	59
60	06000	LABORATORY		13,294,010	13,294,010	-445,664	12,848,346		12,848,346	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	1,560,620	1,529,152	3,089,772	-253,138	2,836,634	-1,328	2,835,306	65
66	06600 06700	PHYSICAL THERAPY OCCUPATIONAL THERAPY	2,165,092 628,828	1,030,374 399,454	3,195,466 1,028,282	-261,419 -153,262	2,934,047 875,020	-17,131	2,916,916 875,020	
67 68	06800	SPEECH PATHOLOGY	303,173	103,953	407,126	-155,262	398,719		398,719	67 68
69	06900	ELECTROCARDIOLOGY	830,021	667,952	1,497,973	-355,042	1,142,931	-4,324	1,138,607	
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	250,021	-355,741	-355,741	355,741	2,2,2,7,01	.,524	-,0,007	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS		,		17,811,418	17,811,418		17,811,418	72
73	07300	DRUGS CHARGED TO PATIENTS	298,024	435,377	733,401	10,485,114	11,218,515		11,218,515	73
74	07400	RENAL DIALYSIS		737,829	737,829		737,829		737,829	74
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				176,954	176,954		176,954	76.98
76.99		LITHOTRIPSY	I .							76.99
	07699									
90.02		OUTPATIENT SERVICE COST CENTERS	70.602	Q1 167	160.760	-20 150	131 610	-26 214	105 405	90.02
90.02	09001	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT	79,602 569,518	81,167 855,302	160,769 1.424.820	-29,150 -281,725	131,619 1,143,095	-26,214 -46,120	105,405 1,096,975	90.02
90.02 90.03 90.04		OUTPATIENT SERVICE COST CENTERS	569,518	855,302	1,424,820	-29,150 -281,725 -304,307	1,143,095	-26,214 -46,120	1,096,975	90.02 90.03 90.04
90.03	09001 09002	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER				-281,725		- ,		90.03
90.03 90.04	09001 09002 09003	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER	569,518 465,169	855,302 1,287,400	1,424,820 1,752,569	-281,725 -304,307 -89,320	1,143,095 1,448,262	- ,	1,096,975 1,448,262	90.03 90.04
90.03 90.04 90.05 90.06 90.07	09001 09002 09003 09004 09005 09006	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC	569,518 465,169 455,070 238,853 388,383	855,302 1,287,400 148,035	1,424,820 1,752,569 603,105 683,263 638,319	-281,725 -304,307 -89,320 -134,393	1,143,095 1,448,262 603,105	-46,120	1,096,975 1,448,262 603,105	90.03 90.04 90.05 90.06 90.07
90.03 90.04 90.05 90.06 90.07 90.08	09001 09002 09003 09004 09005 09006 09007	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC	569,518 465,169 455,070 238,853 388,383 342,482	855,302 1,287,400 148,035 444,410 249,936 224,860	1,424,820 1,752,569 603,105 683,263 638,319 567,342	-281,725 -304,307 -89,320 -134,393 -363,686	1,143,095 1,448,262 603,105 593,943 503,926 203,656	-46,120 -147,596 -127,807 -28,041	1,096,975 1,448,262 603,105 446,347 376,119 175,615	90.03 90.04 90.05 90.06 90.07 90.08
90.03 90.04 90.05 90.06 90.07 90.08 90.09	09001 09002 09003 09004 09005 09006 09007 09008	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC	569,518 465,169 455,070 238,853 388,383 342,482 333,020	855,302 1,287,400 148,035 444,410 249,936 224,860 193,589	1,424,820 1,752,569 603,105 683,263 638,319 567,342 526,609	-281,725 -304,307 -89,320 -134,393 -363,686 -40,337	1,143,095 1,448,262 603,105 593,943 503,926 203,656 486,272	-46,120 -147,596 -127,807 -28,041 -198,985	1,096,975 1,448,262 603,105 446,347 376,119 175,615 287,287	90.03 90.04 90.05 90.06 90.07 90.08 90.09
90.03 90.04 90.05 90.06 90.07 90.08 90.09 91	09001 09002 09003 09004 09005 09006 09007 09008 09100	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC EMERGENCY	569,518 465,169 455,070 238,853 388,383 342,482	855,302 1,287,400 148,035 444,410 249,936 224,860	1,424,820 1,752,569 603,105 683,263 638,319 567,342	-281,725 -304,307 -89,320 -134,393 -363,686	1,143,095 1,448,262 603,105 593,943 503,926 203,656	-46,120 -147,596 -127,807 -28,041	1,096,975 1,448,262 603,105 446,347 376,119 175,615	90.03 90.04 90.05 90.06 90.07 90.08 90.09 91
90.03 90.04 90.05 90.06 90.07 90.08 90.09	09001 09002 09003 09004 09005 09006 09007 09008	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	569,518 465,169 455,070 238,853 388,383 342,482 333,020	855,302 1,287,400 148,035 444,410 249,936 224,860 193,589	1,424,820 1,752,569 603,105 683,263 638,319 567,342 526,609	-281,725 -304,307 -89,320 -134,393 -363,686 -40,337	1,143,095 1,448,262 603,105 593,943 503,926 203,656 486,272	-46,120 -147,596 -127,807 -28,041 -198,985	1,096,975 1,448,262 603,105 446,347 376,119 175,615 287,287	90.03 90.04 90.05 90.06 90.07 90.08 90.09
90.03 90.04 90.05 90.06 90.07 90.08 90.09 91	09001 09002 09003 09004 09005 09006 09007 09008 09100	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	569,518 465,169 455,070 238,853 388,383 342,482 333,020	855,302 1,287,400 148,035 444,410 249,936 224,860 193,589	1,424,820 1,752,569 603,105 683,263 638,319 567,342 526,609	-281,725 -304,307 -89,320 -134,393 -363,686 -40,337	1,143,095 1,448,262 603,105 593,943 503,926 203,656 486,272	-46,120 -147,596 -127,807 -28,041 -198,985	1,096,975 1,448,262 603,105 446,347 376,119 175,615 287,287	90.03 90.04 90.05 90.06 90.07 90.08 90.09 91
90.03 90.04 90.05 90.06 90.07 90.08 90.09 91	09001 09002 09003 09004 09005 09006 09007 09008 09100	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS	569,518 465,169 455,070 238,853 388,383 342,482 333,020	855,302 1,287,400 148,035 444,410 249,936 224,860 193,589	1,424,820 1,752,569 603,105 683,263 638,319 567,342 526,609	-281,725 -304,307 -89,320 -134,393 -363,686 -40,337	1,143,095 1,448,262 603,105 593,943 503,926 203,656 486,272	-46,120 -147,596 -127,807 -28,041 -198,985	1,096,975 1,448,262 603,105 446,347 376,119 175,615 287,287	90.03 90.04 90.05 90.06 90.07 90.08 90.09 91
90.03 90.04 90.05 90.06 90.07 90.08 90.09 91	09001 09002 09003 09004 09005 09006 09007 09008 09100	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	569,518 465,169 455,070 238,853 388,383 342,482 333,020	855,302 1,287,400 148,035 444,410 249,936 224,860 193,589	1,424,820 1,752,569 603,105 683,263 638,319 567,342 526,609	-281,725 -304,307 -89,320 -134,393 -363,686 -40,337	1,143,095 1,448,262 603,105 593,943 503,926 203,656 486,272	-46,120 -147,596 -127,807 -28,041 -198,985	1,096,975 1,448,262 603,105 446,347 376,119 175,615 287,287	90.03 90.04 90.05 90.06 90.07 90.08 90.09 91



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN								190
192	19200	PHYSICIANS' PRIVATE OFFICES								192
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST		12,863	12,863		12,863		12,863	192.01
192.02	19202	NEONATOLOGISTS	824,070	334,342	1,158,412		1,158,412		1,158,412	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	218,024	5,692,109	5,910,133		5,910,133		5,910,133	192.03
194	07950	SPORTS MED-ATHLETIC TRAINERS	174,962	53,181	228,143		228,143		228,143	194
194.01	07951	OUTREACH SERVICES	1,861,447	1,275,938	3,137,385		3,137,385		3,137,385	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	316,286	48,251	364,537		364,537		364,537	194.02
194.03	07953	ADVANCED SPECIALTIES	5,878	121,542	127,420		127,420		127,420	194.03
200		TOTAL (sum of lines 118-199)	76.399.973	207.647.009	284.046.982		284.046.982	-19.355.347	264.691.635	200



		CODE	INC	CREASES	T		
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS NEGATIVE COST CTR EXP TOTAL	A	MEDICAL SUPPLIES CHARGED TO P	71		355,741	
2	TOTAL REGLASSIEIGATIONS		EMPLOYEE BENEFITS DEPARTMENT	4	25,010	255 741	500
500	TOTAL RECLASSIFICATIONS CODE LETTER - A				25,010	355,741	500
	CODEEDTER						
1	DEPRECIATION RECLASS	В	CAP REL COSTS-MVBLE EQUIP	2		62	
2			CAP REL COSTS-BLDG & FIXT	1		4,274,097	
4			CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-BLDG & FIXT	2		4,120,317 359,796	
5			CAP REL COSTS-BLDG & FIX I CAP REL COSTS-MVBLE EQUIP	2		612.855	
6			CAP REL COSTS-MVBLE EQUIP	2		11,501	
7			CAP REL COSTS-BLDG & FIXT	1		16,491	
8			CAP REL COSTS-MVBLE EQUIP	2		179,939	
9 10			CAP REL COSTS MVBLE EQUIP	2 2		30,146 7,648	1
11		+	CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-MVBLE EQUIP	2		360,653	1
12			CAP REL COSTS-BLDG & FIXT	1		15,644	1
13			CAP REL COSTS-MVBLE EQUIP	2		3,899	1
14			CAP REL COSTS-BLDG & FIXT	1		7,548	1-
15		+	CAP REL COSTS-MVBLE EQUIP	2		109,671	1
16 17			CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	1 2		144,322 1,112	1
18			CAP REL COSTS-BLDG & FIXT	1		2,285	1
19			CAP REL COSTS-MVBLE EQUIP	2		267,126	1
20			CAP REL COSTS-BLDG & FIXT	1		39,915	2
21			CAP REL COSTS-MVBLE EQUIP	2 2		162,705	2
22		+	CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-BLDG & FIXT	1		45,451 930,578	2
24			CAP REL COSTS-BLDG & FIXT	2		243,251	2
25			CAP REL COSTS-BLDG & FIXT	1		9,162	2
26			CAP REL COSTS-MVBLE EQUIP	2		2,251,592	2
27			CAP REL COSTS-MVBLE EQUIP	2		3,397	2
28 29			CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	1 2		227,802 987,501	2
30			CAP REL COSTS-MVBEE EQUII	1		15,644	3
31			CAP REL COSTS-BLDG & FIXT	1		315	3
32			CAP REL COSTS-MVBLE EQUIP	2		176,243	3
33			CAP REL COSTS-BLDG & FIXT	1		140,054	3:
34		_	CAP REL COSTS -MVBLE EQUIP	2		21,035	3
35 36			CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	1 2		148,816 104,322	3
37		+	CAP REL COSTS-MVBEE EQUII	1		252,505	3
38			CAP REL COSTS-MVBLE EQUIP	2		8,914	3
39			CAP REL COSTS-BLDG & FIXT	1		153,262	3
40			CAP REL COSTS-BLDG & FIXT	1		8,407	4
41			CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	1 2		125,815 229,227	4
43			CAP REL COSTS-MVBLE EQUIP	2		3,680	4
44			CAP REL COSTS-MVBLE EQUIP	2		29,150	4
45			CAP REL COSTS-BLDG & FIXT	1		237,328	4
46			CAP REL COSTS-MVBLE EQUIP	2		44,397	4
47			CAP REL COSTS-BLDG & FIXT	1		110,632	4
48		+	CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-BLDG & FIXT	2		15,399 85,658	4
50		+	CAP REL COSTS-BLDG & FIXT	2		3,662	5
51			CAP REL COSTS-BLDG & FIXT	1		54,628	5
52			CAP REL COSTS-MVBLE EQUIP	2		5,147	5
53			CAP REL COSTS-BLDG & FIXT	1		38,927	5
54		-	CAP REL COSTS BLDG & FIXT	1		40,337	- 5
55 56			CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	1 2		23,388 21,741	
500	TOTAL RECLASSIFICATIONS		CAL REL COSTS-MIVBLE EQUIP	4		17,525,099	50
	CODE LETTER - B					- 10201077	
1	RECLASS CHAPLAIN COST TO CPE PROGRA	С	CLINICAL PASTORAL EDUCATION	23.01	30,919	7,577	
500	TOTAL RECLASSIFICATIONS				30,919	7,577	50
	CODE LETTER - C						
-	DEGLACS CAFFEEDIA FROM DIFFARM		CAPETERIA	11	(20.172	1 222 077	
500	RECLASS CAFETERIA FROM DIETARY TOTAL RECLASSIFICATIONS	D	CAFETERIA	11	620,172 620,172	1,222,061 1,222,061	5
11 /1 /	CODE LETTER - D				020,172	1,222,001	
200							
					I	l	
1	RECLASS DRUGS	Е	DRUGS CHARGED TO PATIENTS	73		10,488,794	
	RECLASS DRUGS	Е	DRUGS CHARGED TO PATIENTS	73		10,488,794 10,488,794	50



			INC	CREASES			
	EXPLANATION OF RECLASSIFICATION(S)	CODE	COST CENTER	LINE#	SALARY	OTHER	
		(1)	2	3	4	5	
1	RECLASS INTEREST EXPENSE	F	INTEREST EXPENSE	113	4	11.960.127	1
2	RECLASS INTEREST EXPENSE	Г	INTEREST EXPENSE INTEREST EXPENSE	113		663,068	2
3			CAP REL COSTS-BLDG & FIXT	113		11,960,127	3
4			CAP REL COSTS-BLDG & FIXT	1		663.068	4
500	TOTAL RECLASSIFICATIONS		CAI REE COSTS-BEDG & FIXT	1		25,246,390	500
300	CODE LETTER - F					23,240,390	
	CODE LETTER - 1						
1	RECLASS HYPERBARIC FROM WOUND CARE	G	HYPERBARIC OXYGEN THERAPY	76.98	35,882	141,072	1
500	TOTAL RECLASSIFICATIONS				35,882	141,072	500
	CODE LETTER - G				,		
1	OBSTETRIC RECLASS TO L&D AND NURSER	Н	DELIVERY ROOM & LABOR ROOM	52	21,608	648,977	1
2			NURSERY	43	1,895,067	2,085,395	2
500	TOTAL RECLASSIFICATIONS				1,916,675	2,734,372	500
	CODE LETTER - H						
1	SBMF CAPITAL RECLASS	I	CAP REL COSTS-BLDG & FIXT	1		284,575	1
500	TOTAL RECLASSIFICATIONS					284,575	500
	CODE LETTER - I						
1	RECLASS IMPLANTS	J	IMPL. DEV. CHARGED TO PATIENT	72		17,811,418	1
2							2
3							3
4							4
5							5
500	TOTAL DEGLAGGERGATIONS					17 011 410	500
500	TOTAL RECLASSIFICATIONS CODE LETTER - J					17,811,418	500
	CODE LETTER - J						
1	RESIDENT OT OTHER MEDICAL EDUCATION	M	I&R SERVICES-OTHER PRGM COSTS	22	4.635	195,917	1
	TOTAL RECLASSIFICATIONS	IVI	1&K SERVICES-OTHER FROM COSTS	22	4,635	195,917	500
300	CODE LETTER - M				4,033	193,917	
	CODE LETTER - WI						
1	RECLASS PODIATRY-SPS MED TO MED ED	N	I&R SERVICES-SALARY & FRINGES	21	56,862	17,756	1
2			I&R SERVICES-SALARY & FRINGES	21	238,488	86,271	2
	TOTAL RECLASSIFICATIONS				295,350	104,027	500
	CODE LETTER - N				,	. ,	
	GRAND TOTAL (INCREASES)				2,928,643	76,117,043	

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



			DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE#	SALARY	OTHER	WKST A-7 REF.		
		1	6	7	8	9	10		
2	RECLASS NEGATIVE COST CTR EXP TOTAL	A	OTHER ADMINISTRATIVE & GENERA	5.06	25.010	355,741		2	
500	TOTAL RECLASSIFICATIONS		OTHER ADMINISTRATIVE & GENERA	5.06	25,010 25,010	355,741		500	
	CODE LETTER - A				23,010	333,741			
	CODE BETTER TI								
1	DEPRECIATION RECLASS	В	ADMITTING	5.04		62	9	1	
2			OTHER ADMINISTRATIVE & GENERA	5.06		4,274,097	10	2	
3			OTHER ADMINISTRATIVE & GENERA	5.06		4,120,317	9	3	
4			OPERATION OF PLANT	7		359,796	10	5	
5 6			OPERATION OF PLANT HOUSEKEEPING	7 9		612,855 11,501	9	6	
7			DIETARY	10		16,491	10	7	
8			DIETARY	10		179,939	9	8	
9			NURSING ADMINISTRATION	13		30,146	9	9	
10			CENTRAL SERVICES & SUPPLY	14		7,648	9	10	
11			PHARMACY	15		360,653	9	11	
12			MEDICAL RECORDS & LIBRARY	16		15,644	10	12	
13			MEDICAL RECORDS & LIBRARY	16 18		3,899	9	13 14	
15			STERILE SUPPLY STERILE SUPPLY	18		7,548 109,671	9	15	
16			I&R SERVICES-OTHER PRGM COSTS	22		144,322	10	16	
17			I&R SERVICES-OTHER PRGM COSTS	22		1,112	9	17	
18			ADULTS & PEDIATRICS	30		2,285	10	18	
19			ADULTS & PEDIATRICS	30		267,126	9	19	
20			INTENSIVE CARE UNIT	31		39,915	10	20	
21			INTENSIVE CARE UNIT	31		162,705	9	21	
22			NEONATAL INTENSIVE CARE UNIT SUBPROVIDER - IRF	35 41		45,451 930,578	9	22	
24			SUBPROVIDER - IRF	41		243,251	9	23	
25			OPERATING ROOM	50		9,162	10	25	
26			OPERATING ROOM	50		2,251,592	9	26	
27			RECOVERY ROOM	51		3,397	9	27	
28			RADIOLOGY-DIAGNOSTIC	54		227,802	10	28	
29			RADIOLOGY-DIAGNOSTIC	54		987,501	9	29	
30			RADIOLOGY-THERAPEUTIC	55		15,644	10	30	
31			CT SCAN	57 57		315	10	31	
33			CT SCAN LABORATORY	60		176,243 140,054	10	33	
34			LABORATORY	60		21,035	9	34	
35			RESPIRATORY THERAPY	65		148,816	10	35	
36			RESPIRATORY THERAPY	65		104,322	9	36	
37			PHYSICAL THERAPY	66		252,505	10	37	
38			PHYSICAL THERAPY	66		8,914	9	38	
39 40			OCCUPATIONAL THERAPY SPEECH PATHOLOGY	67		153,262	10	39 40	
40			ELECTROCARDIOLOGY	68		8,407 125,815	10	40	
42			ELECTROCARDIOLOGY	69		229,227	9	42	
43			DRUGS CHARGED TO PATIENTS	73		3,680	9	43	
44			MOBILE MEDICAL UNIT	90.02		29,150	9	44	
45			FAMILY MEDICINE CENTER	90.03		237,328	10	45	
46			FAMILY MEDICINE CENTER	90.03		44,397	9	46	
47			WOUND HEALING CENTER	90.04		110,632	10	47	
48			WOUND HEALING CENTER	90.04		15,399	9	48	
49 50			PEDIATRIC SPECIALTY CLINIC PEDIATRIC SPECIALTY CLINIC	90.06		85,658 3,662	10	49 50	
51			SPORTS MED FELLOWSHIP CLINIC	90.06		54,628	10	51	
52			SPORTS MED FELLOWSHIP CLINIC	90.07		5,147	9	52	
53			PODIATRY RESIDENCY CLINIC	90.08		38,927	10	53	
54			FACULTY PRACTICE CLINIC	90.09		40,337	10	54	
55			EMERGENCY	91		23,388	10	55	
56			EMERGENCY	91		21,741	9	56	
500						17,525,099	-	500	
	CODE LETTER - B	-					+		
1	RECLASS CHAPLAIN COST TO CPE PROGRA	С	OTHER ADMINISTRATIVE & GENERA	5.06	30,919	7,577		1	
500			OTTEN TENENT STRATIVE & GENERA	3.00	30,919	7,577		500	
500	CODE LETTER - C				30,717	1,011			
1	RECLASS CAFETERIA FROM DIETARY	D	DIETARY	10	620,172	1,222,061		1	
	TOTAL RECLASSIFICATIONS				620,172	1,222,061		500	
500	l								
500_	CODE LETTER - D								
		E	PHARMACY	15		10 489 704			
1 500	RECLASS DRUGS	E	PHARMACY	15		10,488,794 10,488,794		1 500	



			DECRI	ZACEC				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	RECLASS INTEREST EXPENSE	F	OTHER ADMINISTRATIVE & GENERA	5.06		11,960,127	11	1
2			SUBPROVIDER - IRF	41		663,068	11	3
3			INTEREST EXPENSE	113		11,960,127	11	
4			INTEREST EXPENSE	113		663,068	11	4
500	TOTAL RECLASSIFICATIONS					25,246,390		500
	CODE LETTER - F							
1	RECLASS HYPERBARIC FROM WOUND CARE	G	WOUND HEALING CENTER	90.04	35.882	141.072		1
	TOTAL RECLASSIFICATIONS	- G	WOUND HEALING CENTER	70.04	35,882	141,072		500
300	CODE LETTER - G				33,002	141,072		300
	CODE LETTER - G							
1	OBSTETRIC RECLASS TO L&D AND NURSER	Н	ADULTS & PEDIATRICS	30	21,608	648,977		1
2	OBSTETRIC RECEIVES TO EAST IN STREET		ADULTS & PEDIATRICS	30	1,895,067	2,085,395		2
500	TOTAL RECLASSIFICATIONS		TIB CETS & TESTITION	30	1,916,675	2,734,372		500
	CODE LETTER - H				2,7 2 3,0 10			
1	SBMF CAPITAL RECLASS	I	LABORATORY	60		284,575	9	1
500	TOTAL RECLASSIFICATIONS					284,575		500
	CODE LETTER - I							
1	RECLASS IMPLANTS	J	STERILE SUPPLY	18		2,110		1
2			ADULTS & PEDIATRICS	30		538		2
3			OPERATING ROOM	50		14,397,030		3
4			CARDIAC CATHETERIZATION	59		3,410,380		4
5			WOUND HEALING CENTER	90.04		1,322		5
6			EMERGENCY	91		38		6
500	TOTAL RECLASSIFICATIONS					17,811,418		500
	CODE LETTER - J							
	DEGIDENT OF OTHER MEDICAL EDUCATION		LOD GERVIGEG GALARY & ERRIGEG	21	4.625	105.015		
500	RESIDENT OT OTHER MEDICAL EDUCATION TOTAL RECLASSIFICATIONS	M	I&R SERVICES-SALARY & FRINGES	21	4,635	195,917		500
500	CODE LETTER - M				4,635	195,917		500
	CODE LETTER - M							
1	RECLASS PODIATRY-SPS MED TO MED ED	N	SPORTS MED FELLOWSHIP CLINIC	90.07	56,862	17.756		1
2	RECEISE FORTH T-SIS WILD TO MED ED	17	PODIATRY RESIDENCY CLINIC	90.08	238,488	86,271		2
500	TOTAL RECLASSIFICATIONS		TODATIKI RESIDENCI CERNIC	70.00	295,350	104,027		500
300	CODE LETTER - N				275,550	104,027		500
	COSE SETTER 11							
	GRAND TOTAL (DECREASES)				2,928,643	76,117,043		
		-			, ,	, . , ,		

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



| In Lieu of Form | Period : Run Date: 03/12/2015 |
| ST. JOSEPH'S REG MED CENTER S. BEND | CMS-2552-10 | From: 07/01/2013 | Run Time: 10:18 |
| Provider CCN: 15-0012 | To: 06/30/2014 | Version: 2014.10

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

1 / 111	1 1 - AMALIBIS OF CHANGES IN CALIFIAL ASSET	DELLINCED							
				ACQUISITIONS					
	DESCRIPTION	BEGINNING BALANCES	PURCHASES	DONATION	TOTAL	DISPOSALS AND RETIRE- MENTS	ENDING BALANCE	FULLY DEPREC- IATED ASSETS	
		1	2	3	4	5	6	7	
1	LAND	3,538,880				1,985,491	1,553,389		1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES	232,018,371	349,098		349,098	6,550,669	225,816,800	2,314,451	3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	183,316,683	8,622,358		8,622,358	2,473,000	189,466,041	17,677,380	6
7	HIT DESIGNATED ASSETS				·		•		7
8	SUBTOTAL (sum of lines 1-7)	418,873,934	8,971,456		8,971,456	11,009,160	416,836,230	19,991,831	8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	418,873,934	8,971,456		8,971,456	11,009,160	416,836,230	19,991,831	10

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

			•	SUN	MARY OF CAPI	TAL			
	DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)	TOTAL(1) (Sum of (cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	CAP REL COSTS-BLDG & FIXT								1
2	CAP REL COSTS-MVBLE EQUIP								2
3	TOTAL (sum of lines 1-2)								3

⁽¹⁾ The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

			SUMMARY OF CAPITAL										
	DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)	TOTAL(2) (sum of (cols. 9 through 14)					
*		9	10	11	12	13	14	15					
1	CAP REL COSTS-BLDG & FIXT	6,127,149	3,684,588	12,623,195				22,434,932	1				
2	CAP REL COSTS-MVBLE EQUIP	10,061,743						10,061,743	2				
3	TOTAL (sum of lines 1-2)	16,188,892	3,684,588	12,623,195				32,496,675	3				

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

^{*} All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.



ADJUSTMENTS TO EXPENSES WORKSHEET A-8

DESCRIPTION() INVESTMENT INCOME-BUILDINGS & FI INVESTMENT INCOME-MOVABLE EQUI INVESTMENT INCOME-OTHER (chapter 2 TRADE, QUANTITY, AND TIME DISCOUL REFUNDS AND REBATES OF EXPENSES REFUNDS EXPENSES REFUNDS EXPLICES (PAY STATIONS TELEPHONE SERVICES (PAY STATIONS RELEVISION AND RADIO SERVICE (chapter 21) PROVIDER-BASED PHYSICIAN ADJUSTN SALE OF SCRAP, WASTE, ETC. (chapter 22) RELATED ORGANIZATION TRANSACTIO LAUNDRY AND LINEN SERVICE ACAFETERIA - EMPLOYEES AND GUESTS RENTAL OF QUARTERS TO EMPLOYEES SALE OF MEDICAL AND SURGICAL SUP PATIENTS RENTAL OF QUARTERS TO EMPLOYEES, BOOI VENDING MACHINES INCOME FROM IMPOSITION OF INTERE: PENALTY CHARGES (chapter 21) INTEREST EXP ON MEDICARE OVERPAY TO REPAY MEDICARE TO THE TROPIC OVERPAY TO REPAY MEDICARE TO THE TORSON TO THE TORSON TO TO TO TO TO TO TO TO	XTURES (chapter 2) PMENT (chapter 2) D) NTS (chapter 8) (chapter 8) LIERS (chapter 8) EXCL) (chapter 21)	BASIS/ CODE (2) 1	AMOUNT 2 -3,778,768	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3 CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	LINE#	WKST A-7 REF.	
1 INVESTMENT INCOME-BUILDINGS & FI 2 INVESTMENT INCOME-BUILDINGS & FI 2 INVESTMENT INCOME-MOVABLE EQUI 3 INVESTMENT INCOME-OTHER (chapter 2 4 TRADE, QUANTITY, AND TIME DISCOUL 5 REFUNDS AND REBATES OF EXPENSES 6 RENTAL OF PROVIDER SPACE BY SUPPL 7 TELEPHONE SERVICES (PAY STATIONS 8 TELEVISION AND RADIO SERVICE (chapter 21) 10 PROVIDER-BASED PHYSICIAN ADJUSTN 11 SALE OF SCRAP, WASTE, ETC. (chapter 22) 12 RELATED ORGANIZATION TRANSACTION 13 LAUNDRY AND LINEN SERVICE 14 CAFETERIA - EMPLOYEES AND GUESTS 15 RENTAL OF QUARTERS TO EMPLOYEES 16 SALE OF MEDICAL AND SURGICAL SUPPATIENTS 17 SALE OF DRUGS TO OTHER THAN PATIL 18 SALE OF MEDICAL RECORDS AND ABST 19 NURSING SCHOOL (TUITION, FEES, BOOL 20 VENDING MACHINES 21 INCOME FROM IMPOSITION OF INTERES, PENALTY CHARGES (chapter 21) 22 INTEREST EXP ON MEDICARE OVERPAYMENTS 23 ADJ FOR RESPIRATORY THERAPY COST 24 LIMITATION (chapter 14) 25 UTIL REVIEW-PHYSICIANS' COMPENSA 26 DEPRECIATIONBUILDINGS & FIXTURE 27 DEPRECIATIONMOVABLE EQUIPMENT 28 NON-PHYSICIAN ANESTHETIST 29 PHYSICIANS' ASSISTANT 29 PHYSICIANS' ASSISTANT	XTURES (chapter 2) PMENT (chapter 2) D) NTS (chapter 8) (chapter 8) LIERS (chapter 8) EXCL) (chapter 21)	(2) 1	2	3 CAP REL COSTS-BLDG & FIXT		A-7	
2 INVESTMENT INCOME-MOVABLE EQUI 3 INVESTMENT INCOME-OTHER (chapter 2 4 TRADE, QUANTITY, AND TIME DISCOU! 5 REFUNDS AND REBATES OF EXPENSES 6 RENTAL OF PROVIDER SPACE BY SUPP! 7 TELEPHONE SERVICES (PAY STATIONS 8 TELEVISION AND RADIO SERVICE (chap 9 PARKING LOT (chapter 21) 10 PROVIDER-BASED PHYSICIAN ADJUSTN 11 SALE OF SCRAP, WASTE, ETC. (chapter 2: 12 RELATED ORGANIZATION TRANSACTIC 13 LAUNDRY AND LINEN SERVICE 14 CAFETERIA - EMPLOYEES AND GUESTS 15 RENTAL OF QUARTERS TO EMPLOYEES 16 SALE OF MEDICAL AND SURGICAL SUP PATIENTS 17 SALE OF DRUGS TO OTHER THAN PATII 18 SALE OF MEDICAL RECORDS AND ABS: 19 NURSING SCHOOL (TUITION,FEES,BOO) 20 VENDING MACHINES 11 INCOME FROM IMPOSITION OF INTERE: 21 PENALTY CHARGES (chapter 21) 22 INTEREST EXP ON MEDICARE OVERPAY TO REPAY MEDICARE OVERPAYMENTS 23 ADJ FOR RESPIRATORY THERAPY COST 24 LIMITATION (chapter 14) 25 UTIL REVIEW-PHYSICIANS' COMPENSA 26 DEPRECIATIONBUILDINGS & FIXTURE 27 DEPRECIATIONBUILDINGS & FIXTURE 28 NON-PHYSICIAN ANESTHETIST 29 PHYSICIANS' ASSISTANT	PMENT (chapter 2)) NTS (chapter 8) (chapter 8) LIERS (chapter 8) EXCL) (chapter 21)	1		CAP REL COSTS-BLDG & FIXT	4		
2 INVESTMENT INCOME-MOVABLE EQUI 3 INVESTMENT INCOME-OTHER (chapter 2 4 TRADE, QUANTITY, AND TIME DISCOU! 5 REFUNDS AND REBATES OF EXPENSES 6 RENTAL OF PROVIDER SPACE BY SUPP! 7 TELEPHONE SERVICES (PAY STATIONS 8 TELEVISION AND RADIO SERVICE (chap 9 PARKING LOT (chapter 21) 10 PROVIDER-BASED PHYSICIAN ADJUSTN 11 SALE OF SCRAP, WASTE, ETC. (chapter 2: 12 RELATED ORGANIZATION TRANSACTIO 13 LAUNDRY AND LINEN SERVICE 14 CAFETERIA - EMPLOYEES AND GUESTS 15 RENTAL OF QUARTERS TO EMPLOYEES 16 SALE OF MEDICAL AND SURGICAL SUP PATIENTS 17 SALE OF DRUGS TO OTHER THAN PATII 18 SALE OF MEDICAL RECORDS AND ABS: 19 NURSING SCHOOL (TUITION,FEES,BOOI 20 VENDING MACHINES 11 INCOME FROM IMPOSITION OF INTERE: 21 PENALTY CHARGES (chapter 21) 22 INTEREST EXP ON MEDICARE OVERPAY TO REPAY MEDICARE OVERPAYMENTS 23 ADJ FOR RESPIRATORY THERAPY COST LIMITATION (chapter 14) 24 ADJ FOR PHYSICAL THERAPY COST IN (chapter 14) 25 UTIL REVIEW-PHYSICIANS' COMPENSA 26 DEPRECIATIONBUILDINGS & FIXTURE 27 DEPRECIATIONBUILDINGS & FIXTURE 28 NON-PHYSICIAN ANESTHETIST 29 PHYSICIANS' ASSISTANT	PMENT (chapter 2)) NTS (chapter 8) (chapter 8) LIERS (chapter 8) EXCL) (chapter 21)	В	-3,778,768			5	
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11 SALE OF SCRAP, WASTE, ETC. (chapter 2: 12 RELATED ORGANIZATION TRANSACTIO 13 LAUNDRY AND LINEN SERVICE 14 CAFETERIA - EMPLOYEES AND GUESTS 15 RENTAL OF QUARTERS TO EMPLOYEES 16 SALE OF MEDICAL AND SURGICAL SUP PATIENTS 17 SALE OF DRUGS TO OTHER THAN PATII 18 SALE OF MEDICAL RECORDS AND ABS: 19 NURSING SCHOOL (TUITION, FEES, BOOI 20 VENDING MACHINES 21 INCOME FROM IMPOSITION OF INTERE: 22 PENALTY CHARGES (chapter 21) 23 INTEREST EXP ON MEDICARE OVERPAY 24 TO REPAY MEDICARE OVERPAYMENTS 25 ADJ FOR RESPIRATORY THERAPY COST 26 LIMITATION (chapter 14) 27 LIMITATION (chapter 14) 28 UTIL REVIEW-PHYSICIANS' COMPENSA 29 COMPENSAL OF THE PROPERSION-MOVABLE EQUIPMENT 29 PHYSICIAN ANESTHETIST 29 PHYSICIANS' ASSISTANT							9
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LIMITATION (chapter 14) ADJ FOR PHYSICAL THERAPY COSTS IN (chapter 14) UTIL REVIEW-PHYSICIANS' COMPENSA DEPRECIATIONBUILDINGS & FIXTURE DEPRECIATIONMOVABLE EQUIPMENT NON-PHYSICIAN ANESTHETIST PHYSICIANS' ASSISTANT ADJ FOR OCCUPATIONAL THERAPY CO		MARKOTO			-		
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26 DEPRECIATIONBUILDINGS & FIXTURE 27 DEPRECIATIONMOVABLE EQUIPMENT 28 NON-PHYSICIAN ANESTHETIST 29 PHYSICIANS' ASSISTANT ADDIEGO OCCUPATIONAL THERAPY CO		A-8-3					
27 DEPRECIATIONMOVABLE EQUIPMENT 28 NON-PHYSICIAN ANESTHETIST 29 PHYSICIANS' ASSISTANT ADJECTOR OCCUPATIONAL THERAPY CO				UTILIZATION REVIEW-SNF	114		25
28 NON-PHYSICIAN ANESTHETIST 29 PHYSICIANS' ASSISTANT ADJEOP OCCUPATIONAL THEPAPY CO				CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	2		26 27
29 PHYSICIANS' ASSISTANT	1			NONPHYSICIAN ANESTHETISTS	19		28
ADJEON OCCUPATIONAL THEN ADV CO				NOW ITTS REMAY AN ELECTRICATES	17		29
30 ADJ TOK OCCOLATIONAL THERAIT CO	STS IN EXCESS OF	WKST		OCCUPATIONAL THERAPY	67		30
LIMITATION (chapter 14)		A-8-3		OCCUPATIONAL TILERAL I	07		30
31 ADJ FOR SPEECH PATHOLOGY COSTS II (chapter 14)	N EXCESS OF LIMITATION	WKST A-8-3		SPEECH PATHOLOGY	68		31
32 CAH HIT ADJ FOR DEPRECIATION AND		A-6-3					32
33 DONATIONS		В	-1.266.816	OTHER ADMINISTRATIVE & GENERAL	5.06		33
34 MEDICAID PROVIDER BED TAX		A		OTHER ADMINISTRATIVE & GENERAL	5.06		34
35 PURCHASE DISCOUNTS		A		OTHER ADMINISTRATIVE & GENERAL	5.06		35
36 PROPERTY TAXES		A		RESPIRATORY THERAPY	65		36
37 OTHER REVENUE 38 OTHER REVENUE		B B	-68,821 -23,921	OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5.06 7		37 38
39 OTHER REVENUE		ь	-23,721	OF ERATION OF FLAINT	+'		39
40 OTHER REVENUE		В	-259,315	DIETARY	10		40
41 OTHER REVENUE		В	-1,682	SOCIAL SERVICE	17		41
42 OTHER REVENUE - MED ED GRANTS		В		I&R SERVICES-SALARY & FRINGES APPRVD	21		42
43 OTHER REVENUE		В		I&R SERVICES-OTHER PRGM COSTS APPRVD	22		43
44 OTHER REVENUE		B		PARAMED ED PRGM-(SPECIFY) CLINICAL PASTOPAL EDUCATION	23 01		44
45 OTHER REVENUE 46 OTHER REVENUE		B B		CLINICAL PASTORAL EDUCATION ADULTS & PEDIATRICS	23.01 30		45
47 OTHER REVENEUE		В		NEONATAL INTENSIVE CARE UNIT	35		47
47.10 OTHER REVENUE		В		SUBPROVIDER - IRF	41		47.10
47.20 OTHER REVENUE		В		OPERATING ROOM	50		47.20
47.30 OTHER REVENUE		В	-17,131		66		47.30
47.40 OTHER REVENUE 47.50 OTHER REVENUE		B	-25,884 46,120	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER	90.02		47.40 47.50
47.50 OTHER REVENUE 47.60 OTHER REVENUE		B B	,	PEDIATRIC SPECIALTY CLINIC	90.03		47.60
47.70 OTHER REVENUE		В		SPORTS MED FELLOWSHIP CLINIC	90.07		47.70
47.80 OTHER REVENUE		В		PODIATRY RESIDENCY CLINIC	90.08		47.80
47.90 OTHER REVENUE		В	-163,018	EMERGENCY	91		47.90
48				İ			48
TOTAL (sum of lines 1 thru 49)				 	'		49
(Transfer to worksheet A, column 6, line 200)			-19,355,347				50

Compu-Max 2552-10



In Lieu of Form Run Date: 03/12/2015 Period: From: 07/01/2013 To: 06/30/2014 Run Time: 10:18 Version: 2014.10 ST. JOSEPH'S REG MED CENTER S. BEND CMS-2552-10 Provider CCN: 15-0012

ADJUSTMENTS TO EXPENSES WORKSHEET A-8

			EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	WKST A-7 REF.	
	1	2	3	4	5	

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

⁽²⁾ Basis for adjustment (see instructions)
A. Costs - if cost, including applicable overhead, can be determined
B. Amount Received - if cost cannot be determined
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.



In Lieu of Form Run Date: 03/12/2015 Period: From: 07/01/2013 ST. JOSEPH'S REG MED CENTER S. BEND CMS-2552-10 Run Time: 10:18 Provider CCN: 15-0012 To: 06/30/2014 Version: 2014.10

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

WORKSHEET A-8-1

A: COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS

OR CLAIMED HOME OFFICE COSTS:

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUST- MENTS (col. 4 minus col. 5)*	WKST. A-7 REF.	
	1	2	3	4	5	6	7	
1	5.06	OTHER ADMINISTRATIVE & GENERAL	HO NON CAPITAL COSTS	44,150,305	45,990,494	-1,840,189		1
2	4	EMPLOYEE BENEFITS DEPARTMENT	WORKER'S COMP	253,255	471,058	-217,803		2
3	5.06	OTHER ADMINISTRATIVE & GENERAL	INSURANCE	1,277,401	2,499,000	-1,221,599		3
3.01	5.06	OTHER ADMINISTRATIVE & GENERAL	PENSION	8,321,258	4,336,540	3,984,718		3.01
3.02	4	EMPLOYEE BENEFITS DEPARTMENT	RETIREE HEALTH COSTS	33,948	-864,231	898,179		3.02
3.03	1	CAP REL COSTS-BLDG & FIXT	HO CAPITAL COSTS	5,842,574		5,842,574	9	3.03
4								4
5	TOTAL	S (SUM OF LINES 1-4) TRANSFER COLUMN 6, LIN	IE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12	59,878,741	52,432,861	7,445,880		5

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

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

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

				RELATED ORGAN	IIZATION(S) AND	O/OR HOME OFFICE	
	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
6	G		100.00	CHE TRINTIY HEALTH	100.00	HO OF PARENT COMPANY	6
7	G		100.00	SJRMC - INC	100.00	PARENT COMPANY	7
8	G	SJRMC- PLYMOUTH CAMPUS	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 PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE#	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	59	CARDIAC CATHETERIZAT A	18,121		18,121	171,400	85	7,004	350	1
2	91	EMERGENCY B	256,006	84,949	170,957	208,000	1,074	107,400	5,370	2
3	30	ADULTS & PEDIATRICS C	69,039		69,039	142,500	784	53,712	2,686	3
4	13	NURSING ADMINISTRATI D	1,860		1,860	142,500	17	1,165	58	4
5	5.04	ADMITTING E	250	250		142,500				5
6	5.06	OTHER ADMINISTRATIVE F	13,023	348	12,675	142,500	85	5,823	291	6
7	22	I&R SERVICES-OTHER P G	1,070,980		1,070,980	142,500	10,280	704,279	35,214	7
8	90.07	SPORTS MED FELLOWSHI H	251,141		251,141	142,500	2,080	142,500	7,125	8
9	90.08	PODIATRY RESIDENCY C I	81,257		81,257	142,500	858	58,781	2,939	9
10	90.09	FACULTY PRACTICE CLI J	198,985	198,985		142,500				10
11	16	MEDICAL RECORDS & LI K	58,967		58,967	142,500	401	27,472	1,374	11
12	30	ADULTS & PEDIATRICS L	24,724		24,724	142,500	165	11,304	565	12
13	30	ADULTS & PEDIATRICS M	33,360		33,360	142,500	238	16,305	815	13
14	30	ADULTS & PEDIATRICS N	13,125		13,125	142,500	105	7,194	360	14
15	31	INTENSIVE CARE UNIT O	56,368		56,368	142,500	251	17,196	860	15
16	31	INTENSIVE CARE UNIT P	7,917		7,917	142,500	13	891	45	16
17	50	OPERATING ROOM Q	149,976		149,976	142,500	633	43,367	2,168	17
18	65	RESPIRATORY THERAPY R	817		817	142,500	9	617	31	18
19	69	ELECTROCARDIOLOGY S	6,242		6,242	142,500	28	1,918	96	19
20	90.02	MOBILE MEDICAL UNIT T	3,550		3,550	142,500	47	3,220	161	20
21	54	RADIOLOGY-DIAGNOSTIC U	76,448	42,128	34,320	142,500	176	12,058	603	21
23	90.06	PEDIATRIC SPECIALTY W	196,103	187,188	8,915	142,500	85	5,823	291	23
24	50	OPERATING ROOM X	1,133,266	1,105,130	28,136	142,500	186	12,743	637	24
25	50	OPERATING ROOM Y	20,748		20,748	142,500	104	7,125	356	25
26	35	NEONATAL INTENSIVE C Z	2,500	2,500	Í	142,500		ŕ		26
27	91	EMERGENCY AA	170,957	,	170,957	208,000	1,074	107,400	5,370	27
28	30	ADULTS & PEDIATRICS AB	1,360,091	1,360,091	,	142,500	,			28
29	30	ADULTS & PEDIATRICS AC	22,644		22,644	142,500	204	13,976	699	29
30	31	INTENSIVE CARE UNIT AD	22,644		22,644	142,500	204	13,976	699	30
31	30	ADULTS & PEDIATRICS AE	305,448	305,448	,-	142,500		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		31
32	23	PARAMED ED PRGM-(SPE AF	108,255	,	108,255	142,500	714	48,916	2,446	32
200		TOTAL	5,734,812	3,287,017	2,447,695		19,900	1,432,165	71,609	200



PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE#	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATION	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT- ICE INSURANCE	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	59	CARDIAC CATHETERIZAT A					7,004	11,117	11,117	1
2	91	EMERGENCY B					107,400	63,557	148,606	2
3	30	ADULTS & PEDIATRICS C					53,712	15,327	15,327	3
4	13	NURSING ADMINISTRATI D					1,165	695	695	4
5	5.04	ADMITTING E							250	5
6	5.06	OTHER ADMINISTRATIVE F					5,823	6,852	7,200	6
7	22	I&R SERVICES-OTHER P G					704,279	366,701	366,701	7
8	90.07	SPORTS MED FELLOWSHI H					142,500	108,641	108,641	8
9	90.08	PODIATRY RESIDENCY C I					58,781	22,476	22,476	9
10	90.09	FACULTY PRACTICE CLI J							198,985	10
11	16	MEDICAL RECORDS & LI K					27,472	31,495	31,495	11
12	30	ADULTS & PEDIATRICS L					11,304	13,420	13,420	12
13	30	ADULTS & PEDIATRICS M					16,305	17,055	17,055	13
14	30	ADULTS & PEDIATRICS N					7,194	5,931	5,931	14
15	31	INTENSIVE CARE UNIT O					17,196	39,172	39,172	15
16	31	INTENSIVE CARE UNIT P					891	7,026	7,026	16
17	50	OPERATING ROOM Q					43,367	106,609	106,609	17
18	65	RESPIRATORY THERAPY R					617	200	200	18
19	69	ELECTROCARDIOLOGY S					1,918	4,324	4,324	19
20	90.02	MOBILE MEDICAL UNIT T					3,220	330	330	20
21	54	RADIOLOGY-DIAGNOSTIC U					12,058	22,262	64,390	21
23	90.06	PEDIATRIC SPECIALTY W					5,823	3,092	190,280	23
24	50	OPERATING ROOM X					12,743	15,393	1,120,523	24
25	50	OPERATING ROOM Y					7,125	13,623	13,623	25
26	35	NEONATAL INTENSIVE C Z							2,500	26
27	91	EMERGENCY AA					107,400	63,557	63,557	27
28	30	ADULTS & PEDIATRICS AB							1,360,091	28
29	30	ADULTS & PEDIATRICS AC					13,976	8,668	8,668	29
30	31	INTENSIVE CARE UNIT AD					13,976	8,668	8,668	30
31	30	ADULTS & PEDIATRICS AE						,	305,448	31
32	23	PARAMED ED PRGM-(SPE AF					48,916	59,339	59,339	32
200		TOTAL					1,432,165	1,015,530	4,302,647	200



COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NON- PATIENT TELEPHONES	ADMITTING	
		0	1	2	4	5.01	5.04	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	22,434,932	22,434,932					1
2	CAP REL COSTS-MVBLE EQUIP	10,061,743	14.602	10,061,743	002.550			2
5.01	EMPLOYEE BENEFITS DEPARTMENT NONDATIENT TELEPHONES	882,296	14,693	6,590	903,579	331,994		5.01
5.04	NONPATIENT TELEPHONES ADMITTING	296,419 1,639,501	22,691 86,765	10,177 38,913	2,707 13,544	1,786	1,780,509	5.04
5.06	OTHER ADMINISTRATIVE & GENERAL	51,268,465	2,792,161	1,252,244	17,718	17,857	1,700,507	5.06
6	MAINTENANCE & REPAIRS	51,200,105	2,7,2,101	1,202,211	17,710	17,007		6
7	OPERATION OF PLANT	8,150,931	5,939,101	2,663,602	21,042	9,077		7
8	LAUNDRY & LINEN SERVICE	1,156,882			1,588			8
9	HOUSEKEEPING	2,923,777	280,755	125,915	21,963	5,060		9
10	DIETARY	2,695,211	398,395	178,674	15,586	4,464		10
11	CAFETERIA	185,272	541,423	242,820	7,335	298		11
12	MAINTENANCE OF PERSONNEL	2 972 751	00.202	20.642	24.720	2.827		12
13	NURSING ADMINISTRATION CENTRAL SERVICES & SURDLY	2,872,751 947,122	88,393	39,643	24,738 4,485	2,827 3,274		13
15	CENTRAL SERVICES & SUPPLY PHARMACY	3,617,554	236,536	106,083	33,567	6,101		15
16	MEDICAL RECORDS & LIBRARY	3,912,326	45,336	20,332	17,883	26,935		16
17	SOCIAL SERVICE	2,559,896	27,573	12,366	19,004	8,780		17
18	STERILE SUPPLY	2,126,870	358,128	160,615	6,884	446		18
19	NONPHYSICIAN ANESTHETISTS	_,,	,	200,020	3,001			19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	2,179,706			21,519			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,814,604	41,848	18,768	18,727	3,720		22
23	PARAMED ED PRGM-(SPECIFY)	155,802	14,926	6,694	763	149		23
23.01	CLINICAL PASTORAL EDUCATION	309,947			2,822	149		23.01
23.02	PHARMACY RESIDENCY PROGRAM	606,941			5,149			23.02
20	INPATIENT ROUTINE SERV COST CENTERS	21 (21 044	5 201 244	2 272 047	102.752	27.640	212.044	20
30	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	21,631,944	5,291,244	2,373,047	193,752 43,240	37,649	212,044	30
35	NEONATAL INTENSIVE CARE UNIT	5,089,835 1,669,211	665,294 235,373	298,375 105,561	14,010	5,208 2,083	43,182 12,373	35
41	SUBPROVIDER - IRF	3,120,658	233,373	105,501	23,902	5,804	18,145	41
43	NURSERY	3,980,462			22,413	744	8,228	43
	ANCILLARY SERVICE COST CENTERS	3,500,102			22,113	, , ,	0,220	
50	OPERATING ROOM	18,580,355	2,221,444	996,285	81,837	30,655	364,594	50
51	RECOVERY ROOM	1,315,938	147,213	66,023	10,844	1,786	35,199	51
52	DELIVERY ROOM & LABOR ROOM	670,585			256		15,929	52
54	RADIOLOGY-DIAGNOSTIC	4,760,869	620,656	278,355	34,930	20,833	105,017	54
55	RADIOLOGY-THERAPEUTIC	200,187	E0.004	25.55	1,312	9,226	910	55
57	CT SCAN	999,327	79,326	35,576	6,947	595	105,125	57
58 59	MRI CARDIAC CATHETERIZATION	452,563 7,114,146	681,987	305,861	24,748	2,083	7,562 92,622	58 59
60	LABORATORY	12,848,346	91,508	41,040	24,740	3,274	192,488	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	12,040,540	71,500	11,010		3,214	172,400	62.30
65	RESPIRATORY THERAPY	2,835,306	166,974	74,886	18,457	4,018	28,922	65
66	PHYSICAL THERAPY	2,916,916	151,305	67,858	25,607	4,315	29,450	66
67	OCCUPATIONAL THERAPY	875,020			7,437	3,571	11,656	67
68	SPEECH PATHOLOGY	398,719			3,586	2,827	5,503	68
69	ELECTROCARDIOLOGY	1,138,607	125,080	56,096	9,817	5,655	43,301	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	45.044.440					405.000	71
72 73	IMPL. DEV. CHARGED TO PATIENTS	17,811,418	21,761	9,760	3,525	1,042	127,380 176,141	72 73
74	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	11,218,515 737,829	52,682	23,627	3,323	1,042	3,824	
76.97	CARDIAC REHABILITATION	131,029	32,002	23,021		1,042	3,024	76.97
76.98	HYPERBARIC OXYGEN THERAPY	176,954			424	149	3,231	76.98
76.99	LITHOTRIPSY	1,0,004			.27		5,251	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	MOBILE MEDICAL UNIT	105,405			941	149	794	90.02
90.03	FAMILY MEDICINE CENTER	1,096,975			6,736	8,482	6,756	90.03
90.04	WOUND HEALING CENTER	1,448,262			5,077	744	5,811	90.04
90.05	OUTPATIENT TREATMENT & INFUSION	603,105	71,979	32,282	5,382	2,083	5,549	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	446,347			2,825	446	596	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC	376,119 175,615			3,921	298 298	1,171	90.07
90.08	FACULTY PRACTICE CLINIC	175,615 287,287			1,230 3,939	298	1,359	90.08
91.09	EMERGENCY	5.870.969	824,736	369,882	49,240	11,310	115,159	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	3,070,709	024,730	307,002	47,240	11,510	113,139	92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	253,752,742	22,337,286	10,017,950	863,359	257,590	1,780,509	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		87,556	39,268				190
192	PHYSICIANS' PRIVATE OFFICES MATERNAL FETAL MEDICINE A APOPLET	10.000	5,394	2,419				192
192.01	MATERNAL FETAL MEDICINE/LABORIST	12,863	4,696	2,106				192.01

Compu-Max 2552-10



COMPLI-MAX

COST ALLOCATION - GENERAL SERVICE COSTS

		ALLOCATION	CAP	CAP	EMPLOYEE	NON-	ADMITTING	
	COST CENTER DESCRIPTIONS	(from Wkst	BLDGS &	MOVABLE	BENEFITS	PATIENT		
		A, col.7)	FIXTURES	EQUIPMENT	DEPARTMENT	TELEPHONES		
		0	1	2	4	5.01	5.04	
192.02	NEONATOLOGISTS	1,158,412			9,746			192.02
192.03	HOSPITALISTS/INTENSIVISTS	5,910,133			2,579			192.03
194	SPORTS MED-ATHLETIC TRAINERS	228,143			2,069			194
194.01	OUTREACH SERVICES	3,137,385			22,015	1,042		194.01
194.02	KINDRED/OUR LADY OF PEACE	364,537			3,741	73,362		194.02
194.03	ADVANCED SPECIALTIES	127,420			70			194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	264 691 635	22 434 932	10.061.743	903 579	331 99/	1 780 509	202



COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	GENERAL SERVICE COST CENTERS	4A	5.06	7	8	9	10	
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
5.04	ADMITTING							5.04
5.06	OTHER ADMINISTRATIVE & GENERAL	55,348,445	55,348,445					5.06
7	MAINTENANCE & REPAIRS	16 792 752	4 427 472	21,221,226				7
8	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	16,783,753 1,158,470	4,437,473 306,289	21,221,220	1,464,759			8
9	HOUSEKEEPING	3,357,470	887,685	438,747	1,404,739	4,683,902		9
10	DIETARY	3,292,330	870,462	622,587		140,317	4,925,696	10
11	CAFETERIA	977,148	258,349	846,102		190,692		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	3,028,352	800,669	138,135		31,132		13
14	CENTRAL SERVICES & SUPPLY	954,881	252,462	2.0 12		02.200		14
15	PHARMACY MEDICAL RECORDS & LIBBARY	3,999,841	1,057,522	369,643		83,309		15
16 17	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	4,022,812 2,627,619	1,063,595 694,719	70,848 43,090		15,967 9,711		16 17
18	STERILE SUPPLY	2,652,943	701,414	559,660		126,135		18
19	NONPHYSICIAN ANESTHETISTS	2,032,743	701,414	337,000		120,133		19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	2,201,225	581,984					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,897,667	501,726	65,398		14,739		22
23	PARAMED ED PRGM-(SPECIFY)	178,334	47,150	23,325		5,257		23
23.01	CLINICAL PASTORAL EDUCATION	312,918	82,733					23.01
23.02	PHARMACY RESIDENCY PROGRAM	612,090	161,831					23.02
30	INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS	29,739,680	7,862,896	8,268,826	174,390	1,863,609	3,710,743	30
31	INTENSIVE CARE UNIT	6,145,134	1,624,718	1,039,680	35,514	234,320	210,826	31
35	NEONATAL INTENSIVE CARE UNIT	2,038,611	538,990	367,826	10,175	82,900	13,370	35
41	SUBPROVIDER - IRF	3,168,509	837,725	507,020	14,923	02,700	505,828	41
43	NURSERY	4,011,847	1,060,696		6,767			43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	22,275,170	5,889,354	3,471,534	300,277	782,405		50
51	RECOVERY ROOM	1,577,003	416,945	230,055	28,948	51,849		51
52 54	DELIVERY ROOM & LABOR ROOM	686,770	181,576 1,538,930	969,922	13,101	218,599		52 54
55	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	5,820,660 211,635	55,954	909,922	86,369 748	210,399		55
57	CT SCAN	1,226,896	324,380	123,965	86,458	27,939		57
58	MRI	460,125	121,653	123,705	6,219	21,757		58
59	CARDIAC CATHETERIZATION	8,221,447	2,173,677	1,065,766	76,174	240,200		59
60	LABORATORY	13,176,656	3,483,789	143,003	158,307	32,230		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	3,128,563	827,164	260,937	23,786	58,809		65
66 67	PHYSICAL THERAPY OCCUPATIONAL THERAPY	3,195,451 897,684	844,848 237,340	236,449	24,220 9,586	53,290		66 67
68	SPEECH PATHOLOGY	410,635	108,568		4,526			68
69	ELECTROCARDIOLOGY	1,378,556	364,478	195,467	35,612	44,054		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,570,550	301,170	1,0,107	55,012	11,001		71
72	IMPL. DEV. CHARGED TO PATIENTS	17,938,798	4,742,857		104,761			72
73	DRUGS CHARGED TO PATIENTS	11,430,744	3,022,186	34,007	144,863	7,664		73
74	RENAL DIALYSIS	819,004	216,537	82,329	3,145	18,555		74
76.97	CARDIAC REHABILITATION	400.550	45.504		2 : = =			76.97
76.98	HYPERBARIC OXYGEN THERAPY	180,758	47,791		2,657			76.98
76.99	LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS							76.99
90.02	MOBILE MEDICAL UNIT	107,289	28,366		653			90.02
90.03	FAMILY MEDICINE CENTER	1,118,949	295,840		5,556			90.03
90.04	WOUND HEALING CENTER	1,459,894	385,983		4,779			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	720,380	190,462	112,484	4,563	25,351	1,351	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	450,214	119,033		490			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	381,509	100,868		963			90.07
90.08	PODIATRY RESIDENCY CLINIC	177,631	46,964		401			90.08
90.09	FACULTY PRACTICE CLINIC	292,883	77,436	1 200 047	1,118	200 477		90.09
91 92	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	7,241,296	1,914,533	1,288,846	94,710	290,477		91 92
74	OTHER REIMBURSABLE COST CENTERS							74
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	253,496,679	52,388,600	21,068,631	1,464,759	4,649,510	4,442,118	118
L	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	126,824	33,531	136,827		30,838		190
192	PHYSICIANS' PRIVATE OFFICES MATERNAL FETAL MEDICINE A APOPIST	7,813	2,066	8,429		1,900		192
192.01	MATERNAL FETAL MEDICINE/LABORIST	19,665	5,199	7,339		1,654		192.01

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COST ALLOCATION - GENERAL SERVICE COSTS

			OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	COST CENTER DESCRIPTIONS	SUBTOTAL	ADMIN &	OF PLANT	+ LINEN	KEEPING		
		(cols.0-4)	GENERAL		SERVICE			
		4A	5.06	7	8	9	10	
192.02	NEONATOLOGISTS	1,168,158	308,850					192.02
192.03	HOSPITALISTS/INTENSIVISTS	5,912,712	1,563,268					192.03
194	SPORTS MED-ATHLETIC TRAINERS	230,212	60,866					194
194.01	OUTREACH SERVICES	3,160,442	835,592					194.01
194.02	KINDRED/OUR LADY OF PEACE	441,640	116,766				483,578	194.02
194.03	ADVANCED SPECIALTIES	127,490	33,707					194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	264 691 635	55 348 445	21 221 226	1 464 759	4 683 902	4 925 696	202



COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTIONS	CAFETERIA 11	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	GENERAL SERVICE COST CENTERS	11	13	14	13	16	17	
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
5.04	ADMITTING							5.04
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 CAFETERIA	2,272,291						11
12	MAINTENANCE OF PERSONNEL	2,272,291						12
13	NURSING ADMINISTRATION	75,186	4,073,474					13
14	CENTRAL SERVICES & SUPPLY	22,974	4,073,474	1,230,317				14
15	PHARMACY	73,098		1,230,317	5,583,413			15
16	MEDICAL RECORDS & LIBRARY	73,098			2,202,112	5,246,320		16
17	SOCIAL SERVICE	50,124			15,182	.,,	3,440,445	17
18	STERILE SUPPLY	37,593			20			18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	54,301						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	22,974						22
23	PARAMED ED PRGM-(SPECIFY)	2,089						23
23.01	CLINICAL PASTORAL EDUCATION	18,797						23.01
23.02	PHARMACY RESIDENCY PROGRAM INPATIENT ROUTINE SERV COST CENTERS	10,443						23.02
30	ADULTS & PEDIATRICS	655,783	1,658,977	146,538	925	624,778	2,865,510	30
31	INTENSIVE CARE UNIT	123,222	311,719	29,842	292	127,233	344,853	31
35	NEONATAL INTENSIVE CARE UNIT	37,593	95,101	8,550	601	36,455	39,874	35
41	SUBPROVIDER - IRF	31,373	227,185	12,539	20	53,463	37,017	41
43	NURSERY	68,921	174,351	5,686	20	24,243		43
	ANCILLARY SERVICE COST CENTERS		7-7-	-,		,		
50	OPERATING ROOM	244,355	618,154	251,813	54,610	1,074,403	7,544	50
51	RECOVERY ROOM	33,416	84,534	24,325		103,711		51
52	DELIVERY ROOM & LABOR ROOM	20,885		11,008		46,935		52
54	RADIOLOGY-DIAGNOSTIC	106,514		72,575	234,404	309,428		54
55	RADIOLOGY-THERAPEUTIC	4,177		629		2,681		55
57	CT SCAN	18,797		72,650	62,315	309,747		57
58	MRI CARDIAC CATHETERIZATION	64.744	172.704	5,226	(0.05/	22,280		58
59 60	CARDIAC CATHETERIZATION LABORATORY	64,744	163,784	64,009 133,024	60,056	272,906 567,156		59 60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS			155,024		307,130		62.30
65	RESPIRATORY THERAPY	54,301		19,987	402	85,217		65
66	PHYSICAL THERAPY	64,744		20,352	820	86,772		66
67	OCCUPATIONAL THERAPY	20,885		8,055	231	34,344		67
68	SPEECH PATHOLOGY	8,354		3,803		16,215		68
69	ELECTROCARDIOLOGY	29,239	73,967	29,924	93	127,583		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS			88,029		375,320		72
73	DRUGS CHARGED TO PATIENTS	8,354		121,727	5,046,758	518,992		73
74	RENAL DIALYSIS			2,643	494	11,267		74
76.97	CARDIAC REHABILITATION			2 222		0.510		76.97
76.98 76.99	HYPERBARIC OXYGEN THERAPY LITHOTRIPSY			2,233		9,519		76.98 76.99
/0.99	OUTPATIENT SERVICE COST CENTERS							/0.99
90.02	MOBILE MEDICAL UNIT		10,567	549		2,339		90.02
90.02	FAMILY MEDICINE CENTER	31,328	79,250	4,669	16,845	19,906		90.02
90.03	WOUND HEALING CENTER	18,797	47,550	4,016	28,845	17,121		90.03
90.05	OUTPATIENT TREATMENT & INFUSION	14,620	36,984	3,835	203	16,349		90.05
90.06	PEDIATRIC SPECIALTY CLINIC	8,354	21,133	412	344	1,755		90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	8,354	21,133	809	2,040	3,449		90.07
90.08	PODIATRY RESIDENCY CLINIC	12,531	31,700	337	290	1,438		90.08
90.09	FACULTY PRACTICE CLINIC	8,354	21,133	939	16,782	4,005		90.09
91	EMERGENCY	156,638	396,252	79,584	24	339,310	182,664	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							112
112								113
113	INTEREST EXPENSE	2.252.00=	4.052.45	1 222 245	F F 10 F0 :	5 24 5 225	2.442.445	110
113 118	INTEREST EXPENSE SUBTOTALS (sum of lines 1-117)	2,263,937	4,073,474	1,230,317	5,542,596	5,246,320	3,440,445	118
118	INTEREST EXPENSE SUBTOTALS (sum of lines 1-117) NONREIMBURSABLE COST CENTERS		4,073,474	1,230,317	5,542,596	5,246,320	3,440,445	
	INTEREST EXPENSE SUBTOTALS (sum of lines 1-117)	2,263,937 8,354	4,073,474	1,230,317	5,542,596	5,246,320	3,440,445	118 190 192

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COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
192.02	NEONATOLOGISTS							192.02
192.03	HOSPITALISTS/INTENSIVISTS							192.03
194	SPORTS MED-ATHLETIC TRAINERS							194
194.01	OUTREACH SERVICES				40,817			194.01
194.02	KINDRED/OUR LADY OF PEACE							194.02
194.03	ADVANCED SPECIALTIES							194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,272,291	4,073,474	1,230,317	5,583,413	5,246,320	3,440,445	202



COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTIONS	STERILE SUPPLY	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION	CLINICAL PASTORAL EDUCATION 23.01	PHARMACY RESIDENCY PROGRAM 23.02	
	GENERAL SERVICE COST CENTERS	18	21	22	23	25.01	25.02	
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
5.04	ADMITTING							5.04
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6 7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT 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	4.077.765						17
18 19	STERILE SUPPLY NONPHYSICIAN ANESTHETISTS	4,077,765						18 19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		2,837,510					20
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		2,037,310	2,502,504				22
23	PARAMED ED PRGM-(SPECIFY)			2,002,001	256,155			23
23.01	CLINICAL PASTORAL EDUCATION					414,448		23.01
23.02	PHARMACY RESIDENCY PROGRAM						784,364	23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	72,746	1,259,976	1,111,223		305,011		30
31	INTENSIVE CARE UNIT	1,586	133,168	117,446		77,665		31
35	NEONATAL INTENSIVE CARE UNIT	5,551	46,097	40,654				35
41	SUBPROVIDER - IRF		148,534	130,998		0.450		41
43	NURSERY		81,950	72,274		9,179		43
50	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	3,633,358	179,265	158,100				50
51	RECOVERY ROOM	3,033,336	179,203	136,100				51
52	DELIVERY ROOM & LABOR ROOM		40,975	36,137				52
54	RADIOLOGY-DIAGNOSTIC	17,235	51,219	45,172				54
55	RADIOLOGY-THERAPEUTIC			,				55
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION	17,922	46,097	40,654				59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	12.001						62.30
65 66	RESPIRATORY THERAPY PHYSICAL THERAPY	12,001						65
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY		92,193	81,309				69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		. ,	. ,				71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS						784,364	73
74	RENAL DIALYSIS		46,097	40,654				74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS							76.99
90.02			76 929	67 757				90.02
90.02	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER	46,048	76,828 97,315	67,757 85,826				90.02
90.03	WOUND HEALING CENTER	8,247	76,828	67,757				90.03
90.05	OUTPATIENT TREATMENT & INFUSION	0,247	76,828	67,757				90.04
90.06	PEDIATRIC SPECIALTY CLINIC		76,828	67,757				90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	211	76,828	67,757				90.07
90.08	PODIATRY RESIDENCY CLINIC							90.08
90.09	FACULTY PRACTICE CLINIC	2,802						90.09
91	EMERGENCY	5,393	230,484	203,272	256,155	22,593		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
112	SPECIAL PURPOSE COST CENTERS							112
113	INTEREST EXPENSE SUBTOTALS (sum of lines 1-117)	3,823,100	2,837,510	2,502,504	256,155	414,448	784,364	113 118
118	NONREIMBURSABLE COST CENTERS	3,823,100	2,837,510	2,502,504	250,155	414,448	/84,364	116
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
	PHYSICIANS' PRIVATE OFFICES							192
192								

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COST ALLOCATION - GENERAL SERVICE COSTS

		STERILE	I&R	I&R	PARAMED	CLINICAL	PHARMACY	
	COST CENTER DESCRIPTIONS	SUPPLY	SALARY &	PROGRAM	EDUCATION	PASTORAL	RESIDENCY	
			FRINGES	COSTS		EDUCATION	PROGRAM	
		18	21	22	23	23.01	23.02	
192.02	NEONATOLOGISTS							192.02
192.03	HOSPITALISTS/INTENSIVISTS							192.03
194	SPORTS MED-ATHLETIC TRAINERS							194
194.01	OUTREACH SERVICES	162,939						194.01
194.02	KINDRED/OUR LADY OF PEACE	86,545						194.02
194.03	ADVANCED SPECIALTIES							194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	4.077.765	2.837.510	2.502.504	256.155	414.448	784.364	202



COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		24	25	26	
	GENERAL SERVICE COST CENTERS				
1	CAP REL COSTS-BLDG & FIXT				1 2
2	CAP REL COSTS-MVBLE EQUIP				2 4
5.01	EMPLOYEE BENEFITS DEPARTMENT NONPATIENT TELEPHONES				5.01
5.04	ADMITTING				5.04
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 STERILE SUPPLY				17 18
18 19	NONPHYSICIAN ANESTHETISTS				18
20	NURSING SCHOOL				20
21	I&R SERVICES-SALARY & FRINGES APPRVD				20
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	60,321,611	-2,371,199	57,950,412	30
31	INTENSIVE CARE UNIT	10,557,218	-250,614	10,306,604	31
35	NEONATAL INTENSIVE CARE UNIT	3,362,348	-86,751	3,275,597	35
41	SUBPROVIDER - IRF	5,099,724	-279,532	4,820,192	41
43	NURSERY	5,515,914	-154,224	5,361,690	43
50	ANCILLARY SERVICE COST CENTERS	29 040 242	227 265	29 602 077	50
50 51	OPERATING ROOM RECOVERY ROOM	38,940,342 2,550,786	-337,365	38,602,977 2,550,786	50
52	DELIVERY ROOM & LABOR ROOM	1,037,387	-77,112	960,275	52
54	RADIOLOGY-DIAGNOSTIC	9,471,027	-96,391	9,374,636	54
55	RADIOLOGY-THERAPEUTIC	275,824	70,371	275,824	55
57	CT SCAN	2,253,147		2,253,147	57
58	MRI	615,503		615,503	58
59	CARDIAC CATHETERIZATION	12,507,436	-86,751	12,420,685	59
60	LABORATORY	17,694,165		17,694,165	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	4,471,167		4,471,167	65
66	PHYSICAL THERAPY	4,526,946		4,526,946	66
67	OCCUPATIONAL THERAPY	1,208,125		1,208,125	67
68	SPEECH PATHOLOGY	552,101	152 502	552,101	68
69 71	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS	2,452,475	-173,502	2,278,973	69
72	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS	23,249,765		23,249,765	71 72
73	DRUGS CHARGED TO PATIENTS	21,119,659		21,119,659	72
74	RENAL DIALYSIS	1,240,725	-86,751	1,153,974	74
76.97	CARDIAC REHABILITATION	1,270,723	00,731	1,133,774	76.97
76.98	HYPERBARIC OXYGEN THERAPY	242,958		242,958	76.98
76.99	LITHOTRIPSY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			 76.99
	OUTPATIENT SERVICE COST CENTERS				
90.02	MOBILE MEDICAL UNIT	294,348	-144,585	149,763	90.02
90.03	FAMILY MEDICINE CENTER	1,801,532	-183,141	1,618,391	90.03
90.04	WOUND HEALING CENTER	2,119,817	-144,585	1,975,232	90.04
90.05	OUTPATIENT TREATMENT & INFUSION	1,271,167	-144,585	1,126,582	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	746,320	-144,585	601,735	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	663,921	-144,585	519,336	90.07
90.08	PODIATRY RESIDENCY CLINIC	271,292		271,292	90.08
90.09	FACULTY PRACTICE CLINIC EMERGENCY	425,452 12,702,231	-433,756	425,452 12,268,475	90.09
92	OBSERVATION BEDS (NON-DISTINCT PART)	12,702,231	-433,/30	12,200,473	91
74	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS				92
	SPECIAL PURPOSE COST CENTERS				
113	INTEREST EXPENSE				113
118	SUBTOTALS (sum of lines 1-117)	249,562,433	-5,340,014	244,222,419	 118
	NONREIMBURSABLE COST CENTERS				
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	336,374		336,374	190
192	PHYSICIANS' PRIVATE OFFICES	20,208		20,208	192
192.01	MATERNAL FETAL MEDICINE/LABORIST	39,038		39,038	192.01

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COST ALLOCATION - GENERAL SERVICE COSTS

			I&R COST &			
	COST CENTER DESCRIPTIONS		POST STEP-			
		SUBTOTAL	DOWN ADJS	TOTAL		
		24	25	26		
192.02	NEONATOLOGISTS	1,477,008		1,477,008		192.02
192.03	HOSPITALISTS/INTENSIVISTS	7,475,980		7,475,980		192.03
194	SPORTS MED-ATHLETIC TRAINERS	291,078		291,078		194
194.01	OUTREACH SERVICES	4,199,790		4,199,790		194.01
194.02	KINDRED/OUR LADY OF PEACE	1,128,529		1,128,529		194.02
194.03	ADVANCED SPECIALTIES	161,197		161,197		194.03
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (sum of lines 118-201)	264,691,635	-5,340,014	259,351,621		202



ALLOCATION OF CAPITAL-RELATED COSTS

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	NON- PATIENT TELEPHONES	
	GENERAL SERVICE COST CENTERS	0	1	2	2A	4	5.01	
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		14,693	6,590	21,283	21,283		4
5.01	NONPATIENT TELEPHONES		22,691	10,177	32,868	64	32,932	5.01
5.04	ADMITTING		86,765	38,913	125,678	319	177	5.04
5.06	OTHER ADMINISTRATIVE & GENERAL		2,792,161	1,252,244	4,044,405	418	1,771	5.06
6	MAINTENANCE & REPAIRS		5 020 101	2.662.602	0.602.702	106	000	6
7 8	OPERATION OF PLANT LAUNDRY & LINEN SERVICE		5,939,101	2,663,602	8,602,703	496 37	900	7 8
9	HOUSEKEEPING		280,755	125,915	406,670	518	502	9
10	DIETARY		398,395	178,674	577,069	368	443	10
11	CAFETERIA		541,423	242,820	784,243	173	30	11
12	MAINTENANCE OF PERSONNEL		,	Ź	,			12
13	NURSING ADMINISTRATION		88,393	39,643	128,036	584	280	13
14	CENTRAL SERVICES & SUPPLY					106	325	14
15	PHARMACY		236,536	106,083	342,619	792	605	15
16	MEDICAL RECORDS & LIBRARY		45,336	20,332	65,668	422	2,672	16
17	SOCIAL SERVICE		27,573	12,366	39,939	448	871	17
18 19	STERILE SUPPLY NONPHYSICIAN ANESTHETISTS	+	358,128	160,615	518,743	162	44	18 19
20	NURSING SCHOOL	+						20
21	I&R SERVICES-SALARY & FRINGES APPRVD					508		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		41,848	18,768	60,616	442	369	22
23	PARAMED ED PRGM-(SPECIFY)		14,926	6,694	21,620	18	15	23
23.01	CLINICAL PASTORAL EDUCATION		, ,	Ź	,	67	15	23.01
23.02	PHARMACY RESIDENCY PROGRAM					121		23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		5,291,244	2,373,047	7,664,291	4,537	3,735	30
31	INTENSIVE CARE UNIT		665,294	298,375	963,669	1,020	517	31
35	NEONATAL INTENSIVE CARE UNIT		235,373	105,561	340,934	330	207	35
41	SUBPROVIDER - IRF NURSERY					564 529	576 74	41
43	ANCILLARY SERVICE COST CENTERS					329	/4	43
50	OPERATING ROOM		2,221,444	996,285	3,217,729	1,931	3,041	50
51	RECOVERY ROOM		147.213	66,023	213,236	256	177	51
52	DELIVERY ROOM & LABOR ROOM		,	Ź	,	6		52
54	RADIOLOGY-DIAGNOSTIC		620,656	278,355	899,011	824	2,067	54
55	RADIOLOGY-THERAPEUTIC					31	915	55
57	CT SCAN		79,326	35,576	114,902	164	59	57
58	MRI		601.007	205.061	007.040	704	207	58
59 60	CARDIAC CATHETERIZATION LABORATORY		681,987 91,508	305,861 41,040	987,848 132,548	584	207 325	59 60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		91,308	41,040	132,340		323	62.30
65	RESPIRATORY THERAPY		166,974	74,886	241.860	435	399	65
66	PHYSICAL THERAPY		151,305	67,858	219,163	604	428	66
67	OCCUPATIONAL THERAPY		,	Ź	,	175	354	67
68	SPEECH PATHOLOGY					85	280	68
69	ELECTROCARDIOLOGY		125,080	56,096	181,176	232	561	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS		21.761	0.740	21 521	02	102	72
73 74	DRUGS CHARGED TO PATIENTS DENAL DIALYSIS	+	21,761	9,760	31,521	83	103	73
76.97	RENAL DIALYSIS CARDIAC REHABILITATION		52,682	23,627	76,309		103	76.97
76.98	HYPERBARIC OXYGEN THERAPY					10	15	76.98
76.99	LITHOTRIPSY					10	13	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	MOBILE MEDICAL UNIT					22	15	90.02
90.03	FAMILY MEDICINE CENTER					159	841	90.03
90.04	WOUND HEALING CENTER					120	74	90.04
90.05	OUTPATIENT TREATMENT & INFUSION		71,979	32,282	104,261	127	207	90.05
90.06	PEDIATRIC SPECIALTY CLINIC					67	44	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC	+		-		92 29	30	90.07
90.08	FACULTY PRACTICE CLINIC					93	30	90.08
91	EMERGENCY		824,736	369,882	1.194.618	1,162	1,122	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		324,730	557,002	1,124,010	1,102	1,122	92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)		22,337,286	10,017,950	32,355,236	20,334	25,555	118
100	NONREIMBURSABLE COST CENTERS							107
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		87,556	39,268	126,824			190 192
192	PHYSICIANS' PRIVATE OFFICES		5,394	2,419	7,813			

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ALLOCATION OF CAPITAL-RELATED COSTS

		DIR ASSGND	CAP	CAP		EMPLOYEE	NON-	
	COST CENTER DESCRIPTIONS	CAP-REL	BLDGS &	MOVABLE		BENEFITS	PATIENT	
		COSTS	FIXTURES	EQUIPMENT	SUBTOTAL	DEPARTMENT	TELEPHONES	
		0	1	2	2A	4	5.01	
192.02	NEONATOLOGISTS					230		192.02
192.03	HOSPITALISTS/INTENSIVISTS					61		192.03
194	SPORTS MED-ATHLETIC TRAINERS					49		194
194.01	OUTREACH SERVICES					519	103	194.01
194.02	KINDRED/OUR LADY OF PEACE					88	7,274	194.02
194.03	ADVANCED SPECIALTIES					2		194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)		22,434,932	10 061 743	32,496,675	21 283	32,932	202



ALLOCATION OF CAPITAL-RELATED COSTS

	COST CENTER DESCRIPTIONS	ADMITTING	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	CENTED AT GERMACE GOOD GENERED	5.04	5.06	7	8	9	10	
1	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT TELEPHONES							5.01
5.04	ADMITTING	126,174	4.046.504					5.04
5.06	OTHER ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS		4,046,594					5.06
7	OPERATION OF PLANT		324,430	8,928,529				7
8	LAUNDRY & LINEN SERVICE		22,393	0,, =0,0=2	22,430			8
9	HOUSEKEEPING		64,900	184,596		657,186		9
10	DIETARY		63,641	261,945		19,688	923,154	10
11	CAFETERIA MAINTENANCE OF PERSONNEL		18,888	355,986		26,756		11 12
13	NURSING ADMINISTRATION		58,538	58,118		4,368		13
14	CENTRAL SERVICES & SUPPLY		18,458			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14
15	PHARMACY		77,317	155,522		11,689		15
16	MEDICAL RECORDS & LIBRARY		77,761	29,808		2,240		16
17 18	SOCIAL SERVICE STERILE SUPPLY		50,792 51,281	18,129 235,469		1,363 17,698		17 18
19	NONPHYSICIAN ANESTHETISTS		31,201	255,409		17,096		19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		42,550					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		36,682	27,515		2,068		22
23	PARAMED ED PRGM-(SPECIFY)		3,447	9,814		738		23
23.01	CLINICAL PASTORAL EDUCATION PHARMACY RESIDENCY PROGRAM		6,049 11,832					23.01
23.02	INPATIENT ROUTINE SERV COST CENTERS		11,032					23.02
30	ADULTS & PEDIATRICS	15,042	574,860	3,478,990	2,717	261,477	695,453	30
31	INTENSIVE CARE UNIT	3,063	118,785	437,431	553	32,877	39,512	31
35	NEONATAL INTENSIVE CARE UNIT	878	39,406	154,758	159	11,631	2,506	35
41	SUBPROVIDER - IRF NURSERY	1,287 584	61,247 77,549		233 105		94,800	41 43
43	ANCILLARY SERVICE COST CENTERS	364	11,349		103			43
50	OPERATING ROOM	25,733	430,579	1,460,598	4,286	109,777		50
51	RECOVERY ROOM	2,497	30,483	96,792	451	7,275		51
52	DELIVERY ROOM & LABOR ROOM	1,130	13,275	100.001	204	20.454		52
54 55	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	7,450	112,513 4,091	408,081	1,346	30,671		54 55
57	CT SCAN	7,457	23,716	52,157	1,347	3,920		57
58	MRI	536	8,894	,	97	- /		58
59	CARDIAC CATHETERIZATION	6,570	158,921	448,406	1,187	33,702		59
60	LABORATORY	13,655	254,705	60,167	2,467	4,522		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY	2,052	60,475	109,786	371	8,251		62.30
66	PHYSICAL THERAPY	2,089	61,768	99,483	377	7,477		66
67	OCCUPATIONAL THERAPY	827	17,352	,,,,,,	149	.,		67
68	SPEECH PATHOLOGY	390	7,938		71			68
69	ELECTROCARDIOLOGY	3,072	26,647	82,240	555	6,181		69
71 72	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS	9,036	346,757		1,632			71 72
73	DRUGS CHARGED TO PATIENTS	12.495	220.956	14.308	2.257	1,075		73
74	RENAL DIALYSIS	271	15,831	34,639	49	2,603		74
76.97	CARDIAC REHABILITATION			,		,		76.97
76.98	HYPERBARIC OXYGEN THERAPY	229	3,494		41			76.98
76.99	LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS							76.99
90.02	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT	56	2,074		10			90.02
90.02	FAMILY MEDICINE CENTER	479	21,629		87			90.02
90.04	WOUND HEALING CENTER	412	28,220		74			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	394	13,925	47,326	71	3,557	253	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	42	8,703		8			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC	83	7,375 3,434		15			90.07
90.08	FACULTY PRACTICE CLINIC	96	5,434 5,661		17			90.08
91	EMERGENCY	8,169	139,974	542,263	1,476	40,756		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	., .,		, ,	, , ,			92
	OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	126,174	3,830,196	8,864,327	22,430	652,360	832,524	118
190	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,452	57,568		4,327		190
192	PHYSICIANS' PRIVATE OFFICES		151	3,546		267		192
192.01	MATERNAL FETAL MEDICINE/LABORIST		380	3,088		232		192.01

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ALLOCATION OF CAPITAL-RELATED COSTS

		ADMITTING	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	COST CENTER DESCRIPTIONS		ADMIN &	OF PLANT	+ LINEN	KEEPING		
			GENERAL		SERVICE			
		5.04	5.06	7	8	9	10	
192.02	NEONATOLOGISTS		22,580					192.02
192.03	HOSPITALISTS/INTENSIVISTS		114,293					192.03
194	SPORTS MED-ATHLETIC TRAINERS		4,450					194
194.01	OUTREACH SERVICES		61,091					194.01
194.02	KINDRED/OUR LADY OF PEACE		8,537				90,630	194.02
194.03	ADVANCED SPECIALTIES		2,464					194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	126 174	4 046 594	8 928 529	22.430	657 186	923 154	202



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ALLOCATION OF CAPITAL-RELATED COSTS

	COST CENTER DESCRIPTIONS	CAFETERIA 11	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	GENERAL SERVICE COST CENTERS	11	13	14	15	16	17	
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
5.04	ADMITTING OTHER ADMINISTRATIVE & GENERAL							5.04
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA MAINTENANCE OF PERSONNEL	1,186,076						11
12	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	39,245	289,169					12
14	CENTRAL SERVICES & SUPPLY	11,992	209,109	30,881				14
15	PHARMACY	38,155		50,001	626,699			15
16	MEDICAL RECORDS & LIBRARY	38,155			·	216,726		16
17	SOCIAL SERVICE	26,163			1,704		139,409	17
18	STERILE SUPPLY	19,623			2			18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL I&R SERVICES-SALARY & FRINGES APPRVD	28,344						20
22	I&R SERVICES-SALART & TRINGES ATTRVD	11,992						22
23	PARAMED ED PRGM-(SPECIFY)	1,090						23
23.01	CLINICAL PASTORAL EDUCATION	9,811						23.01
23.02	PHARMACY RESIDENCY PROGRAM	5,451						23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	342,304	117,769	3,688	104	25,814	116,111	30
31	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	64,318 19,623	22,128 6,751	751 215	33 67	5,257 1,506	13,974 1,616	31 35
41	SUBPROVIDER - IRF	19,023	16,127	316	2	2,209	1,010	41
43	NURSERY	35,975	12,377	143		1,002		43
	ANCILLARY SERVICE COST CENTERS		,			,		
50	OPERATING ROOM	127,547	43,882	6,257	6,130	44,356	306	50
51	RECOVERY ROOM	17,442	6,001	612		4,285		51
52 54	DELIVERY ROOM & LABOR ROOM	10,901 55,597		277 1,826	26 210	1,939 12,785		52 54
55	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	2,180		1,826	26,310	12,783		55
57	CT SCAN	9,811		1,828	6,994	12,798		57
58	MRI	7,022		132	*,,,,	921		58
59	CARDIAC CATHETERIZATION	33,794	11,627	1,611	6,741	11,276		59
60	LABORATORY			3,348		23,433		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	20.244		502	45	2.521		62.30
65 66	RESPIRATORY THERAPY PHYSICAL THERAPY	28,344 33,794		503 512	45 92	3,521 3,585		65
67	OCCUPATIONAL THERAPY	10,901		203	26	1,419		67
68	SPEECH PATHOLOGY	4,361		96	20	670		68
69	ELECTROCARDIOLOGY	15,262	5,251	753	10	5,271		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS	1000		2,215		15,507		72
73	DRUGS CHARGED TO PATIENTS DENAL DIAL VSIS	4,361		3,063	566,463	21,443		73 74
74 76.97	RENAL DIALYSIS CARDIAC REHABILITATION			67	55	466		76.97
76.98	HYPERBARIC OXYGEN THERAPY	+		56		393		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	MOBILE MEDICAL UNIT		750	14		97		90.02
90.03	FAMILY MEDICINE CENTER	16,352	5,626	117	1,891	822		90.03
90.04	WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION	9,811 7,631	3,376 2,625	101 96	3,238	707 675		90.04
90.05	PEDIATRIC SPECIALTY CLINIC	4,361	1,500	10	39	73		90.05
90.07	SPORTS MED FELLOWSHIP CLINIC	4,361	1,500	20	229	142		90.07
90.08	PODIATRY RESIDENCY CLINIC	6,541	2,250	8	33	59		90.08
90.09	FACULTY PRACTICE CLINIC	4,361	1,500	24	1,884	165		90.09
91	EMERGENCY	81,761	28,129	2,003	3	14,019	7,402	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	1,181,715	289,169	30,881	622,118	216,726	139,409	118
	NONREIMBURSABLE COST CENTERS	,,,,,,,,,	,	,	,0	22.5,.20	,.07	
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,361						190
192	PHYSICIANS' PRIVATE OFFICES	1						192
192.01	MATERNAL FETAL MEDICINE/LABORIST							192.01

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ALLOCATION OF CAPITAL-RELATED COSTS

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
192.02	NEONATOLOGISTS							192.02
192.03	HOSPITALISTS/INTENSIVISTS							192.03
194	SPORTS MED-ATHLETIC TRAINERS							194
194.01	OUTREACH SERVICES				4,581			194.01
194.02	KINDRED/OUR LADY OF PEACE							194.02
194.03	ADVANCED SPECIALTIES							194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1 186 076	289 169	30.881	626 699	216.726	139 409	202



ALLOCATION OF CAPITAL-RELATED COSTS

	COST CENTER DESCRIPTIONS	STERILE SUPPLY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
		18	21	22	23	23.01	23.02	
	GENERAL SERVICE COST CENTERS							
2	CAP REL COSTS MVDLE FOUR							2
4	CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT TELEPHONES							5.01
5.04	ADMITTING							5.04
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
14 15	CENTRAL SERVICES & SUPPLY PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
18	STERILE SUPPLY	843,022						18
19	NONPHYSICIAN ANESTHETISTS	J-13,022						19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		71,402					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			139,684				22
23	PARAMED ED PRGM-(SPECIFY)				36,742			23
23.01	CLINICAL PASTORAL EDUCATION					15,942		23.01
23.02	PHARMACY RESIDENCY PROGRAM						17,404	23.02
	INPATIENT ROUTINE SERV COST CENTERS							-
30	ADULTS & PEDIATRICS	15,039						30
31	INTENSIVE CARE UNIT	328						31
35	NEONATAL INTENSIVE CARE UNIT	1,148						35
41 43	SUBPROVIDER - IRF							41
43	NURSERY ANCILLARY SERVICE COST CENTERS							43
50	OPERATING ROOM	751,147						50
51	RECOVERY ROOM	731,147						51
52	DELIVERY ROOM & LABOR ROOM							52
54	RADIOLOGY-DIAGNOSTIC	3,563						54
55	RADIOLOGY-THERAPEUTIC							55
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION	3,705						59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	2,481						65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	+						68
69 71	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO BATIENTS							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	+						71 72
72 73	IMPL. DEV. CHARGED TO PATIENTS 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							
90.02	MOBILE MEDICAL UNIT							90.02
90.03	FAMILY MEDICINE CENTER	9,520						90.03
90.04	WOUND HEALING CENTER	1,705						90.04
90.05	OUTPATIENT TREATMENT & INFUSION							90.05
90.06	PEDIATRIC SPECIALTY CLINIC							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	44						90.07
90.08	PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC	570						90.08
90.09 91	EMERGENCY	579 1,115						90.09
91 92	OBSERVATION BEDS (NON-DISTINCT PART)	1,115						91
14	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS							92
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	790,374						118
.10	NONREIMBURSABLE COST CENTERS	770,574						110
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES							192
	MATERNAL FETAL MEDICINE/LABORIST	1,071						192.01

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COMPU-MAX

ALLOCATION OF CAPITAL-RELATED COSTS

		STERILE	I&R	I&R	PARAMED	CLINICAL	PHARMACY	
	COST CENTER DESCRIPTIONS	SUPPLY	SALARY &	PROGRAM	EDUCATION	PASTORAL	RESIDENCY	
			FRINGES	COSTS		EDUCATION	PROGRAM	
		18	21	22	23	23.01	23.02	
192.02	NEONATOLOGISTS							192.02
192.03	HOSPITALISTS/INTENSIVISTS							192.03
194	SPORTS MED-ATHLETIC TRAINERS							194
194.01	OUTREACH SERVICES	33,685						194.01
194.02	KINDRED/OUR LADY OF PEACE	17,892						194.02
194.03	ADVANCED SPECIALTIES							194.03
200	CROSS FOOT ADJUSTMENTS		71,402	139,684	36,742	15,942	17,404	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	843 022	71 402	139 684	36 742	15 942	17 404	202



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ALLOCATION OF CAPITAL-RELATED COSTS

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	CENTED AT CERTIFICE COCK CENTERED	24	25	26	
1	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT				1
2	CAP REL COSTS-BLDG & FIAT CAP REL COSTS-MVBLE EQUIP				2
4	EMPLOYEE BENEFITS DEPARTMENT				4
5.01	NONPATIENT TELEPHONES				5.01
5.04	ADMITTING				5.04
5.06	OTHER ADMINISTRATIVE & GENERAL				5.06
6	MAINTENANCE & REPAIRS				6
7	OPERATION OF PLANT				7
8	LAUNDRY & LINEN SERVICE				8
9	HOUSEKEEPING DIETARY				9 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 I&R SERVICES-OTHER PRGM COSTS APPRVD				21 22
22	PARAMED ED PRGM-(SPECIFY)				22 23
23.01	CLINICAL PASTORAL EDUCATION				23.01
23.02	PHARMACY RESIDENCY PROGRAM				23.02
25.02	INPATIENT ROUTINE SERV COST CENTERS				25.02
30	ADULTS & PEDIATRICS	13,321,931		13,321,931	30
31	INTENSIVE CARE UNIT	1,704,216		1,704,216	31
35	NEONATAL INTENSIVE CARE UNIT	581,735		581,735	35
41	SUBPROVIDER - IRF	177,361		177,361	41
43	NURSERY	128,338		128,338	43
#O	ANCILLARY SERVICE COST CENTERS	6.222.200		£ 222 200	
50	OPERATING ROOM	6,233,299		6,233,299 379,507	50
51 52	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	379,507 27,732		27,732	51 52
54	RADIOLOGY-DIAGNOSTIC	1,562,044		1,562,044	54
55	RADIOLOGY-THERAPEUTIC	7,421		7,421	55
57	CT SCAN	235,153		235,153	57
58	MRI	10,580		10,580	58
59	CARDIAC CATHETERIZATION	1,706,179		1,706,179	59
60	LABORATORY	495,170		495,170	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	458,523		458,523	65
66	PHYSICAL THERAPY	429,372		429,372	66
67 68	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	31,406 13,891		31,406 13,891	67
69	ELECTROCARDIOLOGY	327,211		327,211	68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	321,211		321,211	71
72	IMPL. DEV. CHARGED TO PATIENTS	375,147		375,147	72
73	DRUGS CHARGED TO PATIENTS	878,128		878,128	73
74	RENAL DIALYSIS	130,393		130,393	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,238		4,238	76.98
76.99	LITHOTRIPSY OUTDATHENT SERVICE COST CENTERS				76.99
00.02	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT	2.029		2.020	00.03
90.02	FAMILY MEDICINE CENTER	3,038 57,523		3,038 57,523	90.02
90.03	WOUND HEALING CENTER	47,838		47,838	90.03
90.04	OUTPATIENT TREATMENT & INFUSION	181,171		181.171	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	14,847		14,847	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	13,891		13,891	90.07
90.08	PODIATRY RESIDENCY CLINIC	12,425		12,425	90.08
90.09	FACULTY PRACTICE CLINIC	14,410		14,410	90.09
91	EMERGENCY	2,063,972		2,063,972	91
92	OBSERVATION BEDS (NON-DISTINCT PART)				92
	OTHER REIMBURSABLE COST CENTERS				
113	SPECIAL PURPOSE COST CENTERS INTEREST EXPENSE				113
113	SUBTOTALS (sum of lines 1-117)	31,628,090		31,628,090	113
110	NONREIMBURSABLE COST CENTERS	31,020,090		31,020,090	110
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	195,532		195,532	190
192	PHYSICIANS' PRIVATE OFFICES	11,777		11,777	192
	MATERNAL FETAL MEDICINE/LABORIST	11,573		11,573	192.01

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COMPLI-MAX

ALLOCATION OF CAPITAL-RELATED COSTS

			I&R COST &			
	COST CENTER DESCRIPTIONS		POST STEP-			
		SUBTOTAL	DOWN ADJS	TOTAL		
		24	25	26		
192.02	NEONATOLOGISTS	22,810		22,810		192.02
192.03	HOSPITALISTS/INTENSIVISTS	114,354		114,354		192.03
194	SPORTS MED-ATHLETIC TRAINERS	4,499		4,499		194
194.01	OUTREACH SERVICES	99,979		99,979		194.01
194.02	KINDRED/OUR LADY OF PEACE	124,421		124,421		194.02
194.03	ADVANCED SPECIALTIES	2,466		2,466		194.03
200	CROSS FOOT ADJUSTMENTS	281,174		281,174		200
201	NEGATIVE COST CENTER				•	201
202	TOTAL (sum of lines 118-201)	32 496 675		32 496 675		202



COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON- PATIENT TELEPHONES PHONE EXTENSIONS	ADMITTING GROSS REVENUE	RECON- CILIATION	
		1	2	4	5.01	5.04	5A.06	
	GENERAL SERVICE COST CENTERS							₽
2	CAP REL COSTS MAD E FOUR	482,492	482 402					1 2
4	CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT	316	482,492 316	76,399,973				4
5.01	NONPATIENT TELEPHONES	488	488	228,880	2,231			5.01
5.04	ADMITTING	1,866	1,866	1,145,160	12	814,900,051		5.04
5.06	OTHER ADMINISTRATIVE & GENERAL	60,049	60,049	1,498,059	120		-55,348,445	5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	127,728	127,728	1,779,164	61			7
9	LAUNDRY & LINEN SERVICE HOUSEKEEPING	6,038	6,038	134,251 1,857,063	34			8
10	DIETARY	8,568	8,568	1,317,865	30			10
11	CAFETERIA	11,644	11,644	620,172	2			11
12	MAINTENANCE OF PERSONNEL	, in the second	ŕ	,				12
13	NURSING ADMINISTRATION	1,901	1,901	2,091,660	19			13
14	CENTRAL SERVICES & SUPPLY	£ 005	# 00#	379,214	22			14
15	PHARMACY MEDICAL DECORDS & LIDBARY	5,087 975	5,087 975	2,838,204	41 181			15 16
16 17	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	593	593	1,512,069 1,606,848	59			17
18	STERILE SUPPLY	7,702	7,702	582,091	3			18
19	NONPHYSICIAN ANESTHETISTS	.,	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			1,819,504	_			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	900	900	1,583,405	25			22
23.01	PARAMED ED PRGM-(SPECIFY) CLINICAL PASTORAL EDUCATION	321	321	64,487 238,635	1			23 23.01
23.02	PHARMACY RESIDENCY PROGRAM			435,319	1			23.02
25.02	INPATIENT ROUTINE SERV COST CENTERS			130,019				25.02
30	ADULTS & PEDIATRICS	113,795	113,795	16,382,558	253	97,045,334		30
31	INTENSIVE CARE UNIT	14,308	14,308	3,656,049	35	19,762,848		31
35	NEONATAL INTENSIVE CARE UNIT	5,062	5,062	1,184,537	14	5,662,475		35
41	SUBPROVIDER - IRF NURSERY			2,021,008 1,895,067	39 5	8,304,278 3,765,588		41 43
43	ANCILLARY SERVICE COST CENTERS			1,893,007	3	3,703,388		43
50	OPERATING ROOM	47,775	47,775	6,919,493	206	166,885,503		50
51	RECOVERY ROOM	3,166	3,166	916,886	12	16,109,200		51
52	DELIVERY ROOM & LABOR ROOM			21,608		7,290,377		52
54	RADIOLOGY-DIAGNOSTIC	13,348	13,348	2,953,382	140	48,062,731		54
55 57	RADIOLOGY-THERAPEUTIC CT SCAN	1,706	1,706	110,931 587,403	62	416,366 48,112,303		55 57
58	MRI	1,700	1,700	307,403	7	3,460,734		58
59	CARDIAC CATHETERIZATION	14,667	14,667	2,092,483	14	42,389,816		59
60	LABORATORY	1,968	1,968		22	88,095,060		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	3,591	3,591	1,560,620	27	13,236,572		65
66 67	PHYSICAL THERAPY OCCUPATIONAL THERAPY	3,254	3,254	2,165,092 628,828	29 24	13,478,161 5,334,609		66
68	SPEECH PATHOLOGY			303,173	19	2,518,698		68
69	ELECTROCARDIOLOGY	2,690	2,690	830,021	38	19,817,235		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	,	, , , , ,	,		, ,		71
72	IMPL. DEV. CHARGED TO PATIENTS					58,297,576		72
73	DRUGS CHARGED TO PATIENTS	468	468	298,024	7	80,613,890		73
74 76.97	RENAL DIALYSIS CARDIAC REHABILITATION	1,133	1,133		7	1,750,134		74 76.97
76.98	HYPERBARIC OXYGEN THERAPY			35,882	1	1,478,592		76.97
76.99	LITHOTRIPSY			33,082		1,470,572		76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	MOBILE MEDICAL UNIT			79,602	1	363,262		90.02
90.03	FAMILY MEDICINE CENTER WOLIND HEALING CENTER			569,518	57	3,091,990		90.03
90.04	WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION	1,548	1,548	429,287 455,070	5 14	2,659,364 2,539,407		90.04
90.05	PEDIATRIC SPECIALTY CLINIC	1,540	1,540	238,853	3	272,569		90.05
90.07	SPORTS MED FELLOWSHIP CLINIC			331,521	2	535,704		90.07
90.08	PODIATRY RESIDENCY CLINIC			103,994	2	223,316		90.08
90.09	FACULTY PRACTICE CLINIC			333,020	2	622,033		90.09
91	EMERGENCY ORSERVATION REDS (MON DISTINCT BART)	17,737	17,737	4,163,346	76	52,704,326		91
92	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS							92
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	480,392	480,392	72,999,306	1,731	814,900,051	-55,348,445	118
	NONREIMBURSABLE COST CENTERS			,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , ,	, , , , ,	
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,883	1,883					190
192	PHYSICIANS' PRIVATE OFFICES	116	116					192
192.01	MATERNAL FETAL MEDICINE/LABORIST	101	101					192.01



COST ALLOCATION - STATISTICAL BASIS

		CAP	CAP	EMPLOYEE	NON-	ADMITTING		T
		BLDGS &	MOVABLE	BENEFITS	PATIENT		RECON-	
	COST CENTER DESCRIPTIONS	FIXTURES	EQUIPMENT	DEPARTMENT	TELEPHONES		CILIATION	
		SQUARE	SQUARE	GROSS	PHONE	GROSS		
		FEET	FEET	SALARIES	EXTENSIONS	REVENUE		
		1	2	4	5.01	5.04	5A.06	
192.02	NEONATOLOGISTS			824,070				192.02
192.03	HOSPITALISTS/INTENSIVISTS			218,024				192.03
194	SPORTS MED-ATHLETIC TRAINERS			174,962				194
194.01	OUTREACH SERVICES			1,861,447	7			194.01
194.02	KINDRED/OUR LADY OF PEACE			316,286	493			194.02
194.03	ADVANCED SPECIALTIES			5,878				194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	22,434,932	10,061,743	903,579	331,994	1,780,509		202
203	UNIT COST MULT-WS B PT I	46.498039	20.853699	0.011827	148.809502	0.002185		203
204	COST TO BE ALLOC PER B PT II			21,283	32,932	126,174		204
205	UNIT COST MULT-WS B PT II			0.000279	14.761094	0.000155		205



COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTIONS	OTHER ADMIN & GENERAL ACCUM COST 5.06	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY + LINEN SERVICE GROSS REVENUE 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA FTE'S	
	GENERAL SERVICE COST CENTERS	3.00	,	0	,	10	11	
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
5.04	ADMITTING OTHER ADMINISTRATIVE & CENERAL	209,343,190						5.04
5.06	OTHER ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	209,343,190						5.06
7	OPERATION OF PLANT	16,783,753	292.045					7
8	LAUNDRY & LINEN SERVICE	1,158,470		814,900,051				8
9	HOUSEKEEPING	3,357,470	6,038		286,007			9
10	DIETARY	3,292,330	8,568		8,568	102,053		10
11	CAFETERIA	977,148	11,644		11,644		1,088	11
12	MAINTENANCE OF PERSONNEL	3,028,352	1,901		1,901		36	12
14	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	954,881	1,901		1,901		11	14
15	PHARMACY	3,999,841	5,087		5,087		35	15
16	MEDICAL RECORDS & LIBRARY	4,022,812	975		975		35	16
17	SOCIAL SERVICE	2,627,619	593		593		24	17
18	STERILE SUPPLY	2,652,943	7,702		7,702		18	18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	2 201 227					26	20
21	I&R SERVICES-SALARY & FRINGES APPRVD	2,201,225	900		900		26 11	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM-(SPECIFY)	1,897,667 178,334	321		321		11	22 23
23.01	CLINICAL PASTORAL EDUCATION	312,918	321		321		9	23.01
23.02	PHARMACY RESIDENCY PROGRAM	612,090					5	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	29,739,680	113,795	97,045,334	113,795	76,881	314	
31	INTENSIVE CARE UNIT	6,145,134	14,308	19,762,848	14,308	4,368	59	31
35	NEONATAL INTENSIVE CARE UNIT	2,038,611	5,062	5,662,475	5,062	277	18	35
41	SUBPROVIDER - IRF NURSERY	3,168,509 4,011,847		8,304,278 3,765,588		10,480	33	41 43
43	ANCILLARY SERVICE COST CENTERS	4,011,647		3,703,388			33	43
50	OPERATING ROOM	22,275,170	47,775	166,885,503	47,775		117	50
51	RECOVERY ROOM	1,577,003	3,166	16,109,200	3,166		16	51
52	DELIVERY ROOM & LABOR ROOM	686,770		7,290,377			10	52
54	RADIOLOGY-DIAGNOSTIC	5,820,660	13,348	48,062,731	13,348		51	54
55 57	RADIOLOGY-THERAPEUTIC CT SCAN	211,635 1,226,896	1,706	416,366 48,112,303	1,706		9	55 57
58	MRI	460,125	1,700	3,460,734	1,700		9	58
59	CARDIAC CATHETERIZATION	8,221,447	14,667	42,389,816	14,667		31	59
60	LABORATORY	13,176,656	1,968	88,095,060	1,968			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		·					62.30
65	RESPIRATORY THERAPY	3,128,563	3,591	13,236,572	3,591		26	65
66	PHYSICAL THERAPY	3,195,451	3,254	13,478,161	3,254		31	66
67	OCCUPATIONAL THERAPY	897,684		5,334,609			10	67
68	SPEECH PATHOLOGY ELECTROCARDIOLOGY	410,635 1,378,556	2,690	2,518,698 19.817,235	2,690		4 14	68 69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,376,330	2,090	19,017,233	2,090		14	71
72	IMPL. DEV. CHARGED TO PATIENTS	17,938,798		58,297,576				72
73	DRUGS CHARGED TO PATIENTS	11,430,744	468	80,613,890	468		4	
74	RENAL DIALYSIS	819,004	1,133	1,750,134	1,133			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	180,758		1,478,592				76.98
76.99	LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS							76.99
1				363,262				90.02
90.02		107 200		303,202				20.02
90.02	MOBILE MEDICAL UNIT	107,289					15	90.03
90.02 90.03 90.04	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER	1,118,949		3,091,990			15 9	90.03 90.04
90.03	MOBILE MEDICAL UNIT		1,548		1,548	28		
90.03 90.04 90.05 90.06	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC	1,118,949 1,459,894 720,380 450,214	1,548	3,091,990 2,659,364 2,539,407 272,569	1,548	28	9	90.04 90.05 90.06
90.03 90.04 90.05 90.06 90.07	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC	1,118,949 1,459,894 720,380 450,214 381,509	1,548	3,091,990 2,659,364 2,539,407 272,569 535,704	1,548	28	9 7 4 4	90.04 90.05 90.06 90.07
90.03 90.04 90.05 90.06 90.07 90.08	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC	1,118,949 1,459,894 720,380 450,214 381,509 177,631	1,548	3,091,990 2,659,364 2,539,407 272,569 535,704 223,316	1,548	28	9 7 4 4 6	90.04 90.05 90.06 90.07 90.08
90.03 90.04 90.05 90.06 90.07 90.08 90.09	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC	1,118,949 1,459,894 720,380 450,214 381,509 177,631 292,883		3,091,990 2,659,364 2,539,407 272,569 535,704 223,316 622,033		28	9 7 4 4 6 4	90.04 90.05 90.06 90.07 90.08 90.09
90.03 90.04 90.05 90.06 90.07 90.08 90.09 91	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC EMERGENCY	1,118,949 1,459,894 720,380 450,214 381,509 177,631	1,548	3,091,990 2,659,364 2,539,407 272,569 535,704 223,316	1,548	28	9 7 4 4 6	90.04 90.05 90.06 90.07 90.08 90.09 91
90.03 90.04 90.05 90.06 90.07 90.08 90.09	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	1,118,949 1,459,894 720,380 450,214 381,509 177,631 292,883		3,091,990 2,659,364 2,539,407 272,569 535,704 223,316 622,033		28	9 7 4 4 6 4	90.04 90.05 90.06 90.07 90.08 90.09
90.03 90.04 90.05 90.06 90.07 90.08 90.09 91	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	1,118,949 1,459,894 720,380 450,214 381,509 177,631 292,883		3,091,990 2,659,364 2,539,407 272,569 535,704 223,316 622,033		28	9 7 4 4 6 4	90.04 90.05 90.06 90.07 90.08 90.09 91
90.03 90.04 90.05 90.06 90.07 90.08 90.09 91	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	1,118,949 1,459,894 720,380 450,214 381,509 177,631 292,883		3,091,990 2,659,364 2,539,407 272,569 535,704 223,316 622,033		28 92,034	9 7 4 4 6 4	90.04 90.05 90.06 90.07 90.08 90.09 91 92
90.03 90.04 90.05 90.06 90.07 90.08 90.09 91 92	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS SUBTOTALS (sum of lines 1-117) NONREIMBURSABLE COST CENTERS	1,118,949 1,459,894 720,380 450,214 381,509 177,631 292,883 7,241,296	17,737 289,945	3,091,990 2,659,364 2,539,407 272,569 535,704 223,316 622,033 52,704,326	17,737 283,907		9 7 4 4 6 6 4 75	90.04 90.05 90.06 90.07 90.08 90.09 91 92
90.03 90.04 90.05 90.06 90.07 90.08 90.09 91	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION PEDIATRIC SPECIALTY CLINIC SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC FACULTY PRACTICE CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS SUBTOTALS (sum of lines 1-117)	1,118,949 1,459,894 720,380 450,214 381,509 177,631 292,883 7,241,296	17,737	3,091,990 2,659,364 2,539,407 272,569 535,704 223,316 622,033 52,704,326	17,737		9 7 4 4 6 6 4 75	90.04 90.05 90.06 90.07 90.08 90.09 91 92



COST ALLOCATION - STATISTICAL BASIS

		OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
		ADMIN &	OF PLANT	+ LINEN	KEEPING			
	COST CENTER DESCRIPTIONS	GENERAL		SERVICE				
		ACCUM	SQUARE	GROSS	SQUARE	MEALS	FTE'S	
		COST	FEET	REVENUE	FEET	SERVED		
		5.06	7	8	9	10	11	
192.02	NEONATOLOGISTS	1,168,158						192.02
192.03	HOSPITALISTS/INTENSIVISTS	5,912,712						192.03
194	SPORTS MED-ATHLETIC TRAINERS	230,212						194
194.01	OUTREACH SERVICES	3,160,442						194.0
194.02	KINDRED/OUR LADY OF PEACE	441,640				10,019		194.02
194.03	ADVANCED SPECIALTIES	127,490						194.0
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	55,348,445	21,221,226	1,464,759	4,683,902	4,925,696	2,272,291	202
203	UNIT COST MULT-WS B PT I	0.264391	72.664233	0.001797	16.376879	48.266058	2,088.502757	203
204	COST TO BE ALLOC PER B PT II	4,046,594	8,928,529	22,430	657,186	923,154	1,186,076	204
205	UNIT COST MULT-WS B PT II	0.019330	30.572443	0.000028	2.297797	9.045829	1.090.143382	205



COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY GROSS REVENUE	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT 17	STERILE SUPPLY COSTED REQUIS 18	
	GENERAL SERVICE COST CENTERS							1
2	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT TELEPHONES							5.01
5.04	ADMITTING							5.04
5.06 6	OTHER ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							5.06
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11 12	CAFETERIA MAINTENANCE OF PERSONNEL							11
13	NURSING ADMINISTRATION	771						13
14	CENTRAL SERVICES & SUPPLY		814,900,051					14
15	PHARMACY			11,606,119				15
16	MEDICAL RECORDS & LIBRARY			21.550	814,900,051	6 205		16
17 18	SOCIAL SERVICE STERILE SUPPLY			31,559		6,385	77,131	17 18
19	NONPHYSICIAN ANESTHETISTS			72			77,131	19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23.01	PARAMED ED PRGM-(SPECIFY) CLINICAL PASTORAL EDUCATION							23.01
23.02	PHARMACY RESIDENCY PROGRAM							23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	314	97,045,334	1,922	97,045,334	5,318	1,376	
31 35	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	59 18	19,762,848 5,662,475	606 1,249	19,762,848 5,662,475	640 74	30 105	31
41	SUBPROVIDER - IRF	43	8,304,278	41	8,304,278	/4	103	41
43	NURSERY	33	3,765,588		3,765,588			43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	117	166,885,503	113,516	166,885,503	14	68,725	50
51 52	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	16	16,109,200 7,290,377		16,109,200 7,290,377			51 52
54	RADIOLOGY-DIAGNOSTIC		48,062,731	487,251	48,062,731		326	54
55	RADIOLOGY-THERAPEUTIC		416,366	ŕ	416,366			55
57	CT SCAN		48,112,303	129,533	48,112,303			57
58 59	MRI CARDIAC CATHETERIZATION	31	3,460,734	124,837	3,460,734 42,389,816		339	58 59
60	LABORATORY	31	42,389,816 88,095,060	124,837	88,095,060		339	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		00,000,000		00,050,000			62.30
65	RESPIRATORY THERAPY		13,236,572	836	13,236,572		227	65
66	PHYSICAL THERAPY		13,478,161	1,704	13,478,161			66
67 68	OCCUPATIONAL THERAPY SPEECH PATHOLOGY		5,334,609 2,518,698	481	5,334,609 2,518,698			67 68
69	ELECTROCARDIOLOGY	14	19,817,235	193	19.817.235			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	14	,017,233		,011,200			71
72	IMPL. DEV. CHARGED TO PATIENTS		58,297,576		58,297,576		·	72
73	DRUGS CHARGED TO PATIENTS		80,613,890	10,490,587	80,613,890			73
74 76.97	RENAL DIALYSIS CARDIAC REHABILITATION		1,750,134	1,027	1,750,134			74 76.97
76.98	HYPERBARIC OXYGEN THERAPY		1,478,592		1,478,592			76.98
76.99	LITHOTRIPSY		,		,			76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	MOBILE MEDICAL UNIT FAMILY MEDICINE CENTER	2 15	363,262 3,091,990	25.015	363,262 3,091,990		871	90.02
90.03	WOUND HEALING CENTER	9	2,659,364	35,015 59,960	2,659,364		156	
90.05	OUTPATIENT TREATMENT & INFUSION	7	2,539,407	421	2,539,407		130	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	4	272,569	716	272,569			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	4	535,704	4,241	535,704		4	90.07
90.08	PODIATRY RESIDENCY CLINIC	6 4	223,316	603 34,884	223,316		50	90.08
90.09 91	FACULTY PRACTICE CLINIC EMERGENCY	75	622,033 52,704,326	34,884	622,033 52,704,326	339	53 102	
92	OBSERVATION BEDS (NON-DISTINCT PART)	73	32,104,320	49	32,704,320	339	102	92
-	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	771	814,900,051	11,521,273	814,900,051	6,385	72,314	118
190	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190	PHYSICIANS' PRIVATE OFFICES							190
192								



COST ALLOCATION - STATISTICAL BASIS

		NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	STERILE	
		ADMINIS-	SERVICES &		RECORDS &	SERVICE	SUPPLY	
	COST CENTER DESCRIPTIONS	TRATION	SUPPLY		LIBRARY			
		DIRECT	GROSS	COSTED	GROSS	TIME	COSTED	
		NRSING HRS	REVENUE	REQUIS.	REVENUE	SPENT	REQUIS	
		13	14	15	16	17	18	
192.02	NEONATOLOGISTS							192.02
192.03	HOSPITALISTS/INTENSIVISTS							192.03
194	SPORTS MED-ATHLETIC TRAINERS							194
194.01	OUTREACH SERVICES			84,846			3,082	194.01
194.02	KINDRED/OUR LADY OF PEACE						1,637	194.02
194.03	ADVANCED SPECIALTIES							194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	4,073,474	1,230,317	5,583,413	5,246,320	3,440,445	4,077,765	202
203	UNIT COST MULT-WS B PT I	5,283.364462	0.001510	0.481075	0.006438	538.832420	52.868043	203
204	COST TO BE ALLOC PER B PT II	289,169	30,881	626,699	216,726	139,409	843,022	204
205	LINIT COST MULT-WS R PT II	375 057069	0.000038	0.053997	0.000266	21 833829	10 929743	205



COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES ASSIGNED TIME 21	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	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
5.01	EMPLOYEE BENEFITS DEPARTMENT NONPATIENT TELEPHONES						5.01
5.04	ADMITTING						5.04
5.06	OTHER ADMINISTRATIVE & GENERAL						5.06
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE HOUSEKEEPING						8
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION CENTRAL SERVICES & SLIDDLY						13 14
15	CENTRAL SERVICES & SUPPLY PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
18	STERILE SUPPLY						18
19	NONPHYSICIAN ANESTHETISTS NURSING SCHOOL						19 20
21	I&R SERVICES-SALARY & FRINGES APPRVD	554					20
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	331	554				22
23	PARAMED ED PRGM-(SPECIFY)			100			23
23.01	CLINICAL PASTORAL EDUCATION				587		23.01
23.02	PHARMACY RESIDENCY PROGRAM INPATIENT ROUTINE SERV COST CENTERS					100	23.02
30	ADULTS & PEDIATRICS	246	246		432		30
31	INTENSIVE CARE UNIT	26	26		110		31
35	NEONATAL INTENSIVE CARE UNIT	9	9				35
41	SUBPROVIDER - IRF NURSERY	29 16	29 16		13		41 43
43	ANCILLARY SERVICE COST CENTERS	10	10		13		43
50	OPERATING ROOM	35	35				50
51	RECOVERY ROOM						51
52 54	DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	8	8				52 54
55	RADIOLOGY-THERAPEUTIC	10	10				55
57	CT SCAN						57
58	MRI						58
59 60	CARDIAC CATHETERIZATION LABORATORY	9	9				59 60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67 68	OCCUPATIONAL THERAPY SPEECH PATHOLOGY						67 68
69	ELECTROCARDIOLOGY	18	18				69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73 74	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	9	9			100	73
76.97	CARDIAC REHABILITATION	9	9				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90.02	OUTPATIENT SERVICE COST CENTERS MOBILE MEDICAL UNIT	15	15				90.02
90.02	FAMILY MEDICINE CENTER	19	19				90.02
90.04	WOUND HEALING CENTER	15	15				90.04
90.05	OUTPATIENT TREATMENT & INFUSION	15	15				90.05
90.06	PEDIATRIC SPECIALTY CLINIC	15 15	15				90.06
90.07	SPORTS MED FELLOWSHIP CLINIC PODIATRY RESIDENCY CLINIC	15	15				90.07 90.08
90.09	FACULTY PRACTICE CLINIC						90.09
91	EMERGENCY	45	45	100	32		91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
1	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SPECIAL PURPOSE COST CENTERS SUBTOTALS (sum of lines 1-117)	554	554	100	587	100	 118



COST ALLOCATION - STATISTICAL BASIS

		I&R	I&R	PARAMED	CLINICAL	PHARMACY	
		SALARY &	PROGRAM	EDUCATION	PASTORAL	RESIDENCY	
	COST CENTER DESCRIPTIONS	FRINGES	COSTS		EDUCATION	PROGRAM	
		ASSIGNED	ASSIGNED	ASSIGNED	TIME	PATIENT	
		TIME	TIME	TIME	SPENT	DAYS	
		21	22	23	23.01	23.02	
192	PHYSICIANS' PRIVATE OFFICES						192
192.01	MATERNAL FETAL MEDICINE/LABORIST						192.01
192.02	NEONATOLOGISTS						192.02
192.03	HOSPITALISTS/INTENSIVISTS						192.03
194	SPORTS MED-ATHLETIC TRAINERS						194
194.01	OUTREACH SERVICES						194.01
194.02	KINDRED/OUR LADY OF PEACE						194.02
194.03	ADVANCED SPECIALTIES						194.03
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,837,510	2,502,504	256,155	414,448	784,364	 202
203	UNIT COST MULT-WS B PT I	5,121.859206	4,517.155235	2,561.550000	706.044293	7,843.640000	203
204	COST TO BE ALLOC PER B PT II	71,402	139,684	36,742	15,942	17,404	204
205	UNIT COST MULT-WS B PT II	128.884477	252.137184	367.420000	27.158433	174.040000	 205

Compu-Max 2552-10



COMPLI-MAX

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012

In Lieu of Form CMS-2552-10

Period : From: 07/01/2013 To: 06/30/2014 Run Date: 03/12/2015 Run Time: 10:18 Version: 2014.10

POST STEPDOWN ADJUSTMENTS WORKSHEET B-2

	WO	RKSHEET		
DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	



ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012

In Lieu of Form CMS-2552-10

Period : From: 07/01/2013 To: 06/30/2014 Run Date: 03/12/2015 Run Time: 10:18 Version: 2014.10

COMPUTATION OF RATIO OF COST TO CHARGES

					COSTS		I
	COST CENTER DESCRIPTIONS	TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	57,950,412		57,950,412	60,401	58,010,813	30
31	INTENSIVE CARE UNIT	10,306,604		10,306,604	54,866	10,361,470	31
35	NEONATAL INTENSIVE CARE UNIT	3,275,597		3,275,597		3,275,597	35
41	SUBPROVIDER - IRF	4,820,192		4,820,192		4,820,192	41
43	NURSERY	5,361,690		5,361,690		5,361,690	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	38,602,977		38,602,977	135,625	38,738,602	50
51	RECOVERY ROOM	2,550,786		2,550,786		2,550,786	51
52	DELIVERY ROOM & LABOR ROOM	960,275		960,275		960,275	52
54	RADIOLOGY-DIAGNOSTIC	9,374,636		9,374,636	22,262	9,396,898	54
55	RADIOLOGY-THERAPEUTIC	275,824		275,824		275,824	55
57	CT SCAN	2,253,147		2,253,147		2,253,147	57
58	MRI	615,503		615,503		615,503	58
59	CARDIAC CATHETERIZATION	12,420,685		12,420,685	11,117	12,431,802	59
60	LABORATORY	17,694,165		17,694,165		17,694,165	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	4,471,167		4,471,167	200	4,471,367	65
66	PHYSICAL THERAPY	4,526,946		4,526,946		4,526,946	66
67	OCCUPATIONAL THERAPY	1,208,125		1,208,125		1,208,125	67
68	SPEECH PATHOLOGY	552,101		552,101		552,101	68
69	ELECTROCARDIOLOGY	2,278,973		2,278,973	4,324	2,283,297	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS	23,249,765		23,249,765		23,249,765	72
73	DRUGS CHARGED TO PATIENTS	21,119,659		21,119,659		21,119,659	73
74	RENAL DIALYSIS	1,153,974		1,153,974		1,153,974	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	242,958		242,958		242,958	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	MOBILE MEDICAL UNIT	149,763		149,763	330	150,093	90.02
90.03	FAMILY MEDICINE CENTER	1,618,391		1,618,391		1,618,391	90.03
90.04	WOUND HEALING CENTER	1,975,232		1,975,232		1,975,232	90.04
90.05	OUTPATIENT TREATMENT & INFUSION	1,126,582		1,126,582		1,126,582	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	601,735		601,735	3,092	604,827	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	519,336		519,336	108,641	627,977	90.07
90.08	PODIATRY RESIDENCY CLINIC	271,292		271,292	22,476	293,768	90.08
90.09	FACULTY PRACTICE CLINIC	425,452		425,452		425,452	90.09
91	EMERGENCY	12,268,475		12,268,475	127,114	12,395,589	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	9,320,658		9,320,658		9,320,658	92
	OTHER REIMBURSABLE COST CENTERS						
113	INTEREST EXPENSE						113
200	SUBTOTAL (SEE INSTRUCTIONS)	253,543,077		253,543,077	550,448	254,093,525	200
201	LESS OBSERVATION BEDS	9,320,658		9,320,658		9,320,658	201
202	TOTAL (SEE INSTRUCTIONS)	244,222,419		244,222,419		244,772,867	202



COMPUTATION OF RATIO OF COST TO CHARGES

			CHARGES			I		I
	COST CENTER DESCRIPTIONS	INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)	COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	88,492,843		88,492,843				30
31	INTENSIVE CARE UNIT	19,762,848		19,762,848				31
35	NEONATAL INTENSIVE CARE UNIT	5,662,475		5,662,475				35
41	SUBPROVIDER - IRF	8,304,278		8,304,278				41
43	NURSERY	3,765,588		3,765,588				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	87,503,489	79,382,014	166,885,503	0.231314	0.231314	0.232127	50
51	RECOVERY ROOM	7,576,561	8,532,639	16,109,200	0.158343	0.158343	0.158343	51
52	DELIVERY ROOM & LABOR ROOM	7,250,957	39,420	7,290,377	0.131718	0.131718	0.131718	52
54	RADIOLOGY-DIAGNOSTIC	11,178,733	36,883,998	48,062,731	0.195050	0.195050	0.195513	54
55	RADIOLOGY-THERAPEUTIC	330,005	86,361	416,366	0.662456	0.662456	0.662456	55
57	CT SCAN	15,293,909	32,818,394	48,112,303	0.046831	0.046831	0.046831	57
58	MRI	2,912,343	548,391	3,460,734	0.177853	0.177853	0.177853	58
59	CARDIAC CATHETERIZATION	18,536,805	23,853,011	42,389,816	0.293011	0.293011	0.293273	59
60	LABORATORY	53,846,635	34,248,425	88,095,060	0.200853	0.200853	0.200853	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		, , ,	, ,				62.30
65	RESPIRATORY THERAPY	8,535,758	4,700,814	13,236,572	0.337789	0.337789	0.337804	65
66	PHYSICAL THERAPY	5,806,308	7,671,853	13,478,161	0.335873	0.335873	0.335873	66
67	OCCUPATIONAL THERAPY	4,392,713	941,896	5,334,609	0.226469	0.226469	0.226469	67
68	SPEECH PATHOLOGY	1,985,802	532,896	2,518,698	0.219201	0.219201	0.219201	68
69	ELECTROCARDIOLOGY	7,248,476	12,568,759	19,817,235	0.115000	0.115000	0.115218	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,				71
72	IMPL. DEV. CHARGED TO PATIENTS	45,467,280	12,830,296	58,297,576	0.398812	0.398812	0.398812	72
73	DRUGS CHARGED TO PATIENTS	53,824,429	26,789,461	80,613,890	0.261985	0.261985	0.261985	73
74	RENAL DIALYSIS	1,295,181	454,953	1,750,134	0.659363	0.659363	0.659363	74
76.97	CARDIAC REHABILITATION	, , .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,				76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,304	1,476,288	1,478,592	0.164317	0.164317	0.164317	76.98
76.99	LITHOTRIPSY	,	, , , , , , ,	, ,				76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	MOBILE MEDICAL UNIT		363,262	363,262	0.412273	0.412273	0.413181	90.02
90.03	FAMILY MEDICINE CENTER	92,232	2,999,758	3,091,990	0.523414	0.523414	0.523414	90.03
90.04	WOUND HEALING CENTER	18,201	2,641,163	2,659,364	0.742746	0.742746	0.742746	90.04
90.05	OUTPATIENT TREATMENT & INFUSION	42,459	2,496,948	2,539,407	0.443640	0.443640	0.443640	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	305	272,264	272,569	2.207643	2.207643	2.218987	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC		535,704	535,704	0.969446	0.969446	1.172246	90.07
90.08	PODIATRY RESIDENCY CLINIC		223,316	223,316	1.214835	1.214835	1.315481	90.08
90.09	FACULTY PRACTICE CLINIC	14,250	607,783	622,033	0.683970	0.683970	0.683970	90.09
91	EMERGENCY	13,509,153	39,195,173	52,704,326	0.232779	0.232779	0.235191	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	891,761	7,660,730	8,552,491	1.089818	1.089818	1.089818	92
	OTHER REIMBURSABLE COST CENTERS	3. 3. 4.	.,,	-,,				
113	INTEREST EXPENSE							113
200	SUBTOTAL (SEE INSTRUCTIONS)	473,544,081	341,355,970	814.900.051				200
201	LESS OBSERVATION BEDS	,,001	2.2,000,770	,,001				201
202	TOTAL (SEE INSTRUCTIONS)	473,544,081	341,355,970	814,900,051				202



| In Lieu of Form | Period : Run Date: 03/12/2015 |
| ST. JOSEPH'S REG MED CENTER S. BEND | CMS-2552-10 | From: 07/01/2013 | Run Time: 10:18 |
| Provider CCN: 15-0012 | To: 06/30/2014 | Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

CHECK	[1	TITLE	v			[X	K]	PPS
APPLICABLE	[XX	[]	TITLE	XVIII,	PART	Α	[1	TEFRA
BOXES:	[1	TITLE	XIX					

		CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26)	SWING BED ADJUST- MENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	13,321,931		13,321,931	57,982	229.76	21,108	4,849,774	30
30	(General Routine Care)	13,321,931		13,321,931	31,962	229.70	21,108		
31	INTENSIVE CARE UNIT	1,704,216		1,704,216	5,282	322.65	2,167	699,183	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	NEONATAL INTENSIVE CARE UNIT	581,735		581,735	1,933	300.95			35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF	177,361		177,361	5,942	29.85	3,643	108,744	41
42	SUBPROVIDER I								42
43	NURSERY	128,338		128,338	3,363	38.16			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	15,913,581		15,913,581	74,502		26,918	5,657,701	200

⁽A) Worksheet A line numbers



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-0012 WORKSHEET D
PART II

CHECK	[1	TITLE V			[XΣ	ζ]	HOSPITAL	[]	SUB	(OTHER)]	XX.]	PPS
APPLICABLE	[XX	[]	TITLE XVIII,	PAR'	T A	. [1	IPF					[]	TEFRA
BOXES:	[1	TITLE XIX			[1	IRF								

		CAPITAL RELATED COST (from Wkst. B, Part II (col. 26)	TOTAL CHARGES (from Wkst. C, Part I, (col. 8)	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	6,233,299	166,885,503	0.037351	49,104,982	1,834,120	50
51	RECOVERY ROOM	379,507	16,109,200	0.023558	2,811,449	66,232	51
52	DELIVERY ROOM & LABOR ROOM	27,732	7,290,377	0.003804	16,823	64	52
54	RADIOLOGY-DIAGNOSTIC	1,562,044	48,062,731	0.032500	5,130,565	166,743	
55	RADIOLOGY-THERAPEUTIC	7,421	416,366	0.017823	81,577	1,454	55
57	CT SCAN	235,153	48,112,303	0.004888	6,712,330	32,810	57
58	MRI	10,580	3,460,734	0.003057	1,599,109	4,888	58
59	CARDIAC CATHETERIZATION	1,706,179	42,389,816	0.040250	8,164,593	328,625	59
60	LABORATORY	495,170	88,095,060	0.005621	23,744,262	133,466	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	458,523	13,236,572	0.034641	3,903,595	135,224	65
66	PHYSICAL THERAPY	429,372	13,478,161	0.031857	1,632,195	51,997	66
67	OCCUPATIONAL THERAPY	31,406	5,334,609	0.005887	1,070,984	6,305	67
68	SPEECH PATHOLOGY	13,891	2,518,698	0.005515	496,637	2,739	68
69	ELECTROCARDIOLOGY	327,211	19,817,235	0.016511	3,610,794	59,618	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS	375,147	58,297,576	0.006435	1,025,752	6,601	72
73	DRUGS CHARGED TO PATIENTS	878,128	80,613,890	0.010893	22,882,897	249,263	73
74	RENAL DIALYSIS	130,393	1,750,134	0.074505	494,081	36,812	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,238	1,478,592	0.002866			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	MOBILE MEDICAL UNIT	3,038	363,262	0.008363			90.02
90.03	FAMILY MEDICINE CENTER	57,523	3,091,990	0.018604			90.03
90.04	WOUND HEALING CENTER	47,838	2,659,364	0.017989	202	4	90.04
90.05	OUTPATIENT TREATMENT & INFUSION	181,171	2,539,407	0.071344			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	14,847	272,569	0.054471	113	6	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	13,891	535,704	0.025930			90.07
90.08	PODIATRY RESIDENCY CLINIC	12,425	223,316	0.055639			90.08
90.09	FACULTY PRACTICE CLINIC	14,410	622,033	0.023166			90.09
91	EMERGENCY	2,063,972	52,704,326	0.039161	5,946,976	232,890	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	2,140,452	8,552,491	0.250272	504,806	126,339	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	17,854,961	688,912,019		138,934,722	3,476,200	200

⁽A) Worksheet A line numbers



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

CHECK	[]	TITLE	v			[XX	[]	PPS
APPLICABLE	[XX	ζ]	TITLE	XVIII,	PART	Α	[1	TEFRA
BOXES:	[1	TITLE	XIX					

		NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUST- MENT AMOUNT (see instruct- ions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		305,011			305,011	30
30	(General Routine Care)		303,011			303,011	30
31	INTENSIVE CARE UNIT		77,665			77,665	31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	NEONATAL INTENSIVE CARE UNIT						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY		9,179			9,179	43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		391,855			391,855	200

⁽A) Worksheet A line numbers



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

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

		TOTAL PATIENT DAYS	PER DIEM (col. 5÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	57,982	5.26	21,108	111,028	30
31	INTENSIVE CARE UNIT	5,282	14.70	2,167	31,855	31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NEONATAL INTENSIVE CARE UNIT	1,933				35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF	5,942		3,643		41
42	SUBPROVIDER I					42
43	NURSERY	3,363	2.73			43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	74,502		26,918	142,883	200

⁽A) Worksheet A line numbers



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE COMPONENT CCN: 15-0012 WORKSHEET D OTHER PASS THROUGH COSTS PART IV CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS [] SNF APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA [] TITLE XIX BOXES: [] IRF [] NF

		NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
(A)	COST CENTER DESCRIPTION	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 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			784,364		784,364	784,364	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							
90.02	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 CLINIC							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC							90.07
90.08	PODIATRY RESIDENCY CLINIC							90.08
90.09	FACULTY PRACTICE CLINIC							90.09
91	EMERGENCY			278,748		278,748	278,748	91
92	OBSERVATION BEDS (NON-DISTINCT PART)			49,008		49,008	49,008	92
	OTHER REIMBURSABLE COST CENTERS	·						
200	TOTAL (sum of lines 50-199)			1,112,120		1,112,120	1,112,120	200



APPLICABLE [XX] TITLE XVIII, PART A [] IPF

COMPU-MAX

In Lieu of Form Run Date: 03/12/2015 Period: ST. JOSEPH'S REG MED CENTER S. BEND CMS-2552-10 From: 07/01/2013 Run Time: 10:18 Provider CCN: 15-0012 To: 06/30/2014 Version: 2014.10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE COMPONENT CCN: 15-0012 WORKSHEET D OTHER PASS THROUGH COSTS PART IV CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS

[

] SNF

[] TEFRA

90.03

90.04

90.05

90.06

90.07

90.08

90.09

92

37,211 91

116,126 200

6,523

293,810

2,492

1,979,337

7,035,473

1,138,439

73,594,615

31,454

2,893

256,998

202

113

5,946,976

138,934,722

504,806

BOXE	S: [] TITLE XIX	[] IRF		NF				IBPKA	
		TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT- IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS- THROUGH COSTS (col. 8 x col. 10)	OUTPAT- IENT PROGRAM CHARGES	OUTPAT- IENT PROGRAM PASS- THROUGH COSTS (col. 9 x col. 12)	
(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	166,885,503			49,104,982		17,462,023		50
51	RECOVERY ROOM	16,109,200			2,811,449		1,498,987		51
52	DELIVERY ROOM & LABOR ROOM	7,290,377			16,823				52
54	RADIOLOGY-DIAGNOSTIC	48,062,731			5,130,565		8,344,497		54
55	RADIOLOGY-THERAPEUTIC	416,366			81,577		22,816		55
57	CT SCAN	48,112,303			6,712,330		8,457,656		57
58	MRI	3,460,734			1,599,109		266,792		58
59	CARDIAC CATHETERIZATION	42,389,816			8,164,593		4,457,651		59
60	LABORATORY	88,095,060			23,744,262		5,167,483		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	13,236,572			3,903,595		360,166		65
66	PHYSICAL THERAPY	13,478,161			1,632,195		27,663		66
67	OCCUPATIONAL THERAPY	5,334,609			1,070,984				67
68	SPEECH PATHOLOGY	2,518,698			496,637		1,058		68
69	ELECTROCARDIOLOGY	19,817,235			3,610,794		5,109,219		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS								71
72	IMPL. DEV. CHARGED TO PATIENTS	58,297,576			1,025,752		3,868,554		72
73	DRUGS CHARGED TO PATIENTS	80,613,890	0.009730	0.009730	22,882,897	222,651	7,440,053	72,392	73
74	RENAL DIALYSIS	1,750,134			494,081		44,126		74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,478,592					616,320		76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.02	MOBILE MEDICAL UNIT	363,262							90.02

3,091,990

2,659,364

2,539,407

272,569

535,704

223,316

622,033

52,704,326

8,552,491

688,912,019

0.005289

0.005730

0.005289

0.005730

(A) Worksheet A line numbers

EMERGENCY

90.07

90.08

90.09

91

92

200

90.03 FAMILY MEDICINE CENTER

90.04 WOUND HEALING CENTER

90.06 PEDIATRIC SPECIALTY CLINIC

90.05 OUTPATIENT TREATMENT & INFUSION

SPORTS MED FELLOWSHIP CLINIC

OBSERVATION BEDS (NON-DISTINCT PART)

OTHER REIMBURSABLE COST CENTERS

PODIATRY RESIDENCY CLINIC

FACULTY PRACTICE CLINIC

TOTAL (sum of lines 50-199)



APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-0012 WORKSHEET D PART V

CHECK	[]	TITLE	v -	O/P		[XX	[]	HOSPITAL	[]	SUB	(OTHER)	[]	SWING	BED	SNF
APPLICABLE	[XX	ζ]	TITLE	XVII	I, PART	В	[]	IPF	[1	SNF		[]	SWING	BED	NF
BOXES:	[]	TITLE	XIX	- O/P		[]	IRF	[]	NF		[]	ICF/ME	2	

			PR	OGRAM CHARC	GES]	PROGRAM COST	Γ	
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM- BURSED SERVICES (see inst.)	COST REIM- BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM- BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM- BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM- BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.231314	17,462,023			4,039,210			50
51	RECOVERY ROOM	0.158343	1,498,987			237,354			51
52	DELIVERY ROOM & LABOR ROOM	0.131718							52
54	RADIOLOGY-DIAGNOSTIC	0.195050	8,344,497			1,627,594			54
55	RADIOLOGY-THERAPEUTIC	0.662456	22,816			15,115			55
57	CT SCAN	0.046831	8,457,656			396,080			57
58	MRI	0.177853	266,792			47,450			58
59	CARDIAC CATHETERIZATION	0.293011	4,457,651			1,306,141			59
60	LABORATORY	0.200853	5,167,483			1,037,904			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.337789	360,166			121,660			65
66	PHYSICAL THERAPY	0.335873	27,663			9,291			66
67	OCCUPATIONAL THERAPY	0.226469	,			,			67
68	SPEECH PATHOLOGY	0.219201	1,058			232			68
69	ELECTROCARDIOLOGY	0.115000	5,109,219			587,560			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS								71
72	IMPL. DEV. CHARGED TO PATIENTS	0.398812	3,868,554			1,542,826			72
73	DRUGS CHARGED TO PATIENTS	0.261985	7,440,053		123,681	1,949,182		32,403	73
74	RENAL DIALYSIS	0.659363	44,126			29,095			74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.164317	616,320			101,272			76.98
76.99	LITHOTRIPSY		Ź			,			76.99
	OUTPATIENT SERVICE COST CENTERS								
90.02	MOBILE MEDICAL UNIT	0.412273							90.02
90.03	FAMILY MEDICINE CENTER	0.523414							90.03
90.04	WOUND HEALING CENTER	0.742746	293,810			218,226			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.443640	1,979,337			878,113			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	2.207643	2,492			5,501			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	0.969446							90.07
90.08	PODIATRY RESIDENCY CLINIC	1.214835							90.08
90.09	FACULTY PRACTICE CLINIC	0.683970							90.09
91	EMERGENCY	0.232779	7,035,473			1,637,710			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1.089818	1,138,439			1,240,691			92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)		73,594,615		123,681	17,028,207		32,403	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		73,594,615	-	123,681	17,028,207		32,403	202
202	11L1 CITAROLO (IIIC 200 - IIIC 201)		13,377,013		123,001	17,020,207		J2, + 03	202



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-T012 WORKSHEET D
PART II

CHECK	[1	TITLE	v			[]	HOSPITAL	[]	SUB	(OTHER)	[2	(x)	PPS
APPLICABLE	[XX	1	TITLE	XVIII,	PART	Α	[1	IPF					[]	TEFRA
BOXES:	[]	TITLE	XIX			[X	X]	IRF							

		CAPITAL RELATED COST (from Wkst. B, Part II (col. 26)	TOTAL CHARGES (from Wkst. C, Part I, (col. 8)	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	6,233,299	166,885,503	0.037351	13,455	503	50
51	RECOVERY ROOM	379,507	16,109,200	0.023558			51
52	DELIVERY ROOM & LABOR ROOM	27,732	7,290,377	0.003804			52
54	RADIOLOGY-DIAGNOSTIC	1,562,044	48,062,731	0.032500	56,265	1,829	54
55	RADIOLOGY-THERAPEUTIC	7,421	416,366	0.017823	17,217	307	55
57	CT SCAN	235,153	48,112,303	0.004888	46,497	227	57
58	MRI	10,580	3,460,734	0.003057	24,205	74	58
59	CARDIAC CATHETERIZATION	1,706,179	42,389,816	0.040250			59
60	LABORATORY	495,170	88,095,060	0.005621	803,753	4,518	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	458,523	13,236,572	0.034641	5,494	190	65
66	PHYSICAL THERAPY	429,372	13,478,161	0.031857	1,564,512	49,841	66
67	OCCUPATIONAL THERAPY	31,406	5,334,609	0.005887	1,466,556	8,634	67
68	SPEECH PATHOLOGY	13,891	2,518,698	0.005515	491,588	2,711	68
69	ELECTROCARDIOLOGY	327,211	19,817,235	0.016511			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS	375,147	58,297,576	0.006435	5,366	35	72
73	DRUGS CHARGED TO PATIENTS	878,128	80,613,890	0.010893	978,360	10,657	73
74	RENAL DIALYSIS	130,393	1,750,134	0.074505	30,132	2,245	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,238	1,478,592	0.002866			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	MOBILE MEDICAL UNIT	3,038	363,262	0.008363			90.02
90.03	FAMILY MEDICINE CENTER	57,523	3,091,990	0.018604			90.03
90.04	WOUND HEALING CENTER	47,838	2,659,364	0.017989			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	181,171	2,539,407	0.071344			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	14,847	272,569	0.054471			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	13,891	535,704	0.025930			90.07
90.08	PODIATRY RESIDENCY CLINIC	12,425	223,316	0.055639			90.08
90.09	FACULTY PRACTICE CLINIC	14,410	622,033	0.023166			90.09
91	EMERGENCY	2,063,972	52,704,326	0.039161	3,760	147	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		8,552,491				92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	15,714,509	688,912,019		5,507,160	81,918	200



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA BOXES: [] TITLE XIX [XX] IRF [] NF

		NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
(A)	COST CENTER DESCRIPTION	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 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			784,364		784,364	784,364	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							
90.02	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 CLINIC							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC							90.07
90.08	PODIATRY RESIDENCY CLINIC							90.08
90.09	FACULTY PRACTICE CLINIC							90.09
91	EMERGENCY			278,748		278,748	278,748	91
92	OBSERVATION BEDS (NON-DISTINCT PART)			2.0,710		2.0,7.0	,7 10	92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			1,063,112		1.063.112	1.063.112	200



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS COMPONENT CCN: 15-T012 WORKSHEET D PART IV

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

		TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT- IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS- THROUGH COSTS (col. 8 x col. 10)	OUTPAT- IENT PROGRAM CHARGES	OUTPAT- IENT PROGRAM PASS- THROUGH COSTS (col. 9 x col. 12)	
(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	166,885,503			13,455				50
51	RECOVERY ROOM	16,109,200							51
52	DELIVERY ROOM & LABOR ROOM	7,290,377							52
54	RADIOLOGY-DIAGNOSTIC	48,062,731			56,265				54
55	RADIOLOGY-THERAPEUTIC	416,366			17,217				55
57	CT SCAN	48,112,303			46,497				57
58	MRI	3,460,734			24,205				58
59	CARDIAC CATHETERIZATION	42,389,816							59
60	LABORATORY	88,095,060			803,753				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	13,236,572			5,494				65
66	PHYSICAL THERAPY	13,478,161			1,564,512				66
67	OCCUPATIONAL THERAPY	5,334,609			1,466,556				67
68	SPEECH PATHOLOGY	2,518,698			491,588				68
69	ELECTROCARDIOLOGY	19,817,235							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS								71
72	IMPL. DEV. CHARGED TO PATIENTS	58,297,576			5,366				72
73	DRUGS CHARGED TO PATIENTS	80,613,890	0.009730	0.009730	978,360	9,519			73
74	RENAL DIALYSIS	1,750,134			30,132				74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,478,592							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								_
90.02	MOBILE MEDICAL UNIT	363,262							90.02
90.03	FAMILY MEDICINE CENTER	3,091,990							90.03
90.04	WOUND HEALING CENTER	2,659,364							90.04
90.05	OUTPATIENT TREATMENT & INFUSION	2,539,407							90.05
90.06	PEDIATRIC SPECIALTY CLINIC	272,569							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	535,704							90.07
90.08	PODIATRY RESIDENCY CLINIC	223,316							90.08
90.09	FACULTY PRACTICE CLINIC	622,033							90.09
91	EMERGENCY	52,704,326	0.005289	0.005289	3,760	20			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	8,552,491							92
200	OTHER REIMBURSABLE COST CENTERS	500.040.5:-			# #0# / ··	0.5			200
200	TOTAL (sum of lines 50-199)	688,912,019			5,507,160	9,539			200

⁽A) Worksheet A line numbers



APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS COMPONE

COMPONENT CCN: 15-T012 WORKSHEET D PART V

CHECK	[]	TITLE	v - o/	P		[1	HOSPITAL	[]	SUB	(OTHER)	[1	SWING	BED	SNF
APPLICABLE	[XX]	TITLE	XVIII,	PART	В	[1	IPF	[1	SNF		[1	SWING	BED	NF
BOXES:	[]	TITLE	XIX - 0	O/P		[XX	[]	IRF	[]	NF		[]	ICF/MR	2	

			PR	OGRAM CHARC	GES				
				COST	COST		COST	COST	
		COST TO		REIM-	REIM-		REIM-	REIM-	
		CHARGE	PPS REIM-	BURSED	BURSED	PPS	BURSED	BURSED	
		RATIO	BURSED	SUBJECT	NOT	SERVICES	SUBJECT	NOT	
		(from	SERVICES	TO DED.	SUBJECT	(see	TO DED.	SUBJECT	
		Wkst C,	(see	& COINS.	TO DED.	inst.)	& COINS.	TO DED.	
		Part I,	inst.)	(see	& COINS.	11150.)	(see	& COINS.	
		col. 9)		inst.)	(see		inst.)	(see	
(4)	GOOT GENTER DESCRIPTION			3	inst.)	-	,	inst.)	_
(A)	COST CENTER DESCRIPTION ANCILLARY SERVICE COST CENTERS	1	2	3	4	5	6	7	
50	OPERATING ROOM	0.231314							50
51	RECOVERY ROOM	0.251314							51
52	DELIVERY ROOM & LABOR ROOM	0.131718							52
54	RADIOLOGY-DIAGNOSTIC	0.195050							54
55	RADIOLOGY-THERAPEUTIC	0.662456							55
57	CT SCAN	0.046831							57
58	MRI	0.177853							58
59	CARDIAC CATHETERIZATION	0.293011							59
60	LABORATORY	0.200853							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.200033							62.30
65	RESPIRATORY THERAPY	0.337789							65
66	PHYSICAL THERAPY	0.335873							66
67	OCCUPATIONAL THERAPY	0.226469							67
68	SPEECH PATHOLOGY	0.219201							68
69	ELECTROCARDIOLOGY	0.115000							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS								71
72	IMPL. DEV. CHARGED TO PATIENTS	0.398812							72
73	DRUGS CHARGED TO PATIENTS	0.261985							73
74	RENAL DIALYSIS	0.659363							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.164317							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.02	MOBILE MEDICAL UNIT	0.412273							90.02
90.03	FAMILY MEDICINE CENTER	0.523414							90.03
90.04	WOUND HEALING CENTER	0.742746							90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.443640							90.05
90.06	PEDIATRIC SPECIALTY CLINIC	2.207643							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	0.969446							90.07
90.08	PODIATRY RESIDENCY CLINIC	1.214835							90.08
90.09	FACULTY PRACTICE CLINIC	0.683970							90.09
91	EMERGENCY	0.232779							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1.089818							92
200	OTHER REIMBURSABLE COST CENTERS								200
200	SUBTOTAL (see instructions)								200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)								202



| In Lieu of Form | Period : Run Date: 03/12/2015 |
| ST. JOSEPH'S REG MED CENTER S. BEND | CMS-2552-10 | From: 07/01/2013 | Run Time: 10:18 |
| Provider CCN: 15-0012 | To: 06/30/2014 | Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

CHECK	[]	TITLE	v			[X	K]	PPS
APPLICABLE	[]	TITLE	XVIII,	PART	Α	[1	TEFRA
BOXES:	ſΧ	x 1	TITLE	XIX					

		CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26)	SWING BED ADJUST- MENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	13,321,931		13,321,931	57,982	229.76	1,799	413,338	30
31	INTENSIVE CARE UNIT	1,704,216		1,704,216	5,282	322.65	649	209,400	31
32	CORONARY CARE UNIT	, ,			,			,	32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	NEONATAL INTENSIVE CARE UNIT	581,735		581,735	1,933	300.95	1,055	317,502	35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF	177,361		177,361	5,942	29.85	333	9,940	41
42	SUBPROVIDER I								42
43	NURSERY	128,338		128,338	3,363	38.16	1,650	62,964	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	15,913,581		15,913,581	74,502		5,486	1,013,144	200

⁽A) Worksheet A line numbers



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-0012 WORKSHEET D
PART II

CHECK	[1	TITLE	v			[X	X]	HOSPITAL	[]	SUB	(OTHER)	[XX]]	PPS
APPLICABLE	[1	TITLE	XVIII,	PART	Α	[]	IPF					[]	TEFRA
BOXES:	[XX	[]	TITLE	XIX			[]	IRF							

		CAPITAL RELATED COST (from Wkst. B, Part II (col. 26)	TOTAL CHARGES (from Wkst. C, Part I, (col. 8)	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	6,233,299	166,885,503	0.037351	5,752,166	214,849	50
51	RECOVERY ROOM	379,507	16,109,200	0.023558	475,042	11,191	
52	DELIVERY ROOM & LABOR ROOM	27,732	7,290,377	0.003804	3,385,164	12,877	52
54	RADIOLOGY-DIAGNOSTIC	1,562,044	48,062,731	0.032500	1,283,901	41,727	54
55	RADIOLOGY-THERAPEUTIC	7,421	416,366	0.017823	10,606	189	55
57	CT SCAN	235,153	48,112,303	0.004888	1,558,257	7,617	57
58	MRI	10,580	3,460,734	0.003057	355,915	1,088	58
59	CARDIAC CATHETERIZATION	1,706,179	42,389,816	0.040250	900,723	36,254	59
60	LABORATORY	495,170	88,095,060	0.005621	5,868,054	32,984	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	, and the second	, ,		, ,	, and the second	62.30
65	RESPIRATORY THERAPY	458,523	13,236,572	0.034641	1,767,033	61,212	
66	PHYSICAL THERAPY	429,372	13,478,161	0.031857	229,743	7,319	
67	OCCUPATIONAL THERAPY	31,406	5,334,609	0.005887	165,203	973	67
68	SPEECH PATHOLOGY	13,891	2,518,698	0.005515	102,180	564	
69	ELECTROCARDIOLOGY	327.211	19,817,235	0.016511	,		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,021,200	0.0100			71
72	IMPL. DEV. CHARGED TO PATIENTS	375,147	58,297,576	0.006435	1,772,045	11,403	
73	DRUGS CHARGED TO PATIENTS	878,128	80,613,890	0.010893	7,797,358	84,937	
74	RENAL DIALYSIS	130,393	1,750,134	0.074505	104,147	7.759	
76.97	CARDIAC REHABILITATION	130,333	1,700,101	0.07 1.000	101,117	7,702	76.97
76.98	HYPERBARIC OXYGEN THERAPY	4.238	1,478,592	0.002866	2,304	7	76.98
76.99	LITHOTRIPSY	1,230	1,170,072	0.002000	2,501	,	76.99
70.55	OUTPATIENT SERVICE COST CENTERS						70.77
90.02	MOBILE MEDICAL UNIT	3,038	363,262	0.008363			90.02
90.03	FAMILY MEDICINE CENTER	57,523	3,091,990	0.018604			90.03
90.04	WOUND HEALING CENTER	47.838	2,659,364	0.017989			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	181,171	2,539,407	0.071344	1.987	142	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	14,847	272,569	0.054471	192	10	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	13.891	535,704	0.025930	1/2	10	90.07
90.08	PODIATRY RESIDENCY CLINIC	12,425	223,316	0.055639			90.08
90.09	FACULTY PRACTICE CLINIC	14,410	622,033	0.023166			90.09
91	EMERGENCY	2.063.972	52,704,326	0.023100	1,368,009	53,573	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	2,140,452	8,552,491	0.250272	64,458	16,132	
72	OTHER REIMBURSABLE COST CENTERS	2,170,732	0,332,491	0.230212	0-7,4-30	10,132	12
200	TOTAL (sum of lines 50-199)	17,854,961	688,912,019		32,964,487	602,807	200
200	101AL (sum of files JU-177)	17,054,901	000,712,019		34,704,40/	002,807	200



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

CHECK	[]	TITLE	v			[X2	[]	PPS
APPLICABLE	[]	TITLE	XVIII,	PART	Α	[1	TEFRA
BOXES:	[X	X]	TITLE	XIX					

		NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUST- MENT AMOUNT (see instruct- ions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		305,011			305,011	30
30	(General Routine Care)		303,011			303,011	30
31	INTENSIVE CARE UNIT		77,665			77,665	31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	NEONATAL INTENSIVE CARE UNIT						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY		9,179			9,179	43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		391,855			391,855	200

⁽A) Worksheet A line numbers



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

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

		TOTAL PATIENT DAYS	PER DIEM (col. 5÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	57,982	5.26	1,799	9,463	30
31	INTENSIVE CARE UNIT	5,282	14.70	649	9,540	31
32	CORONARY CARE UNIT	3,202	14.70	049	9,340	32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NEONATAL INTENSIVE CARE UNIT	1.933		1.055		35
40	SUBPROVIDER - IPF	1,733		1,033		40
41	SUBPROVIDER - IRF	5,942		333		41
42	SUBPROVIDER I	5,2				42
43	NURSERY	3,363	2.73	1,650	4,505	43
44	SKILLED NURSING FACILITY	, i		,	,	44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	74,502		5,486	23,508	200

⁽A) Worksheet A line numbers



Сомри-Мах

| In Lieu of Form | Period : Run Date: 03/12/2015 |
| ST. JOSEPH'S REG MED CENTER S. BEND | Provider CCN: 15-0012 | Run Time: 10:18 |
| To: 06/30/2014 | Version: 2014.10 | Version: 2014.10 | CMS-2552-10 | CMS-255

APPORTIONMEN OTHER PASS THE				/OUTPATI	ENT AN	CIL	LAR	Y SI	ERVICE				COMPONENT	r cc	N:	15-0012			KSHEET D ART IV
CHECK APPLICABLE BOXES:	[[[xx	i	TITLE TITLE TITLE	XVIII,	PART	A	[X: [[x]]	HOSPITAL IPF IRF]]]]	SUB SNF NF	(OTHER)	[]	ICF/MR	[xx]	PPS TEFRA	

		NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
(A)	COST CENTER DESCRIPTION	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 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			784,364		784,364	784,364	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							
90.02	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 CLINIC							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC							90.07
90.08	PODIATRY RESIDENCY CLINIC							90.08
90.09	FACULTY PRACTICE CLINIC							90.09
91	EMERGENCY			278,748		278,748	278,748	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			1,063,112		1,063,112	1,063,112	200

BOXES:



[XX] TITLE XIX

COMPLI-MAX

] NF

[] IRF

		TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT- IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS- THROUGH COSTS (col. 8 x col. 10)	OUTPAT- IENT PROGRAM CHARGES	OUTPAT- IENT PROGRAM PASS- THROUGH COSTS (col. 9 x col. 12)	
(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	166,885,503			5,752,166				50
51	RECOVERY ROOM	16,109,200			475,042				51
52	DELIVERY ROOM & LABOR ROOM	7,290,377			3,385,164				52
54	RADIOLOGY-DIAGNOSTIC	48,062,731			1,283,901				54
55	RADIOLOGY-THERAPEUTIC	416,366			10,606				55
57	CT SCAN	48,112,303			1,558,257				57
58	MRI	3,460,734			355,915				58
59	CARDIAC CATHETERIZATION	42,389,816			900,723				59
60	LABORATORY	88,095,060			5,868,054				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	13,236,572			1,767,033				65
66	PHYSICAL THERAPY	13,478,161			229,743				66
67	OCCUPATIONAL THERAPY	5,334,609			165,203				67
68	SPEECH PATHOLOGY	2,518,698			102,180				68
69	ELECTROCARDIOLOGY	19,817,235							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS								71
72	IMPL. DEV. CHARGED TO PATIENTS	58,297,576			1,772,045				72
73	DRUGS CHARGED TO PATIENTS	80,613,890	0.009730	0.009730	7,797,358	75,868			73
74	RENAL DIALYSIS	1,750,134			104,147				74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,478,592			2,304				76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.02	MOBILE MEDICAL UNIT	363,262							90.02
90.03	FAMILY MEDICINE CENTER	3,091,990							90.03
90.04	WOUND HEALING CENTER	2,659,364							90.04
90.05	OUTPATIENT TREATMENT & INFUSION	2,539,407			1,987				90.05
90.06	PEDIATRIC SPECIALTY CLINIC	272,569			192				90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	535,704							90.07
90.08	PODIATRY RESIDENCY CLINIC	223,316							90.08
90.09	FACULTY PRACTICE CLINIC	622,033							90.09
91	EMERGENCY	52,704,326	0.005289	0.005289	1,368,009	7,235			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	8,552,491			64,458				92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	688,912,019			32,964,487	83,103			200

⁽A) Worksheet A line numbers



APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-0012 WORKSHEET D PART V

CHECK	[] :	TITLE '	v - o/i	?		[XX	[]	HOSPITAL	[]	SUB (OTHER)	[]	SWING	BED	SNF
APPLICABLE	[] :	FITLE	XVIII,	PART	В	[1	IPF	[]	SNF	[]	SWING	BED	NF
BOXES:	[XX] :	TITLE	XIX - C	D/P		[]	IRF	[]	NF	[]	ICF/M	R	

			PR	OGRAM CHARO	SES		PROGRAM COS	Γ	
		COST TO CHARGE RATIO (from	PPS REIM- BURSED SERVICES	COST REIM- BURSED SUBJECT	COST REIM- BURSED NOT SUBJECT	PPS SERVICES	COST REIM- BURSED SUBJECT	COST REIM- BURSED NOT SUBJECT	
		Wkst C, Part I,	(see inst.)	TO DED. & COINS.	TO DED. & COINS.	(see inst.)	TO DED. & COINS.	TO DED. & COINS.	
		col. 9)	mst.)	(see inst.)	(see		(see inst.)	(see	
(4)	COST CENTED DESCRIPTION	1	2	3	inst.)	-		inst.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	7	
50	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	0.231314							50
51									
	RECOVERY ROOM	0.158343							51
52 54	DELIVERY ROOM & LABOR ROOM	0.131718							52 54
55	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	0.195050 0.662456							55
57	CT SCAN	0.046831							57
58	MRI	0.177853							58
59	CARDIAC CATHETERIZATION	0.293011							59
60	LABORATORY	0.200853							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000							62.30
65	RESPIRATORY THERAPY	0.337789							65
66	PHYSICAL THERAPY	0.335873							66
67	OCCUPATIONAL THERAPY	0.226469							67
68	SPEECH PATHOLOGY	0.219201							68
69	ELECTROCARDIOLOGY	0.115000							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS								71
72	IMPL. DEV. CHARGED TO PATIENTS	0.398812							72
73	DRUGS CHARGED TO PATIENTS	0.261985							73
74	RENAL DIALYSIS	0.659363							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.164317							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.02	MOBILE MEDICAL UNIT	0.412273							90.02
90.03	FAMILY MEDICINE CENTER	0.523414							90.03
90.04	WOUND HEALING CENTER	0.742746							90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.443640							90.05
90.06	PEDIATRIC SPECIALTY CLINIC	2.207643							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	0.969446							90.07
90.08	PODIATRY RESIDENCY CLINIC	1.214835							90.08
90.09	FACULTY PRACTICE CLINIC	0.683970							90.09
91	EMERGENCY	0.232779							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1.089818							92
200	OTHER REIMBURSABLE COST CENTERS								200
200	SUBTOTAL (see instructions)								200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)								202



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-T012 WORKSHEET D
PART II

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

		CAPITAL RELATED COST (from Wkst. B, Part II (col. 26)	TOTAL CHARGES (from Wkst. C, Part I, (col. 8)	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	6,233,299	166,885,503	0.037351			50
51	RECOVERY ROOM	379,507	16,109,200	0.023558			51
52	DELIVERY ROOM & LABOR ROOM	27,732	7,290,377	0.003804			52
54	RADIOLOGY-DIAGNOSTIC	1,562,044	48,062,731	0.032500	1,966	64	54
55	RADIOLOGY-THERAPEUTIC	7,421	416,366	0.017823			55
57	CT SCAN	235,153	48,112,303	0.004888			57
58	MRI	10,580	3,460,734	0.003057	0.77		58
59	CARDIAC CATHETERIZATION	1,706,179	42,389,816	0.040250	975	39	59
60	LABORATORY	495,170	88,095,060	0.005621	62,687	352	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	458,523	13,236,572	0.034641			65
66	PHYSICAL THERAPY	429,372	13,478,161	0.031857	169,509	5,400	66
67	OCCUPATIONAL THERAPY	31,406	5,334,609	0.005887	154,493	910	67
68	SPEECH PATHOLOGY	13,891	2,518,698	0.005515	101,092	558	68
69	ELECTROCARDIOLOGY	327,211	19,817,235	0.016511			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	255 4 45	#0.00# ### f	0.005105			71
72	IMPL. DEV. CHARGED TO PATIENTS	375,147	58,297,576	0.006435			72
73	DRUGS CHARGED TO PATIENTS	878,128	80,613,890	0.010893	157,325	1,714	73
74	RENAL DIALYSIS	130,393	1,750,134	0.074505	7,200	536	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,238	1,478,592	0.002866			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	MOBILE MEDICAL UNIT	3,038	363,262	0.008363			90.02
90.03	FAMILY MEDICINE CENTER	57,523	3,091,990	0.018604			90.03
90.04	WOUND HEALING CENTER	47,838	2,659,364	0.017989			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	181,171	2,539,407	0.071344			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	14,847	272,569	0.054471			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	13,891	535,704	0.025930			90.07
90.08	PODIATRY RESIDENCY CLINIC	12,425	223,316	0.055639			90.08
90.09	FACULTY PRACTICE CLINIC	14,410	622,033	0.023166			90.09
91	EMERGENCY	2,063,972	52,704,326	0.039161			91
92	OBSERVATION BEDS (NON-DISTINCT PART)		8,552,491				92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	15,714,509	688,912,019		655,247	9,573	200

⁽A) Worksheet A line numbers



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA BOXES: [XX] TITLE XIX [XX] IRF [] NF

		NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
(A)	COST CENTER DESCRIPTION	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 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			784,364		784,364	784,364	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							
90.02	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 CLINIC							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC							90.07
90.08	PODIATRY RESIDENCY CLINIC							90.08
90.09	FACULTY PRACTICE CLINIC							90.09
91	EMERGENCY			278,748		278,748	278,748	91
92	OBSERVATION BEDS (NON-DISTINCT PART)			2.0,710		2.2,710	=. 5,710	92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			1,063,112		1.063,112	1.063.112	200

BOXES:



[XX] TITLE XIX

COMPLI-MAX

In Lieu of Form Period : Run Date: 03/12/2015
ST. JOSEPH'S REG MED CENTER S. BEND CMS-2552-10 From: 07/01/2013 Run Time: 10:18
Provider CCN: 15-0012 To: 06/30/2014 Version: 2014.10

] NF

[XX] IRF

		TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT- IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS- THROUGH COSTS (col. 8 x col. 10)	OUTPAT- IENT PROGRAM CHARGES	OUTPAT- IENT PROGRAM PASS- THROUGH COSTS (col. 9 x col. 12)	
(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	166,885,503							50
51	RECOVERY ROOM	16,109,200							51
52	DELIVERY ROOM & LABOR ROOM	7,290,377							52
54	RADIOLOGY-DIAGNOSTIC	48,062,731			1,966				54
55	RADIOLOGY-THERAPEUTIC	416,366							55
57	CT SCAN	48,112,303							57
58	MRI	3,460,734							58
59	CARDIAC CATHETERIZATION	42,389,816			975				59
60	LABORATORY	88,095,060			62,687				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	13,236,572							65
66	PHYSICAL THERAPY	13,478,161			169,509				66
67	OCCUPATIONAL THERAPY	5,334,609			154,493				67
68	SPEECH PATHOLOGY	2,518,698			101,092				68
69	ELECTROCARDIOLOGY	19,817,235							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS								71
72	IMPL. DEV. CHARGED TO PATIENTS	58,297,576							72
73	DRUGS CHARGED TO PATIENTS	80,613,890	0.009730	0.009730	157,325	1,531			73
74	RENAL DIALYSIS	1,750,134			7,200				74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,478,592							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								4
90.02	MOBILE MEDICAL UNIT	363,262							90.02
90.03	FAMILY MEDICINE CENTER	3,091,990							90.03
90.04	WOUND HEALING CENTER	2,659,364							90.04
90.05	OUTPATIENT TREATMENT & INFUSION	2,539,407							90.05
90.06	PEDIATRIC SPECIALTY CLINIC	272,569							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	535,704							90.07
90.08	PODIATRY RESIDENCY CLINIC	223,316							90.08
90.09	FACULTY PRACTICE CLINIC	622,033							90.09
91	EMERGENCY	52,704,326	0.005289	0.005289					91
92	OBSERVATION BEDS (NON-DISTINCT PART)	8,552,491							92
200	OTHER REIMBURSABLE COST CENTERS	600.042.0:-				4 5-1			
200	TOTAL (sum of lines 50-199)	688,912,019			655,247	1,531			200

⁽A) Worksheet A line numbers



APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-T012 WORKSHEET D PART V

CHECK	[1	TITLE	v - o/i	?		[1	HOSPITAL	[]	SUB (OTHER)	[]	SWING	BED	SNF
APPLICABLE	[1	TITLE	XVIII,	PART	В	[1	IPF	[]	SNF	[]	SWING	BED	NF
BOXES:	[XX	[]	TITLE	XIX - C	D/P		[XX	[]	IRF	[]	NF	[]	ICF/MR	!	

			PR	OGRAM CHARO	GES		PROGRAM COS	Γ	
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM- BURSED SERVICES (see inst.)	COST REIM- BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM- BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM- BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM- BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.231314							50
51	RECOVERY ROOM	0.158343							51
52	DELIVERY ROOM & LABOR ROOM	0.131718							52
54	RADIOLOGY-DIAGNOSTIC	0.195050							54
55	RADIOLOGY-THERAPEUTIC	0.662456							55
57	CT SCAN	0.046831							57
58	MRI	0.177853							58
59	CARDIAC CATHETERIZATION	0.293011							59
60	LABORATORY	0.200853							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.337789							65
66	PHYSICAL THERAPY	0.335873							66
67	OCCUPATIONAL THERAPY	0.226469							67
68	SPEECH PATHOLOGY	0.219201							68
69	ELECTROCARDIOLOGY	0.115000							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS								71
72	IMPL. DEV. CHARGED TO PATIENTS	0.398812							72
73	DRUGS CHARGED TO PATIENTS	0.261985							73
74	RENAL DIALYSIS	0.659363							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.164317							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.02	MOBILE MEDICAL UNIT	0.412273							90.02
90.03	FAMILY MEDICINE CENTER	0.523414							90.03
90.04	WOUND HEALING CENTER	0.742746			-				90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.443640							90.05
90.06	PEDIATRIC SPECIALTY CLINIC	2.207643							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	0.969446							90.07
90.08	PODIATRY RESIDENCY CLINIC	1.214835							90.08
90.09	FACULTY PRACTICE CLINIC	0.683970							90.09
91	EMERGENCY	0.232779							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1.089818							92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)				1				200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM			l			I		201
202	ONLY CHARGES			-	+		-		1000
202	NET CHARGES (line 200 - line 201)								202



33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)

35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)

34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)

36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)

COMPLI-MAX

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0012

WORKSHEET D-1

																								PART I	
СП	ECK	г 1	TITLE	17 -	_ T/1	D		[YY]	HOSPI'	тат.	г	1 9	TTR	(OTHE	D)		г	1 1	CF/M	rD.	ſΥ	v 1	PPS		
	_		TITLE							IAD	-] S	-	(011112)	κ,		١.	, ,	.CI / I.	ı	Γ <u>Λ</u>		TEFRA		
	XES:		TITLE						IRF		-	l N									L	-	OTHER		
BO.	AES:		TITLE	YIY	. – .	1/1		LJ	IRF		L] N	r								L	1	OTHER		
PAI	RT I - ALL PR	OVIDER	сомро	NENT	S																				
		- '							INPAT	IENT I	DAYS														
1	INPATIENT I																							57,982	1
2	INPATIENT I																							57,982	2
3	PRIVATE RO									VE ON	LY PR	IVAT	E RC	OOM DA	YS, DO N	OT CO	OMPL	ETE	THIS I	JNE.					3
4	SEMI-PRIVA																							48,666	4
_ 5	TOTAL SWIN																								5
6	TOTAL SWIN			E INPA	TIENT	ΓDAYS	(inclu	ling pr	ivate room o	days) A	FTER I	DECE	EMBE	ER 31 OF	THE COS	ST REI	PORT	ING	PERIO	D (if ca	lenda	r			6
	year, enter 0 o																								-
7	TOTAL SWIN																								7
8	TOTAL SWIN		NF-TYPE	INPAT	TENT	DAYS (i	ncludi	ng priv	ate room da	ıys) AF	TER D	DECEN	MBEI	R 31 OF 1	THE COST	r REP	ORTH	NG P	ERIOD	(if cale	endar	year,			8
	enter 0 on this		CLUDDIC	DDII	A TELE		A 370	DDI I	TABLE TO	THE D	DOGD	13.5.7												21 100	9
9	INPATIENT I SWING-BED	DAYS IN	CLUDING DE DIDAT	PRIV	ATEK	A DDL IC	APLE	TOTI	ABLE TO	THE P	KOGK.	AM (exclu	ding swin	g-bed and	newbo	orn da	ys)	TD 21 C	E THE		т		21,108	9
10	REPORTING					APPLIC.	ABLE	10 11	ILE XVIII	ONLY	(includ	aing p	rivate	room da	ys) THKO	UGH .	DECE	SMBI	2K 31 C	FIHE	COS	1			10
	SWING-BED	CME TV	CSEE HISHU	CHORS)	DAVE	A DDL IC	A DI E	то ті	TIEVVIII	ONLV	(inalu	ding n	rivoto	room do	uc) AETEI	D DEC	EMD	ED 2	1 OF T	HE CO	СТ				
11	REPORTING	DEDIOD	(if colonda	IENI I	onter (O on this	ADLE	10 11	ILEAVIII	ONLI	(IIICIUC	anig p	nivate	100III ua	ys) AFIEI	K DEC	ENID	EKS	I OF I	TE CO.	31				11
	SWING-BED	NF-TYP	F INDATI	ENT D	AVS A	APPI ICA	RIF'	O TIT	I ES V OR	XIX O	NI V G	nelud	ing n	rivate roo	m dave) Tl	HRUI	CHI	ECE	MRER	31 OF	THE				
12	COST REPOR			2111 12	AISA	II I LICA	DLL .	0 111	LLS V OK	MIM O	IVLI (I	iiciuu.	mg pi	iivate 100i	iii days) 11	iikoc	OIL	LCL	WIDLK	31 01	IIIL				12
	SWING-BED			ENT D	AYS A	APPLICA	BLE	TIT O	LES V OR	XIX O	NLY (i	nclud	ing ni	rivate roo	m days) A	FTER	DECI	EMB	ER 31 ()F THE	COS	т			
13	REPORTING								LLD . OIL				5 P	111110 100	day 0) 11		220.			,, ,,,,,		•			13
14	MEDICALLY							ICABI	E TO THE	PROG	RAM (exclu	ding	swing-bed	l davs)										14
15											,														15
16							IX on	ly)																	16
									WING-BEI																
17	MEDICARE F																				D				17
18																									18
19)				19
20	MEDICAID R										AFTER	R DEC	CEME	BER 31 O	F THE CO	OST RI	EPOR	TINO	3 PERI	OD					20
21	TOTAL GENI																						58	3,010,813	21
22	SWING-BED																			7)					22
	SWING-BED																								23
	SWING-BED																								24
	SWING-BED						VICE	SAFT	ER DECEM	BER 3	1 OF T	HE C	OST.	REPORT	ING PERI	IOD (li	ne 8 x	x line	20)						25
	TOTAL SWIN						TEM 0		IG DED G	0.00															26
27	GENERAL IN	PATIEN	I KOUTIN	NE SEF	KVICE						T/E/E 4 F	4 D T*	TOPP	#ENITE									58	3,010,813	27
20	GENERAL IN	ID A TIPN	T DOLLED	ID CET	DVICE				OOM DIFE														1		20
28								ciuair	g swing-bed	u and o	oservat	ion be	eu ena	irges)									_		28
30								raaa)															+		30
31	GENERAL IN								TIO (line 2	7 · lino	28)												+		31
32	AVERAGE PI									, - mie	20)														32
	AVERAGE FI																						1		22

33

35

36 58,010,813 37



In Lieu of Form Run Date: 03/12/2015 Period: ST. JOSEPH'S REG MED CENTER S. BEND CMS-2552-10 Run Time: 10:18 From: 07/01/2013 To: 06/30/2014 Version: 2014.10 Provider CCN: 15-0012

COMPUTATION OF INPATIENT OPERATING COST COMPONENT CCN: 15-0012 WORKSHEET D-1 PART II

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

PART	II - HOSPITALS AND SUBPROVIDERS ONLY						
	PROGRAM INPATIENT OPERATING COST BEFORE PASS-	TUDOLICU CO	CT ADHICTME	NTC		1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)		SI ADJUSTNIE	1113		1,000.50	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST LER DIEW (see histocuolis)					21.118.554	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line	e 14 v line 35)				21,110,334	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	e 14 x IIIIe 33)				21,118,554	
71	101AE 1 ROOKAW GENERAE IN ATIENT ROOTINE SERVICE COST (IIIC 37 + IIIC 40)			AVERAGE		PROGRAM	71
		TOTAL	TOTAL	PER DIEM	PROGRAM	COST	
		INPATIENT	INPATIENT	(col. 1 ÷	DAYS	(col. 3 x	
		COST	DAYS	col. 2)	D.1115	col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)		_	-	·		42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	10,361,470	5,282	1,961.66	2,167	4,250,917	43
44	CORONARY CARE UNIT	1,2 2 , 2 2	- , -	,,	,	, , -	44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	NEONATAL INTENSIVE CARE UNIT	3,275,597	1,933	1,694.57			47
				,		1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					31,978,782	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					57,348,253	49
	PASS-THROUGH COST ADJUSTN	MENTS					
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES ((from Worksheet	D, sum of Parts I	and III)		5,691,840	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICE	ES (from Worksh	eet D, sum of Par	ts II and IV)		3,733,198	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					9,425,038	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NO	ONPHYSICIAN .	ANESTHETIST.	AND MEDICAL	EDUCATION	47,923,215	53
33	COSTS (line 49 minus line 52)					47,923,213	33
	TARGET AMOUNT AND LIMIT COM	PUTATION					
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 AMO	OUNT (line 56 mi	inus line 53)				57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDI	NG 1996, UPDA	TED AND COM	POUNDED BY	THE MARKET		59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATE	D BY THE MAR	RKET BASKET				60
	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER			WHICH OPERA	TING COSTS		
61	(line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMO						61
62	RELIEF PAYMENT (see instructions)	•		`			62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63
	PROGRAM INPATIENT ROUTINE SWIN	IG BED COST				•	
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 C	OF THE COST R	EPORTING PER	IOD (see instruct	ions) (Title		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF T	HE COST REPO	RTING PERIOD	(see instructions	(Title XVIII		65
	only)						
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 O	F THE COST RI	EPORTING PER	IOD (line 13 x lir	ne 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69



| In Lieu of Form | Period : Run Date: 03/12/2015 |
| ST. JOSEPH'S REG MED CENTER S. BEND | CMS-2552-10 | From: 07/01/2013 | Run Time: 10:18 |
| Provider CCN: 15-0012 | To: 06/30/2014 | Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST COMPONENT CCN: 15-0012

WORKSHEET D-1 PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					9,316	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					1,000.50	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					9,320,658	89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERV- ATION BED COST (from line89)	OBSERV- ATION BED PASS- THROUGH COST col. 3 x col. 4) (see instr- uctions	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	13,321,931	58,010,813	0.229646	9,320,658	2,140,452	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST	305,011	58,010,813	0.005258	9,320,658	49,008	92
93	ALL OTHER MEDICAL EDUCATION						93



In Lieu of Form Run Date: 03/12/2015 Period: From: 07/01/2013 To: 06/30/2014 Run Time: 10:18 Version: 2014.10 ST. JOSEPH'S REG MED CENTER S. BEND CMS-2552-10 Provider CCN: 15-0012

COMPUTATION OF INPATIENT OPERATING COST COMPONENT CCN: 15-T012

WORKSHEET D-1 PART I

AP		PPS TEFRA OTHER	
PA	RT I - ALL PROVIDER COMPONENTS		
1	INPATIENT DAYS	5.042	
1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn) INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	5,942 5,942	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.	3,942	3
1	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days). In 100 HAVE ONLY PRIVATE ROOM DAYS, BO NOT COMPLETE THIS LINE.	5,942	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	3,942	5
	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar		
6	year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year,		
8	enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	3,643	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST		10
10	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		11
11	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		13
	REPORTING PERIOD (if calendar year, enter 0 on this line)		
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15			15
16		<u> </u>	16
	SWING-BED ADJUSTMENT		T.5
	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18			18 19
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
20	TOTAL GENERAL INPATIENT ROUTINE SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	4.820.192	21
22		4,820,192	22
23			23
24	SWING-BED COST APPLICABLE TO INT-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			26
27		4.820.192	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32			32
33			33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35			35
36		4.020.102	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	4,820,192	37

37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)



COMPLI-MAY

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T012

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PART	II - HOSPITALS AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	811.21	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	2,955,238	
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)	2,955,238	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	1,439,876	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	4,395,114	49
	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	108,744	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	91,457	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	200,201	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	4,194,913	53
	TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (line 54 x line 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)		57
58	BONUS PAYMENT (see instructions)		58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)		61
62	RELIEF PAYMENT (see instructions)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)		63
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only, For CAH, see instructions)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		69



COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0012

WORKSHEET D-1

PART I

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

2 INPATIENT DAYS (including private room days, excluding awing-bed and newborn days) 57,982 3 7 7 7 7 7 7 7 7 7				
INPATIENT DAYS (including private room days, excluding newborn) 57,982	DAI	DT LALI DDAVIDED COMPONENTS		
1 INPATIENT DAYS (including private room days, and swing-bed days, excluding newborm days) 2 INPATIENT DAYS (including private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE. 3 REMATER ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE. 4 SEMPRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE. 5 TOTAL SWING-BED SNE-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (10 calendar year, enter 0 on this line). 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (10 calendar year, enter 0 on this line). 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line). 7 REPORTING PERIOD (if calendar year, enter 0 on this line). 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line). 9 RNATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days). 1 REPORTING PERIOD (see instructions). 1 SWING-BED SNE-TYPE INPATIENT DAYS APPLICABLE TO THE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line). 1 SWING-BED IN-TYPE INPATIENT DAYS APPLICABLE TO THE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line). 2 SWING-BED IN-TYPE INPATIENT DAYS APPLICABLE TO THE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line). 3 SWING-BED IN-TYPE INPATIENT DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days). 4 MEDICARE RATE FOR SWING-BED SAP SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REP	IAI			
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20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions) 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17) 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18) 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19) 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19) 26 TOTAL SWING-BED COST (see instructions) 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST 28 PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 29 PRIVATE ROOM CHARGES (excluding swing-bed and observation bed charges) 30 SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 32 minus line 33) (see instructions) 36 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 37 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)				19
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22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17) 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18) 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19) 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19) 26 TOTAL SWING-BED COST (see instructions) 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST 28 FRIVATE ROOM DIFFERENTIAL ADJUSTMENT 29 PRIVATE ROOM CHARGES (excluding swing-bed and observation bed charges) 20 SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges) 30 SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE SIDE (Line 30 ÷ line 4) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 32 minus line 33) (see instructions) 36 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 37 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)	21		58.010.813	21
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18) 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19) 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20) 26 TOTAL SWING-BED COST (see instructions) 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST 28 FINAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges) 29 PRIVATE ROOM CHARGES (excluding swing-bed charges) 30 SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4) 34 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 32 minus line 33) (see instructions) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)	22		00,010,010	22
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19) 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20) 26 TOTAL SWING-BED COST (see instructions) 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST 28 PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges) 29 PRIVATE ROOM CHARGES (excluding swing-bed charges) 30 SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4) 34 AVERAGE SEMI-PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 36 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)	23			23
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20) 26 TOTAL SWING-BED COST (see instructions) 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges) 29 PRIVATE ROOM CHARGES (excluding swing-bed charges) 30 SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 + line 4) 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 36 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 37 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 38 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)				24
26 TOTAL SWING-BED COST (see instructions) 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges) 29 PRIVATE ROOM CHARGES (excluding swing-bed charges) 30 SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4) 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)				25
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST FRIVATE ROOM DIFFERENTIAL ADJUSTMENT				26
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges) 2: 29 PRIVATE ROOM CHARGES (excluding swing-bed charges) 3: 30 SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges) 3: 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28) 3 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 3: 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4) 3: 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions) 3: 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 3:			58.010.813	
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges) 22 29 PRIVATE ROOM CHARGES (excluding swing-bed charges) 22 30 SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges) 3 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28) 3 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 3 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4) 3 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions) 3 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 3				
29 PRIVATE ROOM CHARGES (excluding swing-bed charges) 22 30 SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges) 36 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28) 3 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 3 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4) 3 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions) 3 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 3	28			28
30 SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges) 36 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28) 3 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 3 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4) 3 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions) 3 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 3				29
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28) 3 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 3 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 + line 4) 3 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions) 3 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 3				30
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4) 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 36 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 37 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 38 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)				31
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4) 3. 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions) 3. 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 3.		(and 2) / and 20)		32
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 36 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				33
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31) 3:				34
				35
		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) 58.010.813 3'			58.010.813	_



In Lieu of Form Run Date: 03/12/2015 Period: ST. JOSEPH'S REG MED CENTER S. BEND CMS-2552-10 From: 07/01/2013 Run Time: 10:18 Provider CCN: 15-0012 To: 06/30/2014 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST COMPONENT CCN: 15-0012 WORKSHEET D-1 PART II

CHECK	[1	TITLE	v - I	/P		[X	K]	HOSPITAL	[]	SUB	(OTHER)	[X	x]	PPS
APPLICABLE	[]	TITLE	XVIII	, PART	Α	[1	IPF					[1	TEFRA
BOXES:	[XX	[]	TITLE	XIX -	I/P		[]	IRF					[]	OTHER

PART	II - HOSPITALS AND SUBPROVIDERS ONLY						
	PROGRAM INPATIENT OPERATING COST BEFORE PASS-	тиропси со	CT ADHICTME	NTC		1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)		SI ADJUSTNIE	1113		1,000.50	38
39	PROGRAM GENERAL INVATIENT ROUTINE SERVICE COST LER DIEM (see instituctions)					1,799,900	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (lin	ne 14 v line 35)				1,777,700	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	ic 14 x iiic 33)				1,799,900	41
	TOTAL TROOM IN CENTRAL INTITIENT ROCTINE SERVICE COST (IIIC 37) + IIIC 40)			AVERAGE		PROGRAM	71
		TOTAL	TOTAL	PER DIEM	PROGRAM	COST	
		INPATIENT	INPATIENT	(col. 1 ÷	DAYS	(col. 3 x	
		COST	DAYS	col. 2)		col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)	5,361,690	3,363	1,594.32	1,650	2,630,628	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	10,361,470	5,282	1,961.66	649	1,273,117	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	NEONATAL INTENSIVE CARE UNIT	3,275,597	1,933	1,694.57	1,055	1,787,771	47
						1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					7,639,173	
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					15,130,589	49
	PASS-THROUGH COST ADJUST						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,026,712	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVIC	ES (from Worksh	eet D, sum of Par	ts II and IV)		685,910	
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					1,712,622	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, N	ONPHYSICIAN	ANESTHETIST	AND MEDICAL	EDUCATION	13,417,967	53
33	COSTS (line 49 minus line 52)					13,417,707	33
	TARGET AMOUNT AND LIMIT COM	PUTATION				1	
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 AM	OUNT (line 56 m	inus line 53)				57
58	BONUS PAYMENT (see instructions)	DIG 1006 LIDD 1	TED AND COM	DOLLNIDED DAY	DITE MADREE		58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDI	ING 1996, UPDA	TED AND COM	POUNDED BY	THE MARKET		59
	BASKET	D DV THE MAI	NET DACKET				60
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATE IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER			WILLOWED A	TING COSTS		60
61							61
62	(line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMORELIEF PAYMENT (see instructions)	JUN1 (line 56), C	JI HEKWISE EN	TER ZERO (see	instructions)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63
03	PROGRAM INPATIENT COST FLOS INCENTIVE FATMENT (SEE INSTRUCTIONS)	VC PED COST					03
	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 (EDODTING DED	IOD (see instruct	rione) (Title		
64	XVIII only)	or the cost K	EI OKTING I EK	IOD (see instruct	ions) (Title		64
	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF T	THE COST REPO	RTING PERIOD	(see instructions) (Title XVIII		
65	only)	IIL COST KEFO	KIINO LEKIOD	(see mstructions	(THE AVIII		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For	CAH see instruc	tions)				66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER			PERIOD (line 12	x line 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 (68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		OKTING LEK	(15 A III			69
37	TOTAL TITLE : ON THIS OF THE ODD IN THE TITLE TO THE COSTS (INC OF THE COSTS)					l	



| In Lieu of Form | Period : Run Date: 03/12/2015 |
| ST. JOSEPH'S REG MED CENTER S. BEND | Provider CCN: 15-0012 | To: 06/30/2014 | Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0012

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					9,316	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)						88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)						89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERV- ATION BED COST (from line89)	OBSERV- ATION BED PASS- THROUGH COST col. 3 x col. 4) (see instr- uctions	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T012

WORKSHEET D-1
PART I

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

D.A.	DT I ALL DROWNED COMPONENTS		
PA	RT I - ALL PROVIDER COMPONENTS INPATIENT DAYS		
1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	5.942	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	5,942	2
	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.	3,742	3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	5,942	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5,5.2	5
	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar		
6	year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year,		
8	enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	333	9
4.0	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST		4.0
10	REPORTING PERIOD (see instructions)		10
	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST		
11	REPORTING PERIOD (if calendar year, enter 0 on this line)		11
	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE		
12	COST REPORTING PERIOD		12
	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST		
13	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
	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16
10	SWING-BED ADJUSTMENT		10
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
	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)	4.820.192	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)	1,020,172	22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
	TOTAL SWING-BED COST (see instructions)		26
	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4.820.192	27
27	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	4,020,172	27
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	4,820,192	



COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T012

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [XX] PPS

APPLICABLE [] TITLE XVIII, PART A [] IPF [] TEFRA

BOXES: [XX] TITLE XIX - I/P [XX] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

38 A	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 A		1	
	DJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	811.21	38
39 PI	ROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)		39
40 M	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)	,	40
41 TO	OTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	270,133	41
48 PI	ROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	173,305	48
49 TO	OTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	443,438	49
•	PASS-THROUGH COST ADJUSTMENTS		
50 PA	ASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	9,940	50
51 PA	ASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	11,104	51
52 TO	OTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	21,044	52
53 TO	OTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION	422,394	53
55 C	COSTS (line 49 minus line 52)	422,394	33
•	TARGET AMOUNT AND LIMIT COMPUTATION		
54 PI	ROGRAM DISCHARGES		54
55 T.	ARGET AMOUNT PER DISCHARGE		55
56 T	ARGET AMOUNT (line 54 x line 55)		56
57 D	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)		57
58 B	ONUS PAYMENT (see instructions)		58
	ESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET ASKET		59
60 Ll	ESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF	F 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		61
01 (li	ine 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)		01
62 R	ELIEF PAYMENT (see instructions)		62
63 A	LLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)		63
	PROGRAM INPATIENT ROUTINE SWING BED COST		
	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title CVIII only)		64
	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII nly)		65
66 T0	OTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)		66
	TILE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)		67
68 TI	ITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)		68
69 TO	OTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		69



COMPU-MAX

COMPONENT CCN: 15-0012

WORKSHEET D-3

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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

		RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		36,043,580		30
31	INTENSIVE CARE UNIT		7,899,239		31
35	NEONATAL INTENSIVE CARE UNIT				35
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.232127	49,104,982	11,398,592	50
51	RECOVERY ROOM	0.158343	2,811,449	445,173	
52	DELIVERY ROOM & LABOR ROOM	0.131718	16,823	2,216	
54	RADIOLOGY-DIAGNOSTIC	0.195513	5,130,565	1,003,092	
55	RADIOLOGY-THERAPEUTIC	0.662456	81,577	54,041	
57	CT SCAN	0.046831	6,712,330	314,345	
58	MRI	0.177853	1,599,109	284,406	
59	CARDIAC CATHETERIZATION	0.293273	8,164,593	2,394,455	
60	LABORATORY	0.200853	23,744,262	4,769,106	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.225004	2002 #0#	4.040.450	62.30
65	RESPIRATORY THERAPY	0.337804	3,903,595	1,318,650	
66	PHYSICAL THERAPY	0.335873	1,632,195	548,210	
67	OCCUPATIONAL THERAPY	0.226469	1,070,984	242,545	
68	SPEECH PATHOLOGY	0.219201	496,637	108,863	
69 71	ELECTROCARDIOLOGY MEDICAL GUIDA DE GUA DE GUA DE CONTROLOGIA DE C	0.115218	3,610,794	416,028	
72	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.398812	1.005.750	409.082	71 72
73	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	0.398812	1,025,752 22,882,897	5,994,976	
74	RENAL DIALYSIS	0.261985	494,081	325,779	
76.97		0.659363	494,081	323,779	
	CARDIAC REHABILITATION LIVERDA DIC COVICEN THERA DV	0.164217			76.97
76.98 76.99	HYPERBARIC OXYGEN THERAPY LITHOTRIPSY	0.164317			76.98 76.99
76.99	OUTPATIENT SERVICE COST CENTERS				/0.99
90.02	MOBILE MEDICAL UNIT	0.413181			90.02
90.03	FAMILY MEDICINE CENTER	0.523414			90.03
90.04	WOUND HEALING CENTER	0.742746	202	150	
90.04	OUTPATIENT TREATMENT & INFUSION	0.443640	202	130	90.04
90.06	PEDIATRIC SPECIALTY CLINIC	2.218987	113	251	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	1.172246	113	231	90.07
90.08	PODIATRY RESIDENCY CLINIC	1.315481			90.08
90.09	FACULTY PRACTICE CLINIC	0.683970			90.09
91	EMERGENCY	0.235191	5,946,976	1.398.675	
92	OBSERVATION BEDS (NON-DISTINCT PART)	1.089818	504.806	550.147	
	OTHER REIMBURSABLE COST CENTERS	1.307010	20.,000	550,147	
200	TOTAL (sum of lines 50-94, and 96-98)		138,934,722	31,978,782	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)		, ,	, , , , , , , ,	201
202	NET CHARGES (line 200 minus line 201)		138,934,722		202



COMPU-MAX

COMPONENT CCN: 15-T012

WORKSHEET D-3

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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

		RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	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		5,085,907		41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.232127	13,455	3,123	50
51	RECOVERY ROOM	0.158343			51
52	DELIVERY ROOM & LABOR ROOM	0.131718			52
54	RADIOLOGY-DIAGNOSTIC	0.195513	56,265	11,001	54
55	RADIOLOGY-THERAPEUTIC	0.662456	17,217	11,406	55
57	CT SCAN	0.046831	46,497	2,178	57
58	MRI	0.177853	24,205	4,305	58
59	CARDIAC CATHETERIZATION	0.293273			59
60	LABORATORY	0.200853	803,753	161,436	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.337804	5,494	1,856	65
66	PHYSICAL THERAPY	0.335873	1,564,512	525,477	66
67	OCCUPATIONAL THERAPY	0.226469	1,466,556	332,129	67
68	SPEECH PATHOLOGY	0.219201	491,588	107,757	68
69	ELECTROCARDIOLOGY	0.115218			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				71
72	IMPL. DEV. CHARGED TO PATIENTS	0.398812	5,366	2,140	72
73	DRUGS CHARGED TO PATIENTS	0.261985	978,360	256,316	73
74	RENAL DIALYSIS	0.659363	30,132	19,868	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.164317			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.02	MOBILE MEDICAL UNIT	0.413181			90.02
90.03	FAMILY MEDICINE CENTER	0.523414			90.03
90.04	WOUND HEALING CENTER	0.742746			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.443640			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	2.218987			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	1.172246		·	90.07
90.08	PODIATRY RESIDENCY CLINIC	1.315481			90.08
90.09	FACULTY PRACTICE CLINIC	0.683970			90.09
91	EMERGENCY	0.235191	3,760	884	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1.089818			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		5,507,160	1,439,876	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		5,507,160		202



COMPONENT CCN: 15-0012

WORKSHEET D-3

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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

		RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		9,837,722		30
31	INTENSIVE CARE UNIT		2,061,410		31
35	NEONATAL INTENSIVE CARE UNIT		2,739,145		35
41	SUBPROVIDER - IRF				41
43	NURSERY		1,754,744		43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.232127	5,752,166	1,335,233	50
51	RECOVERY ROOM	0.158343	475,042	75,220	51
52	DELIVERY ROOM & LABOR ROOM	0.131718	3,385,164	445,887	52
54	RADIOLOGY-DIAGNOSTIC	0.195513	1,283,901	251,019	54
55	RADIOLOGY-THERAPEUTIC	0.662456	10,606	7,026	55
57	CT SCAN	0.046831	1,558,257	72,975	57
58	MRI	0.177853	355,915	63,301	
59	CARDIAC CATHETERIZATION	0.293273	900,723	264,158	59
60	LABORATORY	0.200853	5,868,054	1,178,616	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		-,,	, ,	62.30
65	RESPIRATORY THERAPY	0.337804	1,767,033	596,911	65
66	PHYSICAL THERAPY	0.335873	229,743	77,164	
67	OCCUPATIONAL THERAPY	0.226469	165,203	37,413	
68	SPEECH PATHOLOGY	0.219201	102,180	22,398	
69	ELECTROCARDIOLOGY	0.115218	. ,	,,,,,	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				71
72	IMPL, DEV. CHARGED TO PATIENTS	0.398812	1,772,045	706,713	72
73	DRUGS CHARGED TO PATIENTS	0.261985	7,797,358	2,042,791	
74	RENAL DIALYSIS	0.659363	104,147	68,671	
76.97	CARDIAC REHABILITATION	0.057505	101,117	00,071	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.164317	2,304	379	76.98
76.99	LITHOTRIPSY		_,,		76.99
1 412 2	OUTPATIENT SERVICE COST CENTERS				
90.02	MOBILE MEDICAL UNIT	0.413181			90.02
90.03	FAMILY MEDICINE CENTER	0.523414			90.03
90.04	WOUND HEALING CENTER	0.742746			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.443640	1,987	882	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	2.218987	192	426	
90.07	SPORTS MED FELLOWSHIP CLINIC	1.172246			90.07
90.08	PODIATRY RESIDENCY CLINIC	1.315481			90.08
90.09	FACULTY PRACTICE CLINIC	0.683970			90.09
91	EMERGENCY	0.235191	1,368,009	321.743	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1.089818	64.458	70.247	92
	OTHER REIMBURSABLE COST CENTERS	1.309010	5 1,430	, 0,2-1	
200	TOTAL (sum of lines 50-94, and 96-98)		32,964,487	7,639,173	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)		,, 107	.,,110	201
202	NET CHARGES (line 200 minus line 201)		32,964,487		202
	1		==,, = ., 107		



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT COMPONENT CCN: 15-T012 WORKSHEET D-3

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

		RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x	
(4)	GOOT GENERAL DESCRIPTION		2	col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
20	INPATIENT ROUTINE SERVICE COST CENTERS				20
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31 35
	NEONATAL INTENSIVE CARE UNIT		570.450		41
41	SUBPROVIDER - IRF ANCILLARY SERVICE COST CENTERS		579,459		41
50		0.222127			50
50	OPERATING ROOM	0.232127			50
51	RECOVERY ROOM	0.158343			51
52	DELIVERY ROOM & LABOR ROOM	0.131718	1.066	204	52
54	RADIOLOGY-DIAGNOSTIC	0.195513	1,966	384	
55	RADIOLOGY-THERAPEUTIC	0.662456			55
57	CT SCAN	0.046831			57
58	MRI	0.177853			58
59	CARDIAC CATHETERIZATION	0.293273	975	286	
60	LABORATORY	0.200853	62,687	12,591	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.337804			65
66	PHYSICAL THERAPY	0.335873	169,509	56,933	
67	OCCUPATIONAL THERAPY	0.226469	154,493	34,988	
68	SPEECH PATHOLOGY	0.219201	101,092	22,159	
69	ELECTROCARDIOLOGY	0.115218			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				71
72	IMPL. DEV. CHARGED TO PATIENTS	0.398812			72
73	DRUGS CHARGED TO PATIENTS	0.261985	157,325	41,217	73
74	RENAL DIALYSIS	0.659363	7,200	4,747	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.164317			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.02	MOBILE MEDICAL UNIT	0.413181			90.02
90.03	FAMILY MEDICINE CENTER	0.523414			90.03
90.04	WOUND HEALING CENTER	0.742746			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.443640			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	2.218987			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	1.172246			90.07
90.08	PODIATRY RESIDENCY CLINIC	1.315481			90.08
90.09	FACULTY PRACTICE CLINIC	0.683970			90.09
91	EMERGENCY	0.235191			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1.089818			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		655,247	173,305	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		655,247		202



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART A

CHECK

APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS				1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO	10,231,287			1.01
	OCTOBER 1, 2013 (see instructions)	-, - ,			
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	30,657,831			1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)				1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	1,560,882			2
2.01	OUTLIER FATMENTS FOR DISCHARGES (see instructions) OUTLIER RECONCILIATION AMOUNT	1,300,002			2.01
2.02	OUTLIER RECOVERIATION AMOUNT OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				2.01
3	MANAGED CARE SIMULATED PAYMENTS	15,312,949			3
	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see				
4	instructions)	232.48			4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS				
-	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST	17.71			_
5	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				6
U	ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)				0
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR	1.02			7
,	§412.105(f)(1)(iv)(B)(1)	1.02			
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR				7.01
.01	§412.105(f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS				7.01
	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC				
3	PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2)(iv)				8
,	AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE				ľ
	50069, AUGUST 1, 2002				
3.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503				8.01
	OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS				
3.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED	5.87			8.02
)	TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (see instructions) 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
	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR	22.40			9
0	RECORDS	26.67			10
1	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	5.00			11
2	CURRENT YEAR ALLOWABLE FTE (see instructions)	27.46			12
3	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	26.46			13
	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER				
4	SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	25.46			14
5	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	26.46			15
6	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM				16
7	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				17
8	ADJUSTED ROLLING AVERAGE FTE COUNT	26.46			18
9	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	0.113816			19
0	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	0.112980			20
1	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	0.112980			21
2	IME PAYMENT ADJUSTMENT (see instructions)	3,361,558			22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON				
3	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42				23
	SEC. 412.105(f)(1)(iv)(C)				
4	IME FTE RESIDENT COUNT OVER CAP (see instructions)	4.21			24
5	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24				25
	(see instructions)				
6 7	RESIDENT TO BED RATIO (divide line 25 by line 4) IME PAYMENTS ADJUSTMENT (see instructions)				26
					27 28
3	IME ADJUSTMENT (see instructions) TOTAL IME PAYMENT (sum of lines 22 and 28)	3,361,558			28
,	DISPROPORTIONATE SHARE ADJUSTMENT	3,301,338			29
0	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0421	+		30
<u>) </u>	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.1714			31
2	SUM OF LINES 30 AND 31	0.2135			32
3	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0762			33
1	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	1,363,656			34
		PRIOR TO	ON OR AFTER		
	UNCOMPENSATED CARE ADJUSTMENT	OCTOBER 1	OCTOBER 1		
5	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)				35
5.01	FACTOR 3 (see instructions)				35.01
5.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		2,607,154		35.02
5.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		1,950,008		35.03
6	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	1,950,008			36
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES				
	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs				40
0					



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART A

CHECK

APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41
41.01	TOTAL ESRD MEDICARE COVERED AND PAID DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684				41.01
41.01	AND 685 (see instructions)				
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				43
43	instructions)				
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (line 43 divided by line 41.01 divided by 7 days)				44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (see instructions)				45
46	TOTAL ADDITIONAL PAYMENT (line 45 times line 44 times line 41.01)				46
47	SUBTOTAL (see instructions)	49,125,222			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)	49,125,222			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	4,238,456			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)	1,474,400			52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	282,829			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	142,883			57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)	256,998			58
59	TOTAL (sum of amounts on lines 49 through 58)	55,520,788			59
60	PRIMARY PAYER PAYMENTS	20,409			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	55,500,379			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,492,544			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	132,776			63
64	ALLOWABLE BAD DEBTS (see instructions)	308,367			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	200,439			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	ŕ			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	51,075,498			67
CO	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see				60
68	instructions)				68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				70
70.93	HVBP PAYMENT ADJUSTMENT (see instructions)	15,293			70.93
71	AMOUNT DUE PROVIDER (see instructions)	51,090,791			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,021,816			71.01
72	INTERIM PAYMENTS	50,078,794			72
73	TENTATIVE SETTLEMENT (for contractor use only)	, , , , ,			73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	-9,819			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION	1.014.5			7.5
75	115.2	1,814,766			75

TO BE COMPLETED BY CONTRACTOR

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



CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-0012

WORKSHEET E PART B

CHECK APPLICABLE BOX: [XX] HOSPITAL [] IPF [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	32,403	1.01	1.02	1
2	MEDICAL AND OTHER SERVICES (See instructions) MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	16,912,081			2
3	PPS PAYMENTS	15,833,557			3
4	OUTLIER PAYMENT (see instructions)	84,538			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0,906			5
6	LINE 2 TIMES LINE 5	15,322,345			6
7		13,322,343			7
	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)	116 126			8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	116,126			9
10	ORGAN ACQUISITION	22.402			10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	32,403			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	123,681			12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)	123,681			14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR				15
13	SERVICES ON A CHARGE BASIS				13
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR				
16	SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR				16
	413.13(e)				
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)	123,681			18
	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see				
19	instructions)	91,278			19
	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see				
20	instructions)				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)	32,403			21
22	INTERNS AND RESIDENTS (see instructions)	32,403			22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	16,034,221			24
24	COMPUTATION OF REIMBURSEMENT SETTLEMENT	10,034,221			24
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE (see instructions) DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	3,282,939			26
27		12,783,685			27
	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	407,335			
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	407,335			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)	42 404 020			29
30	SUBTOTAL (sum of lines 27 through 29)	13,191,020			30
31	PRIMARY PAYER PAYMENTS	8,323			31
32	SUBTOTAL (line 30 minus line 31)	13,182,697			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)	455,775			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	296,254			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)	13,478,951			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	13,478,951			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	269,579			40.01
41	INTERIM PAYMENTS	13,284,934			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-75,562			43
	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION	,			
44	115.2				44

TO BE COMPLETED BY CONTRACTOR

TO DE	TO BE COMI LETED BY CONTRACTOR										
90	ORIGINAL OUTLIER AMOUNT (see instructions)				90						
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (sse instructions)				91						
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92						
93	TIME VALUE OF MONEY (see instructions)				93						
94	TOTAL (sum of lines 91 and 93)				94						



CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-T012

WORKSHEET E PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	1	1.01	1.02	1
2	MEDICAL AND OTHER SERVICES (see instructions) MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)				2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				_
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR				15
13	SERVICES ON A CHARGE BASIS				13
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR				
16	SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR				16
	413.13(e)				
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see				10
19	instructions)				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see				20
20	instructions)				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				-
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE (See instructions) DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)				27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)			 	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)				30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)				32
32	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				32
22					33
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				
34 35	ALLOWABLE BAD DEBTS (see instructions)				34
	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)				37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)				40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)				40.01
41	INTERIM PAYMENTS				41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)				43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION				44
	115.2				

TO BE COMPLETED BY CONTRACTOR

I O DE	TO BE COMI LETED BY CONTRACTOR										
90	ORIGINAL OUTLIER AMOUNT (see instructions)				90						
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91						
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92						
93	TIME VALUE OF MONEY (see instructions)				93						
94	TOTAL (sum of lines 91 and 93)				94						



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 15-0012

WORKSHEET E-1 PART I

CHECK [XX] HOSPITAL [] SUB (OTHER) APPLICABLE [] IPF [] SNF

BOXES: [] IRF [] SWING BED SNF

						PAR	ТВ	
				PAR mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				49,473,253		13,188,131	1
	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUI	BMITTED OR TO	O BE		.,,		-,, -	
2	SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN	THE COST						2
	REPORTING PERIOD. If NONE, WRITE 'NONE' OR ENTER A ZERO							
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01	02/13/2014	39,600	02/13/2014	58,200	3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM		.02	02/10/2015	565,941	02/10/2015	38,603	3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03		,			3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04					3.04
		PROVIDER	.05					3.05
			.06					3.06
			.07					3.07
			.08					3.08
			.09					3.09
			.10					3.10
			.50					3.50
			.51					3.51
		PROVIDER	.52					3.52
		TO	.53					3.53
		PROGRAM	.54					3.54
		T ROOK III	.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		605,541		96,803	3.99
	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99)		.,,,		,		,	
4	(transfer to Wkst. E or Wkst. E-3, line and column as appropriate)				50,078,794		13,284,934	4
	TO BE COMPLETED BY CONTRACTOR							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT		.01					5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.		.02					5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03					5.03
		TO	.04					5.04
		PROVIDER	.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.10					
		PROVIDER	.50					5.50
		PROVIDER TO	.50 .51					5.50 5.51 5.52
			.50 .51 .52					5.50 5.51 5.52 5.53
		TO	.50 .51 .52 .53					
		TO	.50 .51 .52 .53 .54					5.50 5.51 5.52 5.53 5.54
		TO	.50 .51 .52 .53 .54 .55					5.50 5.51 5.52 5.53 5.54 5.55
		TO	.50 .51 .52 .53 .54 .55 .56					5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57
		TO	.50 .51 .52 .53 .54 .55 .56					5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	TO	.50 .51 .52 .53 .54 .55 .56 .57					5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58
6	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) DETERMINED NET SETTLEMENT AMOUNT (balance due)	TO	.50 .51 .52 .53 .54 .55 .56 .57 .58					5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)	TO	.50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99					5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 6.01
6		TO	.50 .51 .52 .53 .54 .55 .56 .57 .58 .59					5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59
	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)	TO	.50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99	CONTRACTOR N	JMBER	NPR DATE (Month	/Dav/Year)	5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 6.01 6.02

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



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 15-T012

WORKSHEET E-1 PART I

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

				INPAT PAR	· ·	PART	$\overline{}$	
				mm/dd/vyyy	AMOUNT	mm/dd/yyyy	AMOUNT	_
	DESCRIPTION			1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				4,780,098			1
	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUI	BMITTED OR TO	O BE		,,			
2	SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN	THE COST						2
	REPORTING PERIOD. If NONE, WRITE 'NONE' OR ENTER A ZERO							
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01					3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM		.02					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03					3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04					3.04
		PROVIDER	.05					3.05
			.06					3.06
			.07					3.07
			.08					3.08
			.09					3.09
			.10					3.10
			.50	02/10/2015	36,514			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		-36,514			3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)				4,743,584			4
	TO BE COMPLETED BY CONTRACTOR							+
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT		.01					5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.		.02					5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03					5.03
	I NONE, WRITE NONE OR ENTER (12ERO. (1)	TO	.04					5.04
		PROVIDER	.05					5.05
		THOTIBER	.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.50					5.50
			.51					5.51
		PROVIDER	.52					5.52
		TO	.53					5.53
		PROGRAM	.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	DETERMINED NET SETTLEMENT AMOUNT (balance due)		.01					6.01
	BASED ON THE COST REPORT (1)		.02					6.02
		1	1					7
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions) NAME OF CONTRACTOR			CONTRACTOR NU				8

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



COMPU-MAX

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1 PART II

CHECK [XX] HOSPITAL [] CAH

APPLICABLE BOX:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

_	HEAL	THE INFORMATION TECHNOLOGY DATA COELECTION AND CALCULATION		
	1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	13,716	1
	2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	23,275	2
	3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	8,662	3
	4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	55,881	4
	5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	814,900,051	5
	6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	15,796,195	6
	7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I,		7
	/	LINE 168		
	8	CALCULATION OF THE HIT INCENTIVE PAYMENT (see instructions)	1,315,205	8
	9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	26,304	9
	10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	1 288 901	10

INPAȚIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	41,910	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	1,246,991	32



In Lieu of Form Run Date: 03/12/2015 Period: From: 07/01/2013 ST. JOSEPH'S REG MED CENTER S. BEND CMS-2552-10 Run Time: 10:18 Provider CCN: 15-0012 To: 06/30/2014 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-T012

WORKSHEET E-3 PART III

CHECK [] HOSPITAL

APPLICABLE [XX] SUBPROVIDER IRF

BOX:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	NET FEDERAL PPS PAYMENT (see instructions)	4,717,697		1
2	MEDICARE SSI RATIO (see instructions)	0.015700		2
3	INPATIENT REHABILITATION LIP PAYMENTS (see instructions)	190,123		3
4	OUTLIER PAYMENTS	Í		4
-	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR	0.20		5
5	PRIOR TO NOVEMBER 15, 2004 (see instructions)	0.38		3
	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED			
5.01	BY PROGRAM OR HOSPITAL CLOSUE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT			5.01
	UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)			
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	0.38		7
/	'NEW TEACHING PROGRAM' (see instructions)	0.38		/
0	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A			8
8	'NEW TEACHING PROGRAM' (see instructions)			0
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)	0.38		9
10	AVERAGE DAILY CENSUS (see instructions)	16.279452		10
11	TEACHING ADJUSTMENT FACTOR (see instructions)	0.015992	0.023727	11
12	TEACHING ADJUSTMENT (see instructions)	75,445		12
13	TOTAL PPS PAYMENT (see instructions)	4,983,265		13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (see instructions)			14
15	ORGAN ACQUISITION			15
16	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)			16
17	SUBTOTAL (see instructions)	4,983,265		17
18	PRIMARY PAYER PAYMENTS			18
19	SUBTOTAL (line 17 less line 18)	4,983,265		19
20	DEDUCTIBLES	25,184		20
21	SUBTOTAL (line 19 minus line 20)	4,958,081		21
22	COINSURANCE	10,064		22
23	SUBTOTAL (line 21 minus line 22)	4,948,017		23
24	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)	663		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	431		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			26
27	SUBTOTAL (sum of lines 23 and 25)	4,948,448		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IRF only)			28
29	OTHER PASS THROUGH COSTS (see instructions)	9,539		29
30	OUTLIER PAYMENTS RECONCILIATION			30
31	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	4,957,987		32
32.01	SEQUESTRATION ADJUSTMENT (see instructions)	99,160		32.01
33	INTERIM PAYMENTS	4,743,584		33
34	TENTATIVE SETTLEMENT (for contractor use only)			34
35	BALANCE DUE PROVIDER/PROGRAM (line 32 minus lines 32.01, 33 and 34)	115,243		35
36	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	21.905		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



COMPLI-MAY

CALCULATION OF REIMBURSEMENT SETTLEMENT COMPONENT CCN: 15-0012 WORKSHEET E-3 PART VII

CHECK	[]	TITLE	v	[XX	[]	HOSE	PITAL	[1	NF	[X	x]	PPS
APPLICABLE BOXES:	[xx]	TITLE	XIX	-	-	SUB SNF	(OTHER)	[]	ICF/MR	-	-	TEFRA OTHER

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES		TITLE AIA	
1	INPATIENT HOSPITAL SNEWF SERVICES			1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)			4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)			7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES			8
9	ANCILLARY SERVICE CHARGES	32,964,487		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	52,701,107		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)	32,964,487		12
12	CUSTOMARY CHARGES (SMILE) I MEDICAL (SMILE)	32,704,407		12
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE			
14	BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)	32,964,487	1	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)	32,964,487		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)	32,701,107		18
19	INTERNS AND RESIDENTS (see instructions)			19
20	COST OF TEACHING PHYSICIANS (see instructions)			20
21	COST OF COVERED SERVICES (lesser of line 40 r line 16) (for CAH, see instructions)			21
21	PROSPECTIVE PAYMENT AMOUNT			- 21
22	OTHER THAN OUTLIER PAYMENTS			22
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)			25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	106.611		26
27	SUBTOTAL (sum of lines 22 through 26)	106,611		27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)	100,011		28
29	SUM OF LINES 27 AND 21	106.611		29
2)	COMPUTATION OF REIMBURSEMENT SETTLEMENT	100,011		
30	EXCESS OF REASONABLE COST (from line 18)			30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)	106,611		31
32	DEDUCTIBLES DEDUCTIBLES	100,011		32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	106.611		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)	100,011		37
38	SUBTOTAL (line 36 t line 37)	106,611		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)	100,011		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)	106,611		40
41	INTERIM PAYMENTS	100,011		41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)	106,611		42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	100,011		43
13	The Last Last Court (Homes of the post feeling) by the Contract with Child to be 15-2, she that the 1113.2			113



| In Lieu of Form | Period : Run Date: 03/12/2015 |
| ST. JOSEPH'S REG MED CENTER S. BEND | CMS-2552-10 | From: 07/01/2013 | Run Time: 10:18 |
| Provider CCN: 15-0012 | To: 06/30/2014 | Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT COMPONENT CCN: 15-T012 WORKSHEET E-3 PART VII

CHECK	[] TITLE	v []	HOSPITAL	[] NF	[XX]	PPS
APPLICABLE BOXES:	[XX] TITLE	[xx] xix	SUBPROVIDER IRF	[] ICF/MR		TEFRA OTHER

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

		INPATIENT	OUTPAT-	
		TITLE V	IENT	
		OR OR	TITLE V	
		-	OR	
		TITLE XIX	TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES			1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)			4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)			7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES			8
9	ANCILLARY SERVICE CHARGES	655,247		9
10	ARGELARY SERVICE CHARGES, NET OF REVENUE	033,247		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)	655,247		12
12	CUSTOMARY CHARGES	033,247		12
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE			
14	BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15	BASIS HAD SUCH PATIMENT BEEN MADE IN ACCORDANCE WITH 42 CPR 413.13(e) RATIO OF LINE 13 TO LINE 14 (not to exceed 1.00000)	1	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)	655,247	1	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)	655,247		17
18	EXCESS OF COSTOMARY CHARGES OVER REASONABLE COST (complete only if line 4 exceeds line 4) (see instructions) EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)	033,247		18
19				19
	INTERNS AND RESIDENTS (see instructions)			
20	COST OF TEACHING PHYSICIANS (see instructions)			20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)			21
22	PROSPECTIVE PAYMENT AMOUNT			22
22	OTHER THAN OUTLIER PAYMENTS			
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)	4 #24		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	1,531		26
27	SUBTOTAL (sum of lines 22 through 26)	1,531		27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)			28
29	SUM OF LINES 27 AND 21	1,531		29
20	COMPUTATION OF REIMBURSEMENT SETTLEMENT			120
30	EXCESS OF REASONABLE COST (from line 18)			30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)	1,531		31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	1,531		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line $36 \pm line 37$)	1,531		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)	1,531		40
41	INTERIM PAYMENTS			41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)	1,531		42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			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				
	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REI	PORTING PERIODS	ENDING ON OR	22.05	
1	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 co	st reporting periods		3.01
	straddling 7/1/2011)		E LEET LIEU		5.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO	O A MEDICARE GM	IE AFFILIATION		4
4.01	AGREEMENT (42 CFR §413.75(b) and §413.79(f))	1 7/1/2011			4.01
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods stradd ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods stradd		7/1/2011	7.00	
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 applical		7/1/2011	27.73	5
	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CUR		YOUR RECORDS		
6	(see instructions)			27.23	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			27.23	7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE	26.67	0.25	26.92	8
	CURRENT YEAR		****		
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8	26.67	0.25	26.92	9
10	TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6 WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		4.00		10
11	TOTAL WEIGHTED FTE COUNT TOTAL WEIGHTED FTE COUNT	26.67	4.00		11
12	TOTAL WEIGHTED FIE COUNT TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	24.96	4.25		12
	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING TEAR (see instructions)				
13	instructions)	26.04	3.00		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	25.89	3.75		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	25.89	3.75		17
18	PER RESIDENT AMOUNT	115,694.60	92,982.64		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	2,995,333	348,685	3,344,018	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS	RECEIVED UNDER	42 SEC.		20
20	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)	D.D. C.E.D.	MANA GER	3,344,018	24 25
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)	INPATIENT	MANAGED	3,344,018	
	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD	PART A	CARE	3,344,018	25
26	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS	PART A 26,918	CARE 9,166	3,344,018	25 26
26 27	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions)	PART A 26,918 61,823	CARE 9,166 61,823	3,344,018	25 26 27
26 27 28	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	PART A 26,918 61,823 0.435404	9,166 61,823 0.148262	3,344,018	25 26 27 28
26 27 28 29	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT	PART A 26,918 61,823	CARE 9,166 61,823 0.148262 495,791	3,344,018	25 26 27 28 29
26 27 28 29 30	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE	PART A 26,918 61,823 0.435404	9,166 61,823 0.148262		25 26 27 28 29 30
26 27 28 29 30	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT	PART A 26,918 61,823 0.435404 1,455,999	CARE 9,166 61,823 0.148262 495,791 70,055	3,344,018 1,881,735	25 26 27 28 29
26 27 28 29 30	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE	PART A 26,918 61,823 0.435404 1,455,999	CARE 9,166 61,823 0.148262 495,791 70,055		25 26 27 28 29 30
26 27 28 29 30 31	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055		25 26 27 28 29 30
26 27 28 29 30 31	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055		25 26 27 28 29 30 31
26 27 28 29 30 31 32 33 34	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735	25 26 27 28 29 30 31 32 33 34
26 27 28 29 30 31 32 33 34 35	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735	25 26 27 28 29 30 31 32 33 34 35
26 27 28 29 30 31 32 33 34 35	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735	25 26 27 28 29 30 31 32 33 34
26 27 28 29 30 31 32 33 34 35	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23. RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735	25 26 27 28 29 30 31 32 33 34 35
26 27 28 29 30 31 32 33 34 35 36	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134	25 26 27 28 29 30 31 32 33 34 35 36
26 27 28 29 30 31 32 33 34 35 36	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735	26 27 28 29 30 31 32 33 34 35 36
26 27 28 29 30 31 32 33 34 35 36	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23. RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST GFME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134	25 26 27 28 29 30 31 32 33 34 35 36 37 38
226 227 228 229 330 331 332 333 344 335 336	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134 61,743,367	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39
26 27 28 29 30 31 31 32 33 34 35 36	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134 61,743,367 20,409	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40
226 227 228 229 330 331 32 33 34 35 36 37 38 39 40	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134 61,743,367	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40
226 227 228 229 300 31 32 33 34 35 36 37 38 39 40 41	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40) PART B REASONABLE COST	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134 61,743,367 20,409 61,722,958	25 26 27 28 29 30 31 31 32 33 34 35 36 37 38 39 40 41
226 227 228 330 331 332 333 333 334 4335 336 337 338 339 440 441	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (ine 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST REASONABLE COST (see instructions)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134 61,743,367 20,409 61,722,958 17,060,610	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41
226 227 228 229 229 331 332 333 333 34 335 336 337 338 339 440 441	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST REASONABLE COST (see instructions) PART B REASONABLE COST (see instructions) PRIMARY PAYER PAYMENTS (see instructions)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134 61,743,367 20,409 61,722,958 17,060,610 8,323	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
226 227 228 229 2330 331 332 333 334 335 336 337 338 440 441	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICLANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40) PART B REASONABLE COST (see instructions) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART B REASONABLE COST (see instructions) PRIMARY PAYER PAYMENTS (see instructions)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134 61,743,367 20,409 61,722,958 17,060,610 8,323 17,052,287	25 26 27 28 29 30 31 31 32 33 34 35 36 37 38 39 40 41 42 43 44
226 227 228 229 30 31 32 33 33 34 35 36 37 38 39 40 41 42 43 44 44 45	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST REASONABLE COST (see instructions) PART B REASONABLE COST (see instructions) PRIMARY PAYER PAYMENTS (see instructions)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134 61,743,367 20,409 61,722,958 17,060,610 8,323 17,052,287 78,775,245	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 44 45
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 44 45 46	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST REASONABLE COST (sum of lines 37-39 minus line 40) PART B REASONABLE COST REASONABLE COST (see instructions) TOTAL PART B REASONABLE COST (line 42 minus line 43) TOTAL PART B REASONABLE COST (sum of lines 41 and 44)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134 61,743,367 20,409 61,722,958 17,060,610 8,323 17,052,287 78,775,245 0,783532	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 44 45
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40) PART B REASONABLE COST (see instructions) TOTAL PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART A REASONABLE COST (sum of lines 41 and 44) RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134 61,743,367 20,409 61,722,958 17,060,610 8,323 17,052,287 78,775,245	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 44 45 46
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40) PART B REASONABLE COST REASONABLE COST (see instructions) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART B REASONABLE COST (see instructions) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART B REASONABLE COST (sine 42 minus line 43) TOTAL PART B REASONABLE COST (sine 41 ÷ line 45) RATIO OF PART B REASONABLE COST (sine 44 + line 45)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134 61,743,367 20,409 61,722,958 17,060,610 8,323 17,052,287 78,775,245 0,783532	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 44 45 46	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40) PART B REASONABLE COST REASONABLE COST (see instructions) TOTAL PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART B REASONABLE COST (sum of lines 41 and 44)	PART A 26,918 61,823 0.435404 1,455,999 G SCHOOL AND PA	CARE 9,166 61,823 0.148262 495,791 70,055	1,881,735 1,750,134 61,743,367 20,409 61,722,958 17,060,610 8,323 17,052,287 78,775,245 0,783532 0,216468	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48



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

WORKSHEET E-4

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

1	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REJ	PORTING PERIODS	ENDING ON OR		
1	BEFORE DECEMBER 31, 1996	ORTHODE	ENDING ON OR		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). (straddling 7/1/2011)	see instructions for co	ost reporting periods		3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO AGREEMENT (42 CFR §413.75(b) and §413.79(f))	O A MEDICARE GM	IE AFFILIATION		4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods stradd	ling 7/1/2011			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporti		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 applical UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CUR	ble subscripts)			5
6	(see instructions)				6
7	ENTER THE LESSER OF LINE 5 OR LINE 6				7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	0.00	0.00	0.00	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	0.00	0.00	0.00	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	0.00	0.00		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	0.00	0.00		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	0.00	0.00		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	0.00	0.00		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	0.00	0.00		17
18	PER RESIDENT AMOUNT	0.00	0.00		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	0.00	0.00		19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS	RECEIVED UNDER	2 42 SEC.		20
21	413.79(c)(4)				21
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions) ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)				21
22	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)				22 23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25					
	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)				
	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24) COMPLITATION OF PROCEDAM PATIENT LOAD	INPATIENT	MANAGED CARE		25
	COMPUTATION OF PROGRAM PATIENT LOAD	PART A	CARE		25
26	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS	PART A 3,836	CARE 4,926		25
26 27	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions)	PART A 3,836 61,823	CARE 4,926 61,823		25 26 27
26 27 28	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	PART A 3,836	CARE 4,926		25 26 27 28
26 27 28 29	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT	PART A 3,836 61,823	CARE 4,926 61,823		25 26 27 28 29
26 27 28 29 30	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE	PART A 3,836 61,823	CARE 4,926 61,823		25 26 27 28 29 30
26 27 28 29	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING	PART A 3,836 61,823 0.062048	CARE 4,926 61,823 0.079679		25 26 27 28 29
26 27 28 29 30 31	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS)	PART A 3,836 61,823 0.062048 G SCHOOL AND PA	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31
26 27 28 29 30 31	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23,	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31
26 27 28 29 30 31 32 33	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33
26 27 28 29 30 31 32 33 34	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23,	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31
26 27 28 29 30 31 32 33	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions)	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33 34
26 27 28 29 30 31 32 33 34 35	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33 34 35
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26 27 28 29 30 31 32 33 34 35	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33 34 35
26 27 28 29 30 31 32 33 34 35 36	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33 34 35 36
26 27 28 29 30 31 32 33 34 35 36	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions)	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33 34 35 36
26 27 28 29 30 31 32 33 34 35 36	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33 34 35 36
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26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23. RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40) PART B REASONABLE COST	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40) PART B REASONABLE COST REASONABLE COST (see instructions)	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST REASONABLE COST (see instructions) PART B REASONABLE COST (see instructions) PRIMARY PAYER PAYMENTS (see instructions)	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
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26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST REASONABLE COST (see instructions) TOTAL PART A REASONABLE COST REASONABLE COST (see instructions) TOTAL PART B REASONABLE COST (sim of lines 41 and 44)	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST REASONABLE COST (see instructions) PRIMARY PAYER PAYMENTS (see instructions) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART B REASONABLE COST REASONABLE COST (see instructions) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART B REASONABLE COST (sum of lines 37-39 minus line 40) PART B REASONABLE COST (see instructions) TOTAL PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART A REASONABLE COST (sum of lines 41 and 44) RATIO OF PART A REASONABLE COST (sum of lines 41 and 44)	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40) PART B REASONABLE COST REASONABLE COST (see instructions) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART B REASONABLE COST (see instructions) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART B REASONABLE COST (see instructions) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART A REASONABLE COST (sum of lines 42 minus line 43) TOTAL REASONABLE COST (sum of lines 41 minus line 44) RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45) RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23. RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST REASONABLE COST REASONABLE COST REASONABLE COST (see instructions) TOTAL PART A REASONABLE COST REASONABLE COST REASONABLE COST (see instructions) TOTAL PART A REASONABLE COST (see instructions) TOTAL PART A REASONABLE COST (see instructions) TOTAL PART A REASONABLE COST (see instructions) TOTAL PART B REASONABLE COST (see instructions)	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40) PART B REASONABLE COST REASONABLE COST (see instructions) TOTAL PART B REASONABLE COST (line 42 minus line 43) TOTAL PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART B REASONABLE COST (sum of lines 41 and 44) RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45) RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45) RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45) RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45) RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45) RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45) ALLOCATION OF MEDICARE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS TOTAL INPATIENT DAYS (see instructions) RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE NET PROGRAM DIRECT GME AMOUNT DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING EDUCATION COSTS) RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23. RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33) MEDICARE OUTPATIENT ESRD CHARGES (see instructions) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35) APPORTIONMENT OF MEDICARE REASONABLE COST OF GME PART A REASONABLE COST REASONABLE COST (see instructions) ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69) COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20) PRIMARY PAYER PAYMENTS (see instructions) TOTAL PART A REASONABLE COST REASONABLE COST REASONABLE COST REASONABLE COST (see instructions) TOTAL PART A REASONABLE COST REASONABLE COST REASONABLE COST (see instructions) TOTAL PART A REASONABLE COST (see instructions) TOTAL PART A REASONABLE COST (see instructions) TOTAL PART A REASONABLE COST (see instructions) TOTAL PART B REASONABLE COST (see instructions)	PART A 3,836 61,823 0.062048 G SCHOOL AND PA lines 74 and 94)	CARE 4,926 61,823 0.079679		25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47



BALANCE SHEET WORKSHEET G

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

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	(Omit Cents)	1	2	3	4	
1	CASH ON HAND AND IN PANKS	39,177,000				1
2	CASH ON HAND AND IN BANKS TEMPORARY INVESTMENTS	39,177,000				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	55,873,000				4
5	OTHER RECEIVABLES	2,877,000				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-13,709,000				6
7	INVENTORY	5,235,000				7
9	PREPAID EXPENSES OTHER CURRENT ASSETS	1,669,000				8 9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	91,122,000				11
	FIXED ASSETS					
12	LAND					12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION	222 921 000				14
15 16	BUILDINGS ACCUMULATED DEPRECIATION	322,821,000				15 16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT					23
24	ACCUMULATED DEPRECIATION MINOR FOLIUM FAIT DEPRECIA DE F					24
25 26	MINOR EQUIPMENT DEPRECIABLE ACCUMULATED DEPRECIATION					25 26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE					29
30	TOTAL FIXED ASSETS (sum of lines 12-29)	322,821,000				30
	OTHER ASSETS					
31	INVESTMENTS					31
32	DEPOSITS ON LEASES DUE FROM OWNERS (OFFICIERS					32
33	DUE FROM OWNERS/OFFICERS OTHER ASSETS	2,877,000				33
35	TOTAL OTHER ASSETS (sum of lines 31-34)	2,877,000				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	416,820,000				36
		GENERAL	SPECIFIC	ENDOWMENT	PLANT	
	LIABILITIES AND FUND BALANCES	FUND	PURPOSE FUND	FUND	FUND	
	(Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES			, ,	•	
37	ACCOUNTS PAYABLE	9,296,000				37
38	SALARIES, WAGES & FEES PAYABLE	7,605,000				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	7,365,000				40
41	DEFERRED INCOME ACCELERATED PAYMENTS					41 42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	3,499,000				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	27,765,000				45
	LONG TERM LIABILITIES					
46	MORTGAGE PAYABLE		·		·	46
47	NOTES PAYABLE	317,523,000				47
48	UNSECURED LOANS OTHER LONG TERM LIA PHATTERS	2 004 000				48
49 50	OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	3,004,000 320,527,000				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	348,292,000				51
- 1	CAPITAL ACCOUNTS	5-10,272,000		1		J.1
52	GENERAL FUND BALANCE	68,528,000				52
53	SPECIFIC PURPOSE FUND BALANCE					53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED					54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56
57	PLANT FUND BALANCE - INVESTED IN PLANT DI ANT ELIND BALANCE - DESERVE FOR DI ANT IMPROVEMENT, DEDI ACEMENT					57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION					58
59	TOTAL FUND BALANCES (sum of lines 52-58)	68,528,000				59
	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	416,820,000				60
60						



COMPU-MAX

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENER	AL FUND	SPECIFIC PU	RPOSE FUND	
	1	2	3	4	
1 FUND BALANCES AT BEGINNING OF PERIOD		58,976,982			1
NET INCOME (loss) (from Worksheet G-3, line 29)		9,551,018			2
TOTAL (sun of line 1 and line 2)		68,528,000			3
4 ADDITIONS (credit adjustments)					4
5					5
5					6
					7
3					8
					9
0 TOTAL ADDITIONS (sum of lines 4-9)					10
1 SUBTOTAL (line 3 plus line 10)		68,528,000			11
2 DEDUCTIONS (debit adjustments)					12
3					13
4					14
5					15
6					16
7					17
8 TOTAL DEDUCTIONS (sum of lines 12-17)					18
9 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		68,528,000			19

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



COMPU-MAX

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

		INPATIENT	OUTPATIENT	TOTAL	
	REVENUE CENTER	1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	475,274,000		475,274,000	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	475,274,000		475,274,000	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT				11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	NEONATAL INTENSIVE CARE UNIT				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)				16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	475,274,000		475,274,000	17
18	ANCILLARY SERVICES		344,503,000	344,503,000	18
19	OUTPATIENT SERVICES				19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY				22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	475,274,000	344,503,000	819,777,000	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		284,046,982	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 Worksheet G-3, line 4)		284,046,982	43



STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	819,777,000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	533,512,000	2
3	NET PATIENT REVENUES (line 1 minus line 2)	286,265,000	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	284,046,982	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	2.218.018	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER REVENUE)	6,359,000	24
24.02	OTHER (RESTRICTED ASSETS RELEASED)	974,000	24.02
25	TOTAL OTHER INCOME (sum of lines 6-24)	7,333,000	25
26	TOTAL (line 5 plus line 25)	9,551,018	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	9,551,018	29



COMPLI-MAY

CALCULATION OF CAPITAL PAYMENT COMPONENT CCN: 15-0012 WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL [XX] PPS

APPLICABLE [XX] TITLE XVIII, PART A [] SUB (OTHER) [] COST METHOD

BOXES: [] TITLE XIX

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	3,247,855	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	684,978	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	153.10	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	26.46	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	5.00	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	162,393	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0421	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.1714	8
9	SUM OF LINES 7 AND 8	0.2135	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0441	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	143,230	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	4.238.456	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 / 111 /	III - CONI CIATION OF EACEI HONTATMENTO	
1	PROGRAM INPATIENT CAPITAL COSTS (see instructions)	1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)	2
3	NET PROGRAM INPATIENT CAPITAL COSTS (line 1 minus line 2)	3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)	4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)	5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)	6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)	7
8	CAPITAL MINIMUM PAYMENT LEVEL (line 5 plus line 7)	8
9	CURRENT YEAR CAPITAL PAYMENTS (from Part I, line 12 as applicable)	9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 8 less line 9)	10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT (from prior year Worksheet L, Part III, line 14)	11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 10 plus line 11)	12
13	CURRENT YEAR EXCEPTION PAYMENT (if line 12 is positive, enter the amount on this line)	13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (if line 12 is	14
14	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



In Lieu of Form Run Date: 03/12/2015 Period: ST. JOSEPH'S REG MED CENTER S. BEND CMS-2552-10 From: 07/01/2013 Run Time: 10:18 To: 06/30/2014 Version: 2014.10 Provider CCN: 15-0012

CALCULATION OF CAPITAL PAYMENT COMPONENT CCN: 15-0012 WORKSHEET L

CHECK [] TITLE V
APPLICABLE [] TITLE XVIII, PART A [XX] HOSPITAL [XX] PPS

[] COST METHOD [] SUB (OTHER)

BOXES: [XX] TITLE XIX

	CAPITAL FEDERAL AMOUNT	
1	CAPITAL DRG OTHER THAN OUTLIER	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER	1.01
2	CAPITAL DRG OUTLIER PAYMENTS	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS	2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	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 the sum of lines 1 and 1.01)	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 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 /31	I III - COMI CIATION OF EACEI HONTATMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS (see instructions)	1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)	2
3	NET PROGRAM INPATIENT CAPITAL COSTS (line 1 minus line 2)	3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)	4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)	5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)	6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)	7
8	CAPITAL MINIMUM PAYMENT LEVEL (line 5 plus line 7)	8
9	CURRENT YEAR CAPITAL PAYMENTS (from Part I, line 12 as applicable)	9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 8 less line 9)	10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT (from prior year Worksheet L, Part III, line 14)	11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 10 plus line 11)	12
13	CURRENT YEAR EXCEPTION PAYMENT (if line 12 is positive, enter the amount on this line)	13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (if line 12 is	14
14	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 COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1 PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26		
	GENERAL SERVICE COST CENTERS	U	2A	24	23	20		
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
5.04	ADMITTING							5.04
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
9	LAUNDRY & LINEN SERVICE 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 I&R SERVICES-SALARY & FRINGES APPRVD	+						20
22	I&R SERVICES-SALARY & FRINGES APPRVD 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							30
31	INTENSIVE CARE UNIT							31
35	NEONATAL INTENSIVE CARE UNIT							35
41	SUBPROVIDER - IRF							41
43	NURSERY							43
50	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50 51
52	RECOVERY ROOM 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 69	SPEECH PATHOLOGY ELECTROCARDIOLOGY							68 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
00	OUTPATIENT SERVICE COST CENTERS							
90.02	MOBILE MEDICAL UNIT							90.02
90.03	FAMILY MEDICINE CENTER WOLIND HEALING CENTER	+						90.03 90.04
90.04	WOUND HEALING CENTER OUTPATIENT TREATMENT & INFUSION							90.04
90.05	PEDIATRIC SPECIALTY CLINIC	+						90.03
90.07	SPORTS MED FELLOWSHIP CLINIC							90.07
90.08	PODIATRY RESIDENCY CLINIC							90.08
90.09	FACULTY PRACTICE CLINIC							90.09
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)							118
100	NONREIMBURSABLE COST CENTERS GIET ELOWED COEEEE SHOD & CANTEEN							100
190 192	GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES	+						190 192
174	TITT DICIAINS TRIVATE OFFICES			I	1		1	174



ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1 PART I

		EVED LODDI			TO D. COCKE O		_
		EXTRAORDI-			I&R COST &		
	COST CENTER DESCRIPTIONS	NARY CAP-	SUBTOTAL		POST STEP-		
		REL COSTS	(cols.0-4)	SUBTOTAL	DOWN ADJS	TOTAL	
		0	2A	24	25	26	
192.02	NEONATOLOGISTS						192.02
192.03	HOSPITALISTS/INTENSIVISTS						192.03
194	SPORTS MED-ATHLETIC TRAINERS						194
194.01	OUTREACH SERVICES						194.01
194.02	KINDRED/OUR LADY OF PEACE						194.02
194.03	ADVANCED SPECIALTIES						194.03
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)						202