

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

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED \_\_\_\_\_ [ ] INITIAL [ ] RE-OPENING  
 USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

CHECK \_\_\_\_\_ ELECTRONICALLY FILED COST REPORT DATE: \_\_\_\_\_  
 APPLICABLE BOX \_\_\_\_\_ MANUALLY SUBMITTED COST REPORT TIME: \_\_\_\_\_

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. MARY MEDICAL CENTER, INC. (15-0034) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	735414	54634		2
3	SWING BED - SNF	132157			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	867571	54634		100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1500 SOUTH LAKE AVENUE P.O.BOX: 1  
 1.01 CITY: HOBART STATE: IN ZIP CODE: 46342 COUNTY: LAKE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	ST. MARY MEDICAL CENTER, INC.	15-0034	07/01/1966	N	P	P	2
3	SUBPROVIDER I	SMMC REHABILITATION UNIT	15-T034	01/01/2001	N	P	P	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	ANCILLA HOME HEALTH OF SMMC	15-7313	02/08/1996	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2009 TO: 06/30/2010 17  
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19  
 20 SUBPROVIDER I 5 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. YES 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 23844 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). NO NO 21.07

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO. 21.08

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	158054		40
40.01	NAME: COMMUNITY FOUNDATION OF NW	FI/CONTRACTOR'S NAME: TRAILBLAZERS	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET: STREET: 10010 DONALD POWERS DRIVE		P.O.BOX: 201		40.02
40.03	CITY: MUNSTER		STATE: IN ZIP CODE: 46321		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N	N	N	50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD: BEGINNING: ENDING:					53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$					
		0	1	2	3	4					
		/ /	NO	0.00	NO						
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.					56					
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57					
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES			58					
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO	NO		58.01					
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59					
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			60					
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01					
MULTICAMPUS											
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61					
	COUNTY:	1		STATE:	2	ZIP CODE	3	CBSA	4	FTE/ CAMPUS	5
SETTLEMENT DATA											
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)			YES	11/08/2010					63	





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		4995	1471	9563
2 HMO XIX				2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF				3
4 HOSPITAL ADULTS & PEDS - SWING BED NF				4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5
6 INTENSIVE CARE UNIT				6
7 CORONARY CARE UNIT				7
8 BURN INTENSIVE CARE UNIT				8
9 SURGICAL INTENSIVE CARE UNIT				9
10 OTHER SPECIAL CARE (SPECIFY)				10
11 NURSERY				11
12 TOTAL HOSPITAL		4995	1471	9563
13 RPCH VISITS				13
14 SUBPROVIDER I		503	15	593
15 SKILLED NURSING FACILITY				15
16 NURSING FACILITY				16
17 OTHER LONG TERM CARE				17
18 HOME HEALTH AGENCY				18
20 ASC (DISTINCT PART)				20
21 HOSPICE (DISTINCT PART)				21
23 O/P REHAB PROVIDER				23
24 RHC I				24
25 TOTAL				25
26 OBSERVATION BED DAYS				26
27 AMBULANCE TRIPS				27
28 EMPLOYEE DISCOUNT DAYS				28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		2	3	4	5		
1 SALARIES							
1 TOTAL SALARIES	57499959		57499959	2191364.00	26.24		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	6008734		6008734	186683.00	32.19		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	1530959		1530959	28518.00	53.68 PER LIST		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	382073		382073	3140.00	121.68 DIRECTORSHIPS		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	5375376		5375376	130293.00	41.26 PER HO CR		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	13941731		13941731			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1400567		1400567			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	821541		821541	25766.00	31.88		21
22 ADMINISTRATIVE & GENERAL	5243647		5243647	195853.00	26.77		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	568163		568163	2278.80	249.33		22.01
23 MAINTENANCE & REPAIRS	973535		973535	36253.00	26.85		23
24 OPERATION OF PLANT	679757		679757	42438.00	16.02		24
25 LAUNDRY & LINEN SERVICE	84231		84231	5804.00	14.51		25
26 HOUSEKEEPING	1513256		1513256	101981.00	14.84		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1589829	-1041666	548163	33635.00	16.30		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		1041666	1041666	63914.00	16.30		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1073244		1073244	27688.00	38.76		30
31 CENTRAL SERVICES AND SUPPLY	349819		349819	27478.00	12.73		31
32 PHARMACY	1498130		1498130	46199.00	32.43		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1511917		1511917	81037.00	18.66		33
34 SOCIAL SERVICE	271338		271338	10214.00	26.57		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		2	3	4	5	
1 NET SALARIES	58068122		58068122	2193642.80	26.47	1
2 EXCLUDED AREA SALARIES	6008734		6008734	186683.00	32.19	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	52059388		52059388	2006959.80	25.94	3
4 SUBTOTAL OTHER WAGES & REL COSTS	7288408		7288408	161951.00	45.00	4
5 SUBTOTAL WAGE-RELATED COSTS	13941731		13941731		26.78%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	73289527		73289527	2168910.80	33.79	6
7 NET SALARIES						7
8 EXCLUDED AREA SALARIES						8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10 SUBTOTAL OTHER WAGES & REL COSTS						10
11 SUBTOTAL WAGE-RELATED COSTS						11
12 TOTAL (SUM OF LINES 9 THRU 11)						12
13 TOTAL OVERHEAD COSTS	16178407		16178407	700538.80	23.09	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 15-7313

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LAKE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2689		151	2840	1
2 UNDUPLICATED CENSUS COUNT		505.00		205.00	710.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	8.37		8.37	5
6 DIRECT NURSING SERVICE	6.92		6.92	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		2.88	2.88	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		.56	.56	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE		.09	.09	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	2.09		2.09	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		2960	23844	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 15-7313

WORKSHEET S-4  
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

		FULL EPISODES				SCIC	SCIC ONLY	TOTAL	
		WITHOUT	WITH	LUPA	PEP ONLY	WITHIN	EPISODES		
		OUTLIERS	OUTLIERS	EPISODES	EPISODES	A PEP	EPISODES		
		1	2	3	4	5	6	7	
21	SKILLED NURSING VISITS	9086	1177	153	86			10502	21
22	SKILLED NURSING VISIT CHARGES	1362547	176664	22890	12852			1574953	22
23	PHYSICAL THERAPY VISITS	4896	48	11	31			4986	23
24	PHYSICAL THERAPY VISIT CHARGES	859212	8424	1908	5391			874935	24
25	OCCUPATIONAL THERAPY VISITS	1019	18		14			1051	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	178785	3177		2466			184428	26
27	SPEECH PATHOLOGY VISITS	169						169	27
28	SPEECH PATHOLOGY VISIT CHARGES	29736						29736	28
29	MEDICAL SOCIAL SERVICE VISITS		1					1	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES		195					195	30
31	HOME HEALTH AIDE VISITS	2405	251	1	26			2683	31
32	HOME HEALTH AIDE VISIT CHARGES	275530	28460	110	3030			307130	32
33	TOTAL VISITS	17575	1495	165	157			19392	33
34	OTHER CHARGES								34
35	TOTAL CHARGES	2705810	216920	24908	23739			2971377	35
36	TOTAL NUMBER OF EPISODES	705		67	12			784	36
37	TOTAL NUMBER OF OUTLIER EPISODES		28					28	37
38	TOTAL MEDICAL SUPPLY CHARGES	176652	25644	7323	1189			210808	38

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE	874662	17
17.01	GROSS MEDICAID REVENUES	9484509	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	10359171	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.336304	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	50288311	28
29	TOTAL GROSS MEDICAID COST	16912160	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	15364374	30
31	UNCOMPENSATED CARE COST	5167100	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	16912160	32



PROVIDER NO. 15-0034 ST. MARY MEDICAL CENTER, INC.  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09  
 11/29/2010 09:36

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
85.02	8520								85.02
85.03	8530								85.03
95		53983666	114880258	168863924	1264309	170128233	-13615287	156512946	95
98	9800	3516293	1833433	5349726	-492136	4857590	-162312	4695278	98
100	7950		1010363	1010363	-772173	238190		238190	100
100.01	7951								100.01
101		57499959	117724054	175224013		175224013	-13777599	161446414	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL SUPPLY RECLASS	A	MEDICAL SUPPLIES CHARGED TO P	55		10095958
2	A				
3	A				
4	A				
5	A				
6	A				
7	A				
8	A				
9	A				
10	A				
11	A				
12	A				
13	A				
14	A				
15	A				
16	A				
17	A				
18	A				
19	A				
20	A				
21	A				
22	A				
23	A				
24	A				
25	A				
26	A				
27	A				
28	A				
29	A				
30	A				
31	A				
32	A				
33	A				
34	A				
35	A				
36 SUBTOTAL					10095958

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	A	MAINTENANCE OF PERSONNEL	5.01		758	1
2	A	EMPLOYEE BENEFITS	5		101	2
3	A	NON-PATIENT TELEPHONES	6.01		218	3
4	A	PURCHASING, RECEIVING & STORE	6.02		1120	4
5	A	PATIENT REGISTRATION	6.03		5791	5
6	A	ADMINISTRATIVE & GENERAL	6.05		6152	6
7	A	MAINTENANCE & REPAIRS	7		739	7
8	A	OPERATION OF PLANT	8		88	8
9	A	LAUNDRY & LINEN SERVICE	9		54	9
10	A	HOUSEKEEPING	10		4641	10
11	A	DIETARY	11		8204	11
12	A	NURSING ADMINISTRATION	14		673	12
13	A	CENTRAL SERVICES & SUPPLY	15		64662	13
14	A	PHARMACY	16		57909	14
15	A	ADULTS & PEDIATRICS	25		1394080	15
16	A	INTENSIVE CARE UNIT	26		320338	16
17	A	SUBPROVIDER I	31		126613	17
18	A	OPERATING ROOM	37		3979086	18
19	A	RECOVERY ROOM	38		76429	19
20	A	ANESTHESIOLOGY	40		390936	20
21	A	RADIOLOGY-DIAGNOSTIC	41		175454	21
22	A	RADIOLOGY - ULTRASOUND	41.01		16948	22
23	A	CARDIAC CATH. LAB.	41.02		1535460	23
24	A	COMPUTERIZED TOMOGRAPHY/CT SC	41.03		84739	24
25	A	RADIOISOTOPE	43		19120	25
26	A	CARDIAC REHABILITATION	47.01		4472	26
27	A	RESPIRATORY THERAPY	49		127717	27
28	A	PHYSICAL THERAPY	50		47657	28
29	A	OCCUPATIONAL THERAPY	51		11759	29
30	A	SPEECH PATHOLOGY	52		3569	30
31	A	ELECTROENCEPHALOGRAPHY	54		678277	31
32	A	CLINIC	60		267027	32
33	A	CLINIC	60		45697	33
34	A	HOME HEALTH AGENCY	71		85707	34
35	A	PHYSICIANS' PRIVATE OFFICES	98		17455	35
36		SUBTOTAL			9559650	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
		2	3	4	5
1	A				1
2	A				2
3	B	NEW CAP REL COSTS-MVBLE EQUIP	4		3577104
4	B	NEW CAP REL COSTS-BLDG & FIXT	3		4749462
5	D	MEDICAL SUPPLIES CHARGED TO P	55	337416	121347
6	F	CAFETERIA	12	1041666	863411
7	G	EMPLOYEE BENEFITS	5		15342298
8	G				8
9	H	OPERATION OF PLANT	8		327897
10	H				10
11	H				11
12	H				12
13	H				13
14	H				14
15	H				15
16	H				16
17					17
18	I	NEW CAP REL COSTS-BLDG & FIXT	3		3796009
19					19
20	J	DRUGS CHARGED TO PATIENTS	56		8446778
21	J				21
22	J				22
23	J				23
24	J				24
25	J				25
26	J				26
27	J				27
28	J				28
29	J				29
30	J				30
31	J				31
32	J				32
33	J				33
34	J				34
35	J				35
36		SUBTOTAL		1379082	47320264

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	A	EMERGENCY	61		533856	1
2	A	OTHER NON-REIMBURSEABLE COST	100		2453	2
3 RECLASS DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	6.05		8326566	9 3
4	B					9 4
5 RECLASS IV THERAPY	D	INTRAVENOUS THERAPY	48	337416	121347	5
6 CAFETERIA EXPENSES RECLASS	F	DIETARY	11	1041666	863411	6
7 UNASSIGNED BENEFITS RECLASS	G	MAINTENANCE OF PERSONNEL	5.01		108729	7
8	G	ADMINISTRATIVE & GENERAL	6.05		15233569	8
9 UTILITIES EXPENSE RECLASS	H	ADMINISTRATIVE & GENERAL	6.05		85786	9
10	H	OPERATING ROOM	37		409	10
11	H	RADIOLOGY-DIAGNOSTIC	41		95269	11
12	H	CARDIAC REHABILITATION	47.01		5606	12
13	H	RESPIRATORY THERAPY	49		8542	13
14	H	HOME HEALTH AGENCY	71		1047	14
15	H	PHYSICIANS' PRIVATE OFFICES	98		21601	15
16	H	OTHER NON-REIMBURSEABLE COST	100		109637	16
17						17
18 INTEREST EXPENSE RECLASS	I	ADMINISTRATIVE & GENERAL	6.05		3796009	11 18
19						19
20 PHARMACY RECLASS EXPENSE	J	PHARMACY	16		7744327	20
21	J	EMPLOYEE BENEFITS	5		18512	21
22	J	MAINTENANCE OF PERSONNEL	5.01		75	22
23	J	PATIENT REGISTRATION	6.03		402	23
24	J	ADMINISTRATIVE & GENERAL	6.05		3229	24
25	J	OPERATION OF PLANT	8		75	25
26	J	DIETARY	11		54	26
27	J	CENTRAL SERVICES & SUPPLY	15		112	27
28	J	MEDICAL RECORDS & LIBRARY	17		204	28
29	J	ADULTS & PEDIATRICS	25		6620	29
30	J	INTENSIVE CARE UNIT	26		2283	30
31	J	SUBPROVIDER I	31		347	31
32	J	OPERATING ROOM	37		52512	32
33	J	RECOVERY ROOM	38		2719	33
34	J	ANESTHESIOLOGY	40		144304	34
35	J	RADIOLOGY-DIAGNOSTIC	41		1306	35
36 SUBTOTAL				1379082	46850568	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	J				1
2	J				2
3	J				3
4	J				4
5	J				5
6	J				6
7	J				7
8	J				8
9	J				9
10	J				10
11	J				11
12	J				12
13	J				13
14 BUILDING RENT EXPENSE RECLASS	L	NEW CAP REL COSTS-BLDG & FIXT	3		1113756 14
15	L				15
16	L				16
17	L				17
18 EQUIPMENT RENT EXPENSE RECLASS	M	NEW CAP REL COSTS-MVBLE EQUIP	4		1808577 18
19	M				19
20	M				20
21	M				21
22	M				22
23	M				23
24	M				24
25	M				25
26	M				26
27	M				27
28	M				28
29	M				29
30	M				30
31	M				31
32	M				32
33	M				33
34	M				34
35	M				35
36 SUBTOTAL				1379082	50242597 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	J	CARDIAC CATH. LAB.	41.02		9288	1
2	J	OCCUPATIONAL THERAPY	51		727	2
3	J	RADIOISOTOPE	43		311398	3
4	J	LABORATORY	44		135	4
5	J	CARDIAC REHABILITATION	47.01		7	5
6	J	RESPIRATORY THERAPY	49		48688	6
7	J	PHYSICAL THERAPY	50		487	7
8	J	ELECTROENCEPHALOGRAPHY	54		92	8
9	J	CLINIC	60		4359	9
10	J	CLINIC	60		170	10
11	J	EMERGENCY	61		6629	11
12	J	PHYSICIANS' PRIVATE OFFICES	98		87019	12
13	J	OTHER NON-REIMBURSEABLE COST	100		697	13
14	BUILDING RENT EXPENSE RECLASS	L PHYSICIANS' PRIVATE OFFICES	98		354813	10 14
15		L OTHER NON-REIMBURSEABLE COST	100		644930	15
16		L HOME HEALTH AGENCY	71		36871	16
17		L ADMINISTRATIVE & GENERAL	6.05		77142	17
18	EQUIPMENT RENT EXPENSE RECLASS	M MAINTENANCE OF PERSONNEL	5.01		5938	10 18
19		M EMPLOYEE BENEFITS	5		349	19
20		M NON-PATIENT TELEPHONES	6.01		215	20
21		M PURCHASING, RECEIVING & STORE	6.02		74628	21
22		M PATIENT REGISTRATION	6.03		12288	22
23		M ADMINISTRATIVE & GENERAL	6.05		477832	23
24		M MAINTENANCE & REPAIRS	7		6494	24
25		M OPERATION OF PLANT	8		960	25
26		M LAUNDRY & LINEN SERVICE	9		50	26
27		M HOUSEKEEPING	10		344	27
28		M DIETARY	11		9489	28
29		M NURSING ADMINISTRATION	14		424	29
30		M CENTRAL SERVICES & SUPPLY	15		74563	30
31		M PHARMACY	16		8178	31
32		M MEDICAL RECORDS & LIBRARY	17		5252	32
33		M SOCIAL SERVICE	18		646	33
34		M ADULTS & PEDIATRICS	25		10429	34
35		M INTENSIVE CARE UNIT	26		2256	35
36	SUBTOTAL			1379082	49124355	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1	M				1
2	M				2
3	M				3
4	M				4
5	M				5
6	M				6
7	M				7
8	M				8
9	M				9
10	M				10
11	M				11
12	M				12
13	M				13
14	M				14
15	M				15
16	M				16
17	M				17
18	M				18
19	M				19
20	M				20
21	M				21
22					22
23 RECLASS PROPERTY INSURANCE	O	NEW CAP REL COSTS-BLDG & FIXT	3		412905 23
24					24
25 RECLASS EKG COSTS TO PROPER DEPT	P	CARDIAC CATH. LAB.	41.02		3164 25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				1379082	50658666 36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 4

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	M	SUBPROVIDER I	31		7712	1
2	M	OPERATING ROOM	37		119926	2
3	M	RECOVERY ROOM	38		735	3
4	M	ANESTHESIOLOGY	40		1759	4
5	M	RADIOLOGY-DIAGNOSTIC	41		452981	5
6	M	RADIOLOGY - ULTRASOUND	41.01		79293	6
7	M	CARDIAC CATH. LAB.	41.02		40038	7
8	M	COMPUTERIZED TOMOGRAPHY/CT SC	41.03		111286	8
9	M	RADIOISOTOPE	43		24168	9
10	M	LABORATORY	44		14079	10
11	M	CARDIAC REHABILITATION	47.01		2711	11
12	M	RESPIRATORY THERAPY	49		76451	12
13	M	PHYSICAL THERAPY	50		11414	13
14	M	OCCUPATIONAL THERAPY	51		110	14
15	M	SPEECH PATHOLOGY	52		135	15
16	M	ELECTROENCEPHALOGRAPHY	54		26672	16
17	M	CLINIC	60		117692	17
18	M	EMERGENCY	61		375	18
19	M	HOME HEALTH AGENCY	71		5001	19
20	M	PHYSICIANS' PRIVATE OFFICES	98		11248	20
21	M	OTHER NON-REIMBURSEABLE COST	100		14456	21
22						22
23	O	ADMINISTRATIVE & GENERAL	6.05		412905	12 23
24						24
25	P	CARDIAC REHABILITATION	47.01		3164	25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		1379082	50658666	36

ANALYSIS OF CHANGES DURING COST REPORTING  
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL  
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED  
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	653404	145459		145459		798863		1
2 LAND IMPROVEMENTS	4980606	138890		138890		5119496		2
3 BUILDINGS AND FIXTURES	87488359	623067		623067		88111426		3
4 BUILDING IMPROVEMENTS	9173729	1038274		1038274		10212003		4
5 FIXED EQUIPMENT	6004112	1946047		1946047	1299023	6651136		5
6 MOVABLE EQUIPMENT	76659739	702566		702566	9879	77352426		6
7 SUBTOTAL	184959949	4594303		4594303	1308902	188245350		7
8 RECONCILING ITEMS								8
9 TOTAL	184959949	4594303		4594303	1308902	188245350		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	110892925		110892925	.589087				3
4 NEW CAP REL COSTS-MVBLE EQUIP	77352425		77352425	.410913				4
5 TOTAL	188245350		188245350	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	4931374	1113756	3703182	412905			10161217 3
4 NEW CAP REL COSTS-MVBLE EQUIP	4898977	1808577					6707554 4
5 TOTAL	9830351	2922333	3703182	412905			16868771 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL							5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-92827	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-277	ADMINISTRATIVE & GENERAL	6.05	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-5471	NEW CAP REL COSTS-MVBLE EQUIP	4	9 9
10 TELEVISION AND RADIO SERVICE	A	-4321	NEW CAP REL COSTS-MVBLE EQUIP	4	9 10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-111910			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-1236927			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-550481	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-9189	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-13433	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	76955	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	149762	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		SPEECH PATHOLOGY	52	36
37 OFFSET CRNA EXPENSE	A	-1461219	ANESTHESIOLOGY	40	37
37.01 OFFSET ANESTHESIOLOGISTS FEES	A	-92273	ELECTROENCEPHALOGRAPHY	54	37.01
37.07 1990 ASSETS-INSTALLMENTS	A	-2676	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.07
37.10 1991 AHA LIFE ADJ	A	5750	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.10
37.21 1993 AHA ASSETS < \$500 BLDG	A	-35	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.21
37.22 GARY MEDICAL PARTNERSHIP	A	9171	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.22
38 PHOTOGRAPHIC FEES	B	-4611	RADIOLOGY-DIAGNOSTIC	41	38
38.02 OTHER REVENUE	B	-30281	RADIOLOGY-DIAGNOSTIC	41	38.02
38.03 OFFSET OTHER OP REV	B	-35138	EMERGENCY	61	38.03
38.04 OFFSET LAMAZE CLASS REVENUE	B	-3420	ADULTS & PEDIATRICS	25	38.04
38.05 OFFSET OTHER REV	B	-12986	HOUSEKEEPING	10	38.05
38.06 OFFSET OTHER REV	B	-25	ADMINISTRATIVE & GENERAL	6.05	38.06
39 ADVERTISING OFFSET	A	-382924	ADMINISTRATIVE & GENERAL	6.05	39
40 OFFSET RECRUITING EXPENSE	A	-99579	ADMINISTRATIVE & GENERAL	6.05	40
41 OTHER OP REV/EP	B	-3152	ELECTROENCEPHALOGRAPHY	54	41
42 OTHER OP REV/ER	B	-1790	EMERGENCY	61	42
43 OFFSET HHA PR COSTS	A	-2201	HOME HEALTH AGENCY	71	43
43.01 OFFSET BAD DEBTS IN A&G	A	-9296499	ADMINISTRATIVE & GENERAL	6.05	43.01
43.02 OFFSET BAD DEBTS IN HHA	A	-2132	HOME HEALTH AGENCY	71	43.02
43.03 OFFSET BAD DEBTS IN ANEST	A	14514	ANESTHESIOLOGY	40	43.03
43.04 OFFSET BAD DEBTS IN POB	A	-162312	PHYSICIANS' PRIVATE OFFICES	98	43.04
43.05 OFFSET BAD DEBTS IN TELE	A	-1741	NON-PATIENT TELEPHONES	6.01	43.05
43.06 OFFSET OTHER COPY INCOME	B	-38	OPERATING ROOM	37	43.06
44 OFFSET MISCELLANEOUS INCOME	B	-2836	ADMINISTRATIVE & GENERAL	6.05	44
45 OTHER REVENUE	B	-2399	ADULTS & PEDIATRICS	25	45
45.01 OFFSET PAIN CLINIC INCOME	B	-434	CLINIC	60	45.01
45.02 OFFSET OP REHAB INCOME	B	-420	SPEECH PATHOLOGY	52	45.02
45.03 OFFSET OTHER INCOME	B	-2954	EMPLOYEE BENEFITS	5	45.03
45.04 OFFSET OTHER INCOME	B	-30	MAINTENANCE OF PERSONNEL	5.01	45.04
46 OTHER REVENUE	B	-50	ADMINISTRATIVE & GENERAL	6.05	46

PROVIDER NO. 15-0034 ST. MARY MEDICAL CENTER, INC.  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
 11/29/2010 09:36

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
46.02 OFFSET MED STAFF REVENUE	B	-21200	ADMINISTRATIVE & GENERAL	6.05	46.02
46.04 OFFSET OTHER OP REV	B	-48565	ADMINISTRATIVE & GENERAL	6.05	46.04
46.08 OFFSET OTHER PT INCOME	B	-42	PHYSICAL THERAPY	50	46.08
47 OFFSET ADMINISTRATIVE CONTRIBUTIO	A	-43681	ADMINISTRATIVE & GENERAL	6.05	47
48 OFFSET CARDIAC REHAB REV	B	-56138	CARDIAC REHABILITATION	47.01	48
48.01 OFFSET VARIOUS TAXES	A	-125510	ADMINISTRATIVE & GENERAL	6.05	48.01
48.02 RELEASED TEMP RESTRICTED	B	-69530	ADMINISTRATIVE & GENERAL	6.05	48.02
49 DUES OFFSET	A	-1806	ADMINISTRATIVE & GENERAL	6.05	49
49.01 OFFSET RADIOLOGY INCOME	B	-28314	RADIOLOGY-DIAGNOSTIC	41	49.01
49.07 OFFSET CHARITY BALL EXPENSES	A	-480	ADMINISTRATIVE & GENERAL	6.05	49.07
49.08 OFFSET GOLF OUTING EXPENSES	A	-9450	ADMINISTRATIVE & GENERAL	6.05	49.08
49.09 OFFSET EHW INCOME	B	-44	EMPLOYEE BENEFITS	5	49.09
50 TOTAL		-13777599			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.05	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE	9580067	12091644	-2511577	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	DEP INT	95821		95821	9 2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	EQ DEPR	1178829		1178829	9 3
4							4
5	TOTALS			10854717	12091644	-1236927	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
1	B CFNI	100.00				1
2						2
3						3
4						4
5						5

- (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:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	25 ADULTS & PEDIATRICS	57636		57636	204100	278	27279	1364
2	26 INTENSIVE CARE UNIT	3938		3938	171400	18	1483	74
3	37 OPERATING ROOM	18110		18110	152100	134	9799	490
4	41 RADIOLOGY-DIAGNOSTIC	28473		28473	152100	121	8848	442
5	41.02 CARDIAC CATH. LAB.	41525		41525	171400	185	15245	762
6	49 RESPIRATORY THERAPY	22975		22975	171400	170	14009	700
7	44 LABORATORY	18264		18264	219500	119	12558	628
8	54 ELECTROENCEPHALOGRAPHY	9810		9810	152100	55	4022	201
9	60 CLINIC	77644		77644	152100	1141	83436	4172
10	47.01 CARDIAC REHABILITATION	4422	4422					
101	TOTAL	282797	4422	278375		2221	176679	8833

PROVIDER NO. 15-0034 ST. MARY MEDICAL CENTER, INC.  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09  
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	25 ADULTS & PEDIATRICS					27279	30357	30357
2	26 INTENSIVE CARE UNIT					1483	2455	2455
3	37 OPERATING ROOM					9799	8311	8311
4	41 RADIOLOGY-DIAGNOSTIC					8848	19625	19625
5	41.02 CARDIAC CATH. LAB.					15245	26280	26280
6	49 RESPIRATORY THERAPY					14009	8966	8966
7	44 LABORATORY					12558	5706	5706
8	54 ELECTROENCEPHALOGRAPHY					4022	5788	5788
9	60 CLINIC					83436		
10	47.01 CARDIAC REHABILITATION	AGGREGATE						4422
101	TOTAL					176679	107488	111910



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	MAINTENACE OF PERSONNEL 5.01	NONPATIENT TELEPHONES 6.01	PURCHASING RECEIVING & STORES 6.02	PATIENT REGISTRATN 6.03	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	156512946	8870968	5855844	14484224	1201482	589693	598954	2056991	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	4695278	457712	302141	944624	46973	67976	10771		98
100 OTHER NON-REIMBURSEABLE COST CE	238190	832537	549569		119	9347	3374		100
100.01 COLLECTIVE IMAGE									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	161446414	10161217	6707554	15428848	1248574	667016	613099	2056991	103



PROVIDER NO. 15-0034 ST. MARY MEDICAL CENTER, INC.  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINI- STRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA
	5A	6.05	7	8	9	10	11	12
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	153287803	21309831	6312048	3876862	895014	2216873	2482296	1807875 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	6525475	1064370	422403	306815		176595		92912 98
100 OTHER NON-REIMBURSEABLE COST CE	1633136	266381	768315	558070	839	321210		236 100
100.01 COLLECTIVE IMAGE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	161446414	22640582	7502766	4741747	895853	2714678	2482296	1901023 103



PROVIDER NO. 15-0034 ST. MARY MEDICAL CENTER, INC.  
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	1867666	737098	4103981	3189811	452623	149309657	149309657	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES						8588570	8588570	98
100 OTHER NON-REIMBURSEABLE COST CE						3548187	3548187	100
100.01 COLLECTIVE IMAGE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1867666	737098	4103981	3189811	452623	161446414	161446414	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	MAINTENACE OF PERSONNEL 5.01	NONPATIENT TELEPHONES 6.01	PURCHASING RECEIVING & STORES 6.02	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		8870968	5855844	14726812	12677	45665	57100	150077	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		457712	302141	759853	826	1785	6582	2699	98
100 OTHER NON-REIMBURSEABLE COST CE		832537	549569	1382106		5	905	845	100
100.01 COLLECTIVE IMAGE									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		10161217	6707554	16868771	13503	47455	64587	153621	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PATIENT	ADMINI-	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	REGISTRATN	STRATIVE	TENANCE &	OF PLANT	& LINEN	KEEPING			
	6.03	6.05	REPAIRS	7	8	9	10	11	12
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	127985	2787908	163046	1520188	49821	85182	574372	33401	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		139247	10911	120308		6786		1717	98
100 OTHER NON-REIMBURSEABLE COST CE		34849	19846	218829	47	12342		4	100
100.01 COLLECTIVE IMAGE									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	127985	2962004	193803	1859325	49868	104310	574372	35122	103



PROVIDER NO. 15-0034 ST. MARY MEDICAL CENTER, INC.  
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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	96361	19464	218644	259392	23073	14148279	14148279	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES						1050714	1050714	98
100 OTHER NON-REIMBURSEABLE COST CE						1669778	1669778	100
100.01 COLLECTIVE IMAGE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	96361	19464	218644	259392	23073	16868771	16868771	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	MAINTENANCE OF PERSONNEL FTES	NONPATIENT TELEPHONES NUMBER OF PHONES	PURCHASING RECEIVING & STORES SUPPLY EXPENSE	PATIENT REGISTRATN GROSS REVENUE	
	3	4	5	5.01	6.01	6.02	6.03	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	485959							3
4 NEW CAP REL COSTS-MVBLE EQUIP		485959						4
5 EMPLOYEE BENEFITS	389	389	57432706					5
5.01 MAINTENANCE OF PERSONNEL	1362	1362	754288	104835				5.01
6.01 NON-PATIENT TELEPHONES	1847	1847	324581	877	785			6.01
6.02 PURCHASING, RECEIVING & STORE	4399	4399	321586	960	5	2175412		6.02
6.03 PATIENT REGISTRATION	3427	3427	1339370	4727	18	72079	363621926	6.03
6.04 PATIENT ACCOUNTING								6.04
6.05 ADMINISTRATIVE & GENERAL	84674	84674	3258110	3980	74	199889		6.05
7 MAINTENANCE & REPAIRS	1049	1049	973535	1747	7	256932		7
8 OPERATION OF PLANT	50508	50508	679757	2033	27	120146		8
9 LAUNDRY & LINEN SERVICE	829	829	84231	279		673		9
10 HOUSEKEEPING	974	974	1513256	4889	6	175437		10
11 DIETARY	12733	12733	548163	4647	18	177234		11
12 CAFETERIA			1041666					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1489	1489	1073244	1257	10	7158		14
15 CENTRAL SERVICES & SUPPLY			349819	1331	3	70894		15
16 PHARMACY	3463	3463	1498130	2241	15	18867		16
17 MEDICAL RECORDS & LIBRARY	4812	4812	1511917	3899	37	27945		17
18 SOCIAL SERVICE	347	347	271338	491	6	242		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	112942	112942	13809479	25978	124	214632	27091129	25
26 INTENSIVE CARE UNIT	7140	7140	2354244	3612	9	22284	3772212	26
31 SUBPROVIDER I	10029	10029	1360185	2797	11	24328	3007598	31
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	18795	18795	3236087	5642	55	430488	34053662	37
38 RECOVERY ROOM	2148	2148	1242459	2021	5	4473	3902267	38
40 ANESTHESIOLOGY						6534	6627960	40
41 RADIOLOGY-DIAGNOSTIC	29823	29823	2572278	4600	48	59302	31069127	41
41.01 RADIOLOGY - ULTRASOUND	431	431	479584	622	4	1985	4378391	41.01
41.02 CARDIAC CATH. LAB.	4501	4501	941323	1405	22	22549	19944825	41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC	1313	1313	475166	660	5	970	26758621	41.03
43 RADIOISOTOPE	2146	2146	355674	415	9	1972	3894848	43
44 LABORATORY	10185	10185	2729355	6347	24	78183	45195930	44
46 WHOLE BLOOD & PACKED RED BLOO	1035	1035	168045		6	5553	3263347	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHABILITATION	13692	13692	360740	587		5543	725886	47.01
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY	1668	1668	1710957	3061	7	12471	6753036	49
50 PHYSICAL THERAPY	9697	9697	150		37	11774	8250580	50
51 OCCUPATIONAL THERAPY	2180	2180			1	999	3087781	51
52 SPEECH PATHOLOGY	185	185			1	545	699487	52
54 ELECTROENCEPHALOGRAPHY	3557	3557	753176	1231	22	5237	7736635	54
55 MEDICAL SUPPLIES CHARGED TO P			337416				46257510	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS							46869729	56
57 RENAL DIALYSIS							984050	57
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	11068	11068	1320180	1952	32	31864	2975844	60
60.01 CARDIOVASCULAR OUTPATIENT UNI								60.01
61 EMERGENCY	7316	7316	3034668	4755	28	43451	23443531	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	2100	2100	1132256	1838	18	12588	2877940	71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	MAINTENACE OF PERSONNEL NUMBER OF FTES	NONPATIENT TELEPHONES NUMBER OF PHONES	PURCHASING RECEIVING & STORES SUPPLY EXPENSE	PATIENT REGISTRATN GROSS REVENUE	
	3	4	5	5.01	6.01	6.02	6.03	
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	424253	424253	53916413	100881	694	2125221	363621926	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	21890	21890	3516293	3944	80	38219		98
100 OTHER NON-REIMBURSEABLE COST	39816	39816		10	11	11972		100
100.01 COLLECTIVE IMAGE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	10161217	6707554	15428848	1248574	667016	613099	2056991	103
104 UNIT COST MULT-WS B PT I		13.802716		11.909897		.281831		104
104 UNIT COST MULT-WS B PT I	20.909618		.268642		849.701911		.005657	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			13503	47455	64587	153621	127985	107
108 UNIT COST MULT-WS B PT III				.452664		.070617		108
108 UNIT COST MULT-WS B PT III			.000235		82.276433		.000352	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON-	ADMINI-	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	CILIAATION	STRATIVE	TENANCE &	OF PLANT	& LINEN	KEEPING		
	6A.05	6.05	7	8	9	10	11	12
		ACCUM	SQUARE	SQUARE	POUNDS OF	SQUARE	MEALS	NUMBER OF
		COST	FEET	FEET	LAUNDRY	FEET	SERVED	FTES
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 MAINTENANCE OF PERSONNEL								5.01
6.01 NON-PATIENT TELEPHONES								6.01
6.02 PURCHASING, RECEIVING & STORE								6.02
6.03 PATIENT REGISTRATION								6.03
6.04 PATIENT ACCOUNTING								6.04
6.05 ADMINISTRATIVE & GENERAL	-22640582	138805832						6.05
7 MAINTENANCE & REPAIRS		6450607	388812					7
8 OPERATION OF PLANT		3238827	50508	338304				8
9 LAUNDRY & LINEN SERVICE		746479	829	829	1012834			9
10 HOUSEKEEPING		2306085	974	974		336501		10
11 DIETARY		1681183	12733	12733		12733	226215	11
12 CAFETERIA		1634431						80696
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		1527318	1489	1489		1489		1257
15 CENTRAL SERVICES & SUPPLY		606772						1331
16 PHARMACY		3359862	3463	3463		3463		2241
17 MEDICAL RECORDS & LIBRARY		2492316	4812	4812		4812		3899
18 SOCIAL SERVICE		366859	347	347		347		491
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		22598702	112942	112942	571748	112942	182440	25978
26 INTENSIVE CARE UNIT		3364961	7140	7140	28953	7140	12104	3612
31 SUBPROVIDER I		2923981	10029	10029	81908	10029	23516	2797
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		17022426	18795	18795	73985	18795		5642
38 RECOVERY ROOM		1718856	2148	2148	29017	2148		2021
40 ANESTHESIOLOGY		222588						40
41 RADIOLOGY-DIAGNOSTIC		5033418	29823	29823	67253	29823		4600
41.01 RADIOLOGY - ULTRASOUND		665771	431	431		431		622
41.02 CARDIAC CATH. LAB.		1596523	4501	4501	16772	4501		1405
41.03 COMPUTERIZED TOMOGRAPHY/CT SC		937803	1313	1313		1313		660
43 RADIOISOTOPE		572968	2146	2146	11192	2146		415
44 LABORATORY		6622043	10185	10185	1494	10185		6347
46 WHOLE BLOOD & PACKED RED BLOO		1617598	1035	1035		1035		46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHABILITATION		899210	13692	13692	2960	13692		587
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY		2364036	1668	1668		1668		3061
50 PHYSICAL THERAPY		2279542	9697	9697	17994	9697		50
51 OCCUPATIONAL THERAPY		867709	2180	2180	6667	2180		51
52 SPEECH PATHOLOGY		330672	185	185	674	185		52
54 ELECTROENCEPHALOGRAPHY		5622522	3557	3557	430	3557		1231
55 MEDICAL SUPPLIES CHARGED TO P		10907044						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		8711900						56
57 RENAL DIALYSIS		558858						57
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2129773	11068	11068	9566	11068	8155	1952
60.01 CARDIOVASCULAR OUTPATIENT UNI								60.01
61 EMERGENCY		4547274	7316	7316	91273	7316		4755
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		2120304	2100	2100		2100		1838



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION HOURS	CENTRAL SERVICES & SUPPLY EXPENSE	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
	14	15	16	17	18	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
5.01 MAINTENANCE OF PERSONNEL						5.01
6.01 NON-PATIENT TELEPHONES						6.01
6.02 PURCHASING, RECEIVING & STORE						6.02
6.03 PATIENT REGISTRATION						6.03
6.04 PATIENT ACCOUNTING						6.04
6.05 ADMINISTRATIVE & GENERAL						6.05
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	982385					14
15 CENTRAL SERVICES & SUPPLY		100				15
16 PHARMACY			100			16
17 MEDICAL RECORDS & LIBRARY				363621926		17
18 SOCIAL SERVICE					100	18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	540342			27091129	72	25
26 INTENSIVE CARE UNIT	75130			3772212	8	26
31 SUBPROVIDER I	58178			3007598		31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	117354			34053662		37
38 RECOVERY ROOM	42037			3902267		38
40 ANESTHESIOLOGY				6627960		40
41 RADIOLOGY-DIAGNOSTIC				31069127		41
41.01 RADIOLOGY - ULTRASOUND				4378391		41.01
41.02 CARDIAC CATH. LAB.				19944825		41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC				26758621		41.03
43 RADIOISOTOPE				3894848		43
44 LABORATORY				45195930		44
46 WHOLE BLOOD & PACKED RED BLOO				3263347		46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47.01 CARDIAC REHABILITATION	12210			725886		47.01
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY				6753036		49
50 PHYSICAL THERAPY				8250580		50
51 OCCUPATIONAL THERAPY				3087781		51
52 SPEECH PATHOLOGY				699487		52
54 ELECTROENCEPHALOGRAPHY				7736635		54
55 MEDICAL SUPPLIES CHARGED TO P		100		46257510		55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS			100	46869729		56
57 RENAL DIALYSIS				984050		57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC				2975844		60
60.01 CARDIOVASCULAR OUTPATIENT UNI						60.01
61 EMERGENCY	98904			23443531	20	61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY	38230			2877940		71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION NURSING HOURS	CENTRAL SERVICES & SUPPLY EXPENSE	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
	14	15	16	17	18	
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	982385	100	100	363621926	100	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES						98
100 OTHER NON-REIMBURSEABLE COST						100
100.01 COLLECTIVE IMAGE						100.01
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	1867666	737098	4103981	3189811	452623	103
104 UNIT COST MULT-WS B PT I	1.901155		41039.810000		4526.230000	104
104 UNIT COST MULT-WS B PT I		7370.980000		.008772		104
105 COST TO BE ALLOC PER B PT II						105
106 UNIT COST MULT-WS B PT II						106
106 UNIT COST MULT-WS B PT II						106
107 COST TO BE ALLOC PER B PT III	96361	19464	218644	259392	23073	107
108 UNIT COST MULT-WS B PT III	.098089		2186.440000		230.730000	108
108 UNIT COST MULT-WS B PT III		194.640000		.000713		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	35668756		35668756	30357	35699113	25
26 INTENSIVE CARE UNIT	4664928		4664928	2455	4667383	26
31 SUBPROVIDER I	4349287		4349287		4349287	31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	21296875		21296875	8311	21305186	37
38 RECOVERY ROOM	2275530		2275530		2275530	38
40 ANESTHESIOLOGY	317034		317034		317034	40
41 RADIOLOGY-DIAGNOSTIC	7528891		7528891	19625	7548516	41
41.01 RADIOLOGY - ULTRASOUND	845260		845260		845260	41.01
41.02 CARDIAC CATH. LAB.	2266074		2266074	26280	2292354	41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT	1395374		1395374		1395374	41.03
43 RADIOISOTOPE	809070		809070		809070	43
44 LABORATORY	8670923		8670923	5706	8676629	44
46 WHOLE BLOOD & PACKED RED BL	1952899		1952899		1952899	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47.01 CARDIAC REHABILITATION	1658484		1658484		1658484	47.01
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY	2950005		2950005	8966	2958971	49
50 PHYSICAL THERAPY	3140912		3140912		3140912	50
51 OCCUPATIONAL THERAPY	1132433		1132433		1132433	51
52 SPEECH PATHOLOGY	398995		398995		398995	52
54 ELECTROENCEPHALOGRAPHY	6784048		6784048	5788	6789836	54
55 MEDICAL SUPPLIES CHARGED TO	13828961		13828961		13828961	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	14648139		14648139		14648139	56
57 RENAL DIALYSIS	658645		658645		658645	57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3105193		3105193		3105193	60
60.01 CARDIOVASCULAR OUTPATIENT U						60.01
61 EMERGENCY	6268671		6268671		6268671	61
62 OBSERVATION BEDS (NON-DISTI	1818076		1818076		1818076	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	148433463		148433463	107488	148540951	101
102 LESS OBSERVATION BEDS	1818076		1818076		1818076	102
103 TOTAL	146615387		146615387	107488	146722875	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	29804450		29804450			25
26 INTENSIVE CARE UNIT	4404281		4404281			26
31 SUBPROVIDER I	3210474		3210474			31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	16143397	24706741	40850138	.521342	.521342	.521545 37
38 RECOVERY ROOM	2241134	2771328	5012462	.453975	.453975	.453975 38
40 ANESTHESIOLOGY	3766467	5148071	8914538	.035564	.035564	.035564 40
41 RADIOLOGY-DIAGNOSTIC	10014637	25561236	35575873	.211629	.211629	.212181 41
41.01 RADIOLOGY - ULTRASOUND	1853513	3623325	5476838	.154334	.154334	.154334 41.01
41.02 CARDIAC CATH. LAB.	10814349	10699264	21513613	.105332	.105332	.106554 41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT	11367917	20764323	32132240	.043426	.043426	.043426 41.03
43 RADIOISOTOPE	1828005	2992695	4820700	.167832	.167832	.167832 43
44 LABORATORY	23126913	34228105	57355018	.151180	.151180	.151279 44
46 WHOLE BLOOD & PACKED RED BL	2662543	875265	3537808	.552008	.552008	.552008 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47.01 CARDIAC REHABILITATION	249220	452001	701221	2.365137	2.365137	2.365137 47.01
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY	6543281	862216	7405497	.398353	.398353	.399564 49
50 PHYSICAL THERAPY	5046579	4363475	9410054	.333783	.333783	.333783 50
51 OCCUPATIONAL THERAPY	2795554	690914	3486468	.324808	.324808	.324808 51
52 SPEECH PATHOLOGY	441947	149891	591838	.674163	.674163	.674163 52
54 ELECTROENCEPHALOGRAPHY	2834766	6231750	9066516	.748253	.748253	.748891 54
55 MEDICAL SUPPLIES CHARGED TO	41870097	19847555	61717652	.224068	.224068	.224068 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	33877358	17478884	51356242	.285226	.285226	.285226 56
57 RENAL DIALYSIS	1824574	117779	1942353	.339096	.339096	.339096 57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	187722	5812370	6000092	.517524	.517524	.517524 60
60.01 CARDIOVASCULAR OUTPATIENT U						60.01
61 EMERGENCY	8749999	19853764	28603763	.219155	.219155	.219155 61
62 OBSERVATION BEDS (NON-DISTI	101442	2969041	3070483	.592114	.592114	.592114 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	225760619	210199993	435960612			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	225760619	210199993	435960612			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				5756295		5756295
26 INTENSIVE CARE UNIT				416131		416131
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				551830		551830
33 NURSERY						
101 TOTAL				6724256		6724256

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	47793	26419			120.44	3181904
26 INTENSIVE CARE UNIT	3690	2269			112.77	255875
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5979	5022			92.29	463480
33 NURSERY	1715					
101 TOTAL	59177	33710				3901259

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (15-0034) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1226270	40850138	9434249			.030019	283207 37
38 RECOVERY ROOM		137305	5012462	1062865			.027393	29115 38
40 ANESTHESIOLOGY		12270	8914538	1774139			.001376	2441 40
41 RADIOLOGY-DIAGNOSTIC		1379876	35575873	6678316			.038787	259032 41
41.01 RADIOLOGY - ULTRASOUND		37684	5476838	443820			.006881	3054 41.01
41.02 CARDIAC CATH. LAB.		245624	21513613	7744190			.011417	88415 41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC		103541	32132240	5752827			.003222	18536 41.03
43 RADIOISOTOPE		106280	4820700	1044779			.022047	23034 43
44 LABORATORY		621044	57355018	13966566			.010828	151230 44
46 WHOLE BLOOD & PACKED RED BLOO		81371	3537808	1661824			.023000	38222 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHABILITATION		583904	701221	167355			.832696	139356 47.01
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY		130630	7405497	3423760			.017640	60395 49
50 PHYSICAL THERAPY		459931	9410054	2008537			.048877	98171 50
51 OCCUPATIONAL THERAPY		111703	3486468	537677			.032039	17227 51
52 SPEECH PATHOLOGY		15542	591838	178390			.026261	4685 52
54 ELECTROENCEPHALOGRAPHY		277586	9066516	204506			.030617	6261 54
55 MEDICAL SUPPLIES CHARGED TO P		301553	61717652	21347814			.004886	104305 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		454580	51356242	21050582			.008852	186340 56
57 RENAL DIALYSIS		12973	1942353	1289847			.006679	8615 57
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		530694	6000092	3385			.088448	299 60
60.01 CARDIOVASCULAR OUTPATIENT UNI								60.01
61 EMERGENCY		451198	28603763	969112			.015774	15287 61
62 OBSERVATION BEDS (NON-DISTINC		293156	3070483				.095476	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7574715	398541407	100744540				1537227 101

PROVIDER NO. 15-0034 ST. MARY MEDICAL CENTER, INC.  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
 11/29/2010 09:36

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					47793		26419	25
26 INTENSIVE CARE UNIT					3690		2269	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					5979		5022	31
33 NURSERY					1715			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					59177		33710	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0034) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY - ULTRASOUND							41.01
41.02 CARDIAC CATH. LAB.							41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC							41.03
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION							47.01
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CARDIOVASCULAR OUTPATIENT UNI							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0034) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		40850138			9434249		7793807 37
38 RECOVERY ROOM		5012462			1062865		2346798 38
40 ANESTHESIOLOGY		8914538			1774139		1590569 40
41 RADIOLOGY-DIAGNOSTIC		35575873			6678316		10025791 41
41.01 RADIOLOGY - ULTRASOUND		5476838			443820		475113 41.01
41.02 CARDIAC CATH. LAB.		21513613			7744190		7284857 41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC		32132240			5752827		6925678 41.03
43 RADIOISOTOPE		4820700			1044779		1201895 43
44 LABORATORY		57355018			13966566		1553006 44
46 WHOLE BLOOD & PACKED RED BLOO		3537808			1661824		336829 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION		701221			167355		254394 47.01
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY		7405497			3423760		423200 49
50 PHYSICAL THERAPY		9410054			2008537		50
51 OCCUPATIONAL THERAPY		3486468			537677		51
52 SPEECH PATHOLOGY		591838			178390	1331	52
54 ELECTROENCEPHALOGRAPHY		9066516			204506		288555 54
55 MEDICAL SUPPLIES CHARGED TO P		61717652			21347814		9294999 55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		51356242			21050582		8769378 56
57 RENAL DIALYSIS		1942353			1289847		14527 57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6000092			3385		931278 60
60.01 CARDIOVASCULAR OUTPATIENT UNI							60.01
61 EMERGENCY		28603763			969112		5383242 61
62 OBSERVATION BEDS (NON-DISTINC		3070483					861587 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		398541407			100744540		65756834 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0034) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY - ULTRASOUND					41.01
41.02 CARDIAC CATH. LAB.					41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC					41.03
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHABILITATION					47.01
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CARDIOVASCULAR OUTPATIENT UNI					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0034) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.521342	.521342	.521342			37
40 RECOVERY ROOM	.453975	.453975	.453975			38
41 ANESTHESIOLOGY	.035564	.035564	.035564			40
41 RADIOLOGY-DIAGNOSTIC	.211629	.211629	.211629			41
41.01 RADIOLOGY - ULTRASOUND	.154334	.154334	.154334			41.01
41.02 CARDIAC CATH. LAB.	.105332	.105332	.105332			41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SCAN	.043426	.043426	.043426			41.03
43 RADIOISOTOPE	.167832	.167832	.167832			43
44 LABORATORY	.151180	.151180	.151180			44
46 WHOLE BLOOD & PACKED RED BLOOD	.552008	.552008	.552008			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHABILITATION	2.365137	2.365137	2.365137			47.01
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY	.398353	.398353	.398353			49
50 PHYSICAL THERAPY	.333783	.333783	.333783			50
51 OCCUPATIONAL THERAPY	.324808	.324808	.324808			51
52 SPEECH PATHOLOGY	.674163	.674163	.674163			52
54 ELECTROENCEPHALOGRAPHY	.748253	.748253	.748253			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.224068	.224068	.224068			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.285226	.285226	.285226			56
57 RENAL DIALYSIS	.339096	.339096	.339096			57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.517524	.517524	.517524			60
60.01 CARDIOVASCULAR OUTPATIENT UNIT						60.01
61 EMERGENCY	.219155	.219155	.219155			61
62 OBSERVATION BEDS (NON-DISTINCT	.592114	.592114	.592114			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.285226	1
2 PROGRAM VACCINE CHARGES	19611	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	5594	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0034) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS		7793807						37
38 OPERATING ROOM		2346798						38
40 ANESTHESIOLOGY		1590569						40
41 RADIOLOGY-DIAGNOSTIC		10025791						41
41.01 RADIOLOGY - ULTRASOUND		475113						41.01
41.02 CARDIAC CATH. LAB.		7284857						41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SCA		6925678						41.03
43 RADIOISOTOPE		1201895						43
44 LABORATORY		1553006						44
46 WHOLE BLOOD & PACKED RED BLOOD		336829						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47.01 CARDIAC REHABILITATION		254394						47.01
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY		423200						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1331						52
54 ELECTROENCEPHALOGRAPHY		288555						54
55 MEDICAL SUPPLIES CHARGED TO PA		9294999						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		8769378						56
57 RENAL DIALYSIS		14527						57
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		931278						60
60.01 CARDIOVASCULAR OUTPATIENT UNIT								60.01
61 EMERGENCY		5383242						61
62 OBSERVATION BEDS (NON-DISTINCT		861587						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		65756834						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		65756834						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0034) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
37 ANCILLARY SERVICE COST CENTERS		4063239					37
38 OPERATING ROOM		1065388					38
40 RECOVERY ROOM		56567					40
41 ANESTHESIOLOGY		2121748					41
41.01 RADIOLOGY-DIAGNOSTIC		73326					41.01
41.02 RADIOLOGY - ULTRASOUND		767329					41.02
41.03 CARDIAC CATH. LAB.		300754					41.03
43 COMPUTERIZED TOMOGRAPHY/CT SCAN		201716					43
44 RADIOISOTOPE		234783					44
44 LABORATORY		185932					46
46 WHOLE BLOOD & PACKED RED BLOOD							46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01 CARDIAC REHABILITATION		601677					47.01
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY		168583					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		897					52
54 ELECTROENCEPHALOGRAPHY		215912					54
55 MEDICAL SUPPLIES CHARGED TO PAT		2082712					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		2501255					56
57 RENAL DIALYSIS		4926					57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		481959					60
60.01 CARDIOVASCULAR OUTPATIENT UNIT							60.01
61 EMERGENCY		1179764					61
62 OBSERVATION BEDS (NON-DISTINCT		510158					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		16818625					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		16818625					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-T034) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1226270	40850138	112392			.030019	3374 37
38 RECOVERY ROOM		137305	5012462	7829			.027393	214 38
40 ANESTHESIOLOGY		12270	8914538	10156			.001376	14 40
41 RADIOLOGY-DIAGNOSTIC		1379876	35575873	167129			.038787	6482 41
41.01 RADIOLOGY - ULTRASOUND		37684	5476838	14557			.006881	100 41.01
41.02 CARDIAC CATH. LAB.		245624	21513613	81684			.011417	933 41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC		103541	32132240	127259			.003222	410 41.03
43 RADIOISOTOPE		106280	4820700	18295			.022047	403 43
44 LABORATORY		621044	57355018	616086			.010828	6671 44
46 WHOLE BLOOD & PACKED RED BLOO		81371	3537808	52184			.023000	1200 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHABILITATION		583904	701221				.832696	47.01
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY		130630	7405497	253650			.017640	4474 49
50 PHYSICAL THERAPY		459931	9410054	1762937			.048877	86167 50
51 OCCUPATIONAL THERAPY		111703	3486468	1716093			.032039	54982 51
52 SPEECH PATHOLOGY		15542	591838	175571			.026261	4611 52
54 ELECTROENCEPHALOGRAPHY		277586	9066516	16889			.030617	517 54
55 MEDICAL SUPPLIES CHARGED TO P		301553	61717652	504983			.004886	2467 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		454580	51356242	1940516			.008852	17177 56
57 RENAL DIALYSIS		12973	1942353	171585			.006679	1146 57
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		530694	6000092				.088448	60
60.01 CARDIOVASCULAR OUTPATIENT UNI								60.01
61 EMERGENCY		451198	28603763				.015774	61
62 OBSERVATION BEDS (NON-DISTINC		293156	3070483				.095476	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7574715	398541407	7749795				191342 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-T034) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY - ULTRASOUND							41.01
41.02 CARDIAC CATH. LAB.							41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC							41.03
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION							47.01
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CARDIOVASCULAR OUTPATIENT UNI							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-T034) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		40850138			112392		37
38 RECOVERY ROOM		5012462			7829		38
40 ANESTHESIOLOGY		8914538			10156		40
41 RADIOLOGY-DIAGNOSTIC		35575873			167129		41
41.01 RADIOLOGY - ULTRASOUND		5476838			14557		41.01
41.02 CARDIAC CATH. LAB.		21513613			81684		41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC		32132240			127259		41.03
43 RADIOISOTOPE		4820700			18295		43
44 LABORATORY		57355018			616086		44
46 WHOLE BLOOD & PACKED RED BLOO		3537808			52184		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION		701221					47.01
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY		7405497			253650		49
50 PHYSICAL THERAPY		9410054			1762937		50
51 OCCUPATIONAL THERAPY		3486468			1716093		51
52 SPEECH PATHOLOGY		591838			175571		52
54 ELECTROENCEPHALOGRAPHY		9066516			16889		54
55 MEDICAL SUPPLIES CHARGED TO P		61717652			504983		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		51356242			1940516		56
57 RENAL DIALYSIS		1942353			171585		57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6000092					60
60.01 CARDIOVASCULAR OUTPATIENT UNI							60.01
61 EMERGENCY		28603763					61
62 OBSERVATION BEDS (NON-DISTINC		3070483					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		398541407			7749795		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-T034) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 RADIOLOGY - ULTRASOUND						41.01
41.02 CARDIAC CATH. LAB.						41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC						41.03
43 RADIOISOTOPE						43
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOO						46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47.01 CARDIAC REHABILITATION						47.01
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CARDIOVASCULAR OUTPATIENT UNI						60.01
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				5756295		5756295
26 INTENSIVE CARE UNIT				416131		416131
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				551830		551830
33 NURSERY						
101 TOTAL				6724256		6724256

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	47793	5699			120.44	686388
26 INTENSIVE CARE UNIT	3690	729			112.77	82209
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5979	194			92.29	17904
33 NURSERY	1715	1353				
101 TOTAL	59177	7975				786501

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (15-0034) [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1226270	40850138	2309718			.030019	69335 37
38 RECOVERY ROOM		137305	5012462	252405			.027393	6914 38
40 ANESTHESIOLOGY		12270	8914538	411256			.001376	566 40
41 RADIOLOGY-DIAGNOSTIC		1379876	35575873	990863			.038787	38433 41
41.01 RADIOLOGY - ULTRASOUND		37684	5476838	233823			.006881	1609 41.01
41.02 CARDIAC CATH. LAB.		245624	21513613	569314			.011417	6500 41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC		103541	32132240	1256500			.003222	4048 41.03
43 RADIOISOTOPE		106280	4820700	146039			.022047	3220 43
44 LABORATORY		621044	57355018	2718496			.010828	29436 44
46 WHOLE BLOOD & PACKED RED BLOO		81371	3537808	425749			.023000	9792 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHABILITATION		583904	701221	14857			.832696	12371 47.01
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY		130630	7405497	1121942			.017640	19791 49
50 PHYSICAL THERAPY		459931	9410054	176325			.048877	8618 50
51 OCCUPATIONAL THERAPY		111703	3486468	41487			.032039	1329 51
52 SPEECH PATHOLOGY		15542	591838	14928			.026261	392 52
54 ELECTROENCEPHALOGRAPHY		277586	9066516	273102			.030617	8362 54
55 MEDICAL SUPPLIES CHARGED TO P		301553	61717652	369720			.004886	1806 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		454580	51356242	3946491			.008852	34934 56
57 RENAL DIALYSIS		12973	1942353	82664			.006679	552 57
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		530694	6000092	23260			.088448	2057 60
60.01 CARDIOVASCULAR OUTPATIENT UNI								60.01
61 EMERGENCY		451198	28603763	856250			.015774	13506 61
62 OBSERVATION BEDS (NON-DISTINC		293156	3070483				.095476	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7574715	398541407	16235189				273571 101

PROVIDER NO. 15-0034 ST. MARY MEDICAL CENTER, INC.  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
 11/29/2010 09:36

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					47793		5699	25
26 INTENSIVE CARE UNIT					3690		729	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					5979		194	31
33 NURSERY					1715		1353	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					59177		7975	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0034) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY - ULTRASOUND							41.01
41.02 CARDIAC CATH. LAB.							41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC							41.03
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION							47.01
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CARDIOVASCULAR OUTPATIENT UNI							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0034) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		40850138			2309718		37
38 RECOVERY ROOM		5012462			252405		38
40 ANESTHESIOLOGY		8914538			411256		40
41 RADIOLOGY-DIAGNOSTIC		35575873			990863		41
41.01 RADIOLOGY - ULTRASOUND		5476838			233823		41.01
41.02 CARDIAC CATH. LAB.		21513613			569314		41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC		32132240			1256500		41.03
43 RADIOISOTOPE		4820700			146039		43
44 LABORATORY		57355018			2718496		44
46 WHOLE BLOOD & PACKED RED BLOO		3537808			425749		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION		701221			14857		47.01
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY		7405497			1121942		49
50 PHYSICAL THERAPY		9410054			176325		50
51 OCCUPATIONAL THERAPY		3486468			41487		51
52 SPEECH PATHOLOGY		591838			14928		52
54 ELECTROENCEPHALOGRAPHY		9066516			273102		54
55 MEDICAL SUPPLIES CHARGED TO P		61717652			369720		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		51356242			3946491		56
57 RENAL DIALYSIS		1942353			82664		57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6000092			23260		60
60.01 CARDIOVASCULAR OUTPATIENT UNI							60.01
61 EMERGENCY		28603763			856250		61
62 OBSERVATION BEDS (NON-DISTINC		3070483					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		398541407			16235189		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0034) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY - ULTRASOUND					41.01
41.02 CARDIAC CATH. LAB.					41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC					41.03
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHABILITATION					47.01
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CARDIOVASCULAR OUTPATIENT UNI					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0034) [ ] SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [XX] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.521342	.521342	.521342			37
40 RECOVERY ROOM	.453975	.453975	.453975			38
41 ANESTHESIOLOGY	.035564	.035564	.035564			40
41 RADIOLOGY-DIAGNOSTIC	.211629	.211629	.211629			41
41.01 RADIOLOGY - ULTRASOUND	.154334	.154334	.154334			41.01
41.02 CARDIAC CATH. LAB.	.105332	.105332	.105332			41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SCAN	.043426	.043426	.043426			41.03
43 RADIOISOTOPE	.167832	.167832	.167832			43
44 LABORATORY	.151180	.151180	.151180			44
46 WHOLE BLOOD & PACKED RED BLOOD	.552008	.552008	.552008			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHABILITATION	2.365137	2.365137	2.365137			47.01
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY	.398353	.398353	.398353			49
50 PHYSICAL THERAPY	.333783	.333783	.333783			50
51 OCCUPATIONAL THERAPY	.324808	.324808	.324808			51
52 SPEECH PATHOLOGY	.674163	.674163	.674163			52
54 ELECTROENCEPHALOGRAPHY	.748253	.748253	.748253			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.224068	.224068	.224068			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.285226	.285226	.285226			56
57 RENAL DIALYSIS	.339096	.339096	.339096			57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
60 OUTPATIENT SERVICE COST CENTERS						60
60.01 CLINIC	.517524	.517524	.517524			60.01
61 CARDIOVASCULAR OUTPATIENT UNIT						61
61 EMERGENCY	.219155	.219155	.219155			61
62 OBSERVATION BEDS (NON-DISTINCT	.592114	.592114	.592114			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						65.01
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.285226	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0034) [ ] SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [XX] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3498978							37
38 RECOVERY ROOM	348144							38
40 ANESTHESIOLOGY	537986							40
41 RADIOLOGY-DIAGNOSTIC	3045451							41
41.01 RADIOLOGY - ULTRASOUND	982747							41.01
41.02 CARDIAC CATH. LAB.	751364							41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SCA	2338702							41.03
43 RADIOISOTOPE	230572							43
44 LABORATORY	4789056							44
46 WHOLE BLOOD & PACKED RED BLOOD	174065							46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47.01 CARDIAC REHABILITATION	8233							47.01
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY	114003							49
50 PHYSICAL THERAPY	348644							50
51 OCCUPATIONAL THERAPY	61426							51
52 SPEECH PATHOLOGY	1985							52
54 ELECTROENCEPHALOGRAPHY	427895							54
55 MEDICAL SUPPLIES CHARGED TO PA	117758							55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	1970180							56
57 RENAL DIALYSIS	4023							57
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	601128							60
60.01 CARDIOVASCULAR OUTPATIENT UNIT								60.01
61 EMERGENCY	5175374							61
62 OBSERVATION BEDS (NON-DISTINCT	1251519							62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL	26779233							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	26779233							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0034) [ ] SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [XX] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	1824164						37
38 RECOVERY ROOM	158049						38
40 ANESTHESIOLOGY	19133						40
41 RADIOLOGY-DIAGNOSTIC	644506						41
41.01 RADIOLOGY - ULTRASOUND	151671						41.01
41.02 CARDIAC CATH. LAB.	79143						41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SCAN	101560						41.03
43 RADIOISOTOPE	38697						43
44 LABORATORY	724009						44
46 WHOLE BLOOD & PACKED RED BLOOD	96085						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01 CARDIAC REHABILITATION	19472						47.01
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY	45413						49
50 PHYSICAL THERAPY	116371						50
51 OCCUPATIONAL THERAPY	19952						51
52 SPEECH PATHOLOGY	1338						52
54 ELECTROENCEPHALOGRAPHY	320174						54
55 MEDICAL SUPPLIES CHARGED TO PAT	26386						55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	561947						56
57 RENAL DIALYSIS	1364						57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	311098						60
60.01 CARDIOVASCULAR OUTPATIENT UNIT							60.01
61 EMERGENCY	1134209						61
62 OBSERVATION BEDS (NON-DISTINCT	741042						62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL	7135783						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	7135783						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (15-T034) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1226270	40850138	637			.030019	19	37
38 RECOVERY ROOM		137305	5012462				.027393		38
40 ANESTHESIOLOGY		12270	8914538				.001376		40
41 RADIOLOGY-DIAGNOSTIC		1379876	35575873	4317			.038787	167	41
41.01 RADIOLOGY - ULTRASOUND		37684	5476838	1202			.006881	8	41.01
41.02 CARDIAC CATH. LAB.		245624	21513613				.011417		41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC		103541	32132240	3392			.003222	11	41.03
43 RADIOISOTOPE		106280	4820700				.022047		43
44 LABORATORY		621044	57355018	15182			.010828	164	44
46 WHOLE BLOOD & PACKED RED BLOO		81371	3537808				.023000		46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47.01 CARDIAC REHABILITATION		583904	701221				.832696		47.01
48 INTRAVENOUS THERAPY									48
49 RESPIRATORY THERAPY		130630	7405497	7168			.017640	126	49
50 PHYSICAL THERAPY		459931	9410054	59594			.048877	2913	50
51 OCCUPATIONAL THERAPY		111703	3486468	60570			.032039	1941	51
52 SPEECH PATHOLOGY		15542	591838	18352			.026261	482	52
54 ELECTROENCEPHALOGRAPHY		277586	9066516	1016			.030617	31	54
55 MEDICAL SUPPLIES CHARGED TO P		301553	61717652	3848			.004886	19	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS		454580	51356242	72002			.008852	637	56
57 RENAL DIALYSIS		12973	1942353				.006679		57
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		530694	6000092				.088448		60
60.01 CARDIOVASCULAR OUTPATIENT UNI									60.01
61 EMERGENCY		451198	28603763				.015774		61
62 OBSERVATION BEDS (NON-DISTINC		293156	3070483				.095476		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		7574715	398541407	247280				6518	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (15-T034) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY - ULTRASOUND							41.01
41.02 CARDIAC CATH. LAB.							41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC							41.03
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION							47.01
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CARDIOVASCULAR OUTPATIENT UNI							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (15-T034) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		40850138			637		37
38 RECOVERY ROOM		5012462					38
40 ANESTHESIOLOGY		8914538					40
41 RADIOLOGY-DIAGNOSTIC		35575873			4317		41
41.01 RADIOLOGY - ULTRASOUND		5476838			1202		41.01
41.02 CARDIAC CATH. LAB.		21513613					41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC		32132240			3392		41.03
43 RADIOISOTOPE		4820700					43
44 LABORATORY		57355018			15182		44
46 WHOLE BLOOD & PACKED RED BLOO		3537808					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION		701221					47.01
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY		7405497			7168		49
50 PHYSICAL THERAPY		9410054			59594		50
51 OCCUPATIONAL THERAPY		3486468			60570		51
52 SPEECH PATHOLOGY		591838			18352		52
54 ELECTROENCEPHALOGRAPHY		9066516			1016		54
55 MEDICAL SUPPLIES CHARGED TO P		61717652			3848		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		51356242			72002		56
57 RENAL DIALYSIS		1942353					57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6000092					60
60.01 CARDIOVASCULAR OUTPATIENT UNI							60.01
61 EMERGENCY		28603763					61
62 OBSERVATION BEDS (NON-DISTINC		3070483					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		398541407			247280		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (15-T034) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY - ULTRASOUND					41.01
41.02 CARDIAC CATH. LAB.					41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SC					41.03
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHABILITATION					47.01
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CARDIOVASCULAR OUTPATIENT UNI					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0034)	SUB I (PPS) (15-T034)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	47793	5979					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	47793	5979					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	47793	5979					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	26419	5022					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0034)	SUB I (PPS) (15-T034)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	35699113	4349287					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	35699113	4349287					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	29707590	3210474					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29707590	3210474					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.201683	1.354718					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	621.59	536.96					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	35699113	4349287					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0034)	SUB I (PPS) (15-T034)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	746.95	727.43				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19733672	3653153				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19733672	3653153				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	4667383	3690	1264.87	2269	2869990	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (15-0034)	SUB I (PPS) (15-T034)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	25553393	2342568				48
49 TOTAL PROGRAM INPATIENT COSTS	48157055	5995721				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3437779	463480				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1537227	191342				51
52 TOTAL PROGRAM EXCLUDABLE COST	4975006	654822				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	43182049	5340899				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0034)	SUB I (PPS) (15-T034)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 15-0034 ST. MARY MEDICAL CENTER, INC.  
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
11/29/2010 09:36

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS)  
 (15-0034)(15-T034)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2434	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	746.95	84
85 OBSERVATION BED COST	1818076	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		35699113		1818076		86
87 NEW CAPITAL-RELATED COST	5756295	35699113	.161245	1818076	293156	87
88 NON PHYSICIAN ANESTHETIST		35699113		1818076		88
89 MEDICAL EDUCATION		35699113		1818076		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0034)	SUB I (PPS) (15-T034)	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	47793	5979					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	47793	5979					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	47793	5979					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5699	194					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS	1715						15
16 TITLE V OR XIX NURSERY DAYS	1353						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0034)	SUB I (PPS) (15-T034)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	35699113	4349287					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	35699113	4349287					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	29707590	3210474					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29707590	3210474					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.201683	1.354718					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	621.59	536.96					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	35699113	4349287					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0034)	SUB I (PPS) (15-T034)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	746.95	727.43				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4256868	141121				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4256868	141121				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)		1715		1353	42	
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	4667383	3690	1264.87	729	922090	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (15-0034)	SUB I (PPS) (15-T034)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	4572717	80839				48
49 TOTAL PROGRAM INPATIENT COSTS	9751675	221960				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	768597	17904				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	273571	6518				51
52 TOTAL PROGRAM EXCLUDABLE COST	1042168	24422				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	8709507	197538				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0034)	SUB I (PPS) (15-T034)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		15				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 15-0034 ST. MARY MEDICAL CENTER, INC.  
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
11/29/2010 09:36

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS)  
 (15-0034)(15-T034)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2434	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	746.95	84
85 OBSERVATION BED COST	1818076	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		35699113		1818076		86
87 NEW CAPITAL-RELATED COST	5756295	35699113	.161245	1818076	293156	87
88 NON PHYSICIAN ANESTHETIST		35699113		1818076		88
89 MEDICAL EDUCATION		35699113		1818076		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (15-0034)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		15896897		25
26 INTENSIVE CARE UNIT		2546915		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.521545	9434249	4920385	37
38 RECOVERY ROOM	.453975	1062865	482514	38
40 ANESTHESIOLOGY	.035564	1774139	63095	40
41 RADIOLOGY-DIAGNOSTIC	.212181	6678316	1417012	41
41.01 RADIOLOGY - ULTRASOUND	.154334	443820	68497	41.01
41.02 CARDIAC CATH. LAB.	.106554	7744190	825174	41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SCAN	.043426	5752827	249822	41.03
43 RADIOISOTOPE	.167832	1044779	175347	43
44 LABORATORY	.151279	13966566	2112848	44
46 WHOLE BLOOD & PACKED RED BLOOD	.552008	1661824	917340	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	2.365137	167355	395818	47.01
48 INTRAVENOUS THERAPY				48
49 RESPIRATORY THERAPY	.399564	3423760	1368011	49
50 PHYSICAL THERAPY	.333783	2008537	670416	50
51 OCCUPATIONAL THERAPY	.324808	537677	174642	51
52 SPEECH PATHOLOGY	.674163	178390	120264	52
54 ELECTROENCEPHALOGRAPHY	.748891	204506	153153	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.224068	21347814	4783362	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.285226	21050582	6004173	56
57 RENAL DIALYSIS	.339096	1289847	437382	57
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.517524	3385	1752	60
60.01 CARDIOVASCULAR OUTPATIENT UNIT				60.01
61 EMERGENCY	.219155	969112	212386	61
62 OBSERVATION BEDS (NON-DISTINCT	.592114			62
62 OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		100744540	25553393	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		100744540		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (15-T034)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		2657037		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.521545	112392	58617	37
38 RECOVERY ROOM	.453975	7829	3554	38
40 ANESTHESIOLOGY	.035564	10156	361	40
41 RADIOLOGY-DIAGNOSTIC	.212181	167129	35462	41
41.01 RADIOLOGY - ULTRASOUND	.154334	14557	2247	41.01
41.02 CARDIAC CATH. LAB.	.106554	81684	8704	41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SCAN	.043426	127259	5526	41.03
43 RADIOISOTOPE	.167832	18295	3070	43
44 LABORATORY	.151279	616086	93201	44
46 WHOLE BLOOD & PACKED RED BLOOD	.552008	52184	28806	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	2.365137			47.01
48 INTRAVENOUS THERAPY				48
49 RESPIRATORY THERAPY	.399564	253650	101349	49
50 PHYSICAL THERAPY	.333783	1762937	588438	50
51 OCCUPATIONAL THERAPY	.324808	1716093	557401	51
52 SPEECH PATHOLOGY	.674163	175571	118363	52
54 ELECTROENCEPHALOGRAPHY	.748891	16889	12648	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.224068	504983	113151	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.285226	1940516	553486	56
57 RENAL DIALYSIS	.339096	171585	58184	57
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.517524			60
60.01 CARDIOVASCULAR OUTPATIENT UNIT				60.01
61 EMERGENCY	.219155			61
62 OBSERVATION BEDS (NON-DISTINCT	.592114			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		7749795	2342568	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		7749795		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (15-0034)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		5209521		25
26 INTENSIVE CARE UNIT		451495		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.521545	2309718	1204622	37
38 RECOVERY ROOM	.453975	252405	114586	38
40 ANESTHESIOLOGY	.035564	411256	14626	40
41 RADIOLOGY-DIAGNOSTIC	.212181	990863	210242	41
41.01 RADIOLOGY - ULTRASOUND	.154334	233823	36087	41.01
41.02 CARDIAC CATH. LAB.	.106554	569314	60663	41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SCAN	.043426	1256500	54565	41.03
43 RADIOISOTOPE	.167832	146039	24510	43
44 LABORATORY	.151279	2718496	411251	44
46 WHOLE BLOOD & PACKED RED BLOOD	.552008	425749	235017	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	2.365137	14857	35139	47.01
48 INTRAVENOUS THERAPY				48
49 RESPIRATORY THERAPY	.399564	1121942	448288	49
50 PHYSICAL THERAPY	.333783	176325	58854	50
51 OCCUPATIONAL THERAPY	.324808	41487	13475	51
52 SPEECH PATHOLOGY	.674163	14928	10064	52
54 ELECTROENCEPHALOGRAPHY	.748891	273102	204524	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.224068	369720	82842	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.285226	3946491	1125642	56
57 RENAL DIALYSIS	.339096	82664	28031	57
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.517524	23260	12038	60
60.01 CARDIOVASCULAR OUTPATIENT UNIT				60.01
61 EMERGENCY	.219155	856250	187651	61
62 OBSERVATION BEDS (NON-DISTINCT	.592114			62
62 OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		16235189	4572717	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		16235189		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (15-T034)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		92205		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.521545	637	332	37
38 RECOVERY ROOM	.453975			38
40 ANESTHESIOLOGY	.035564			40
41 RADIOLOGY-DIAGNOSTIC	.212181	4317	916	41
41.01 RADIOLOGY - ULTRASOUND	.154334	1202	186	41.01
41.02 CARDIAC CATH. LAB.	.106554			41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SCAN	.043426	3392	147	41.03
43 RADIOISOTOPE	.167832			43
44 LABORATORY	.151279	15182	2297	44
46 WHOLE BLOOD & PACKED RED BLOOD	.552008			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	2.365137			47.01
48 INTRAVENOUS THERAPY				48
49 RESPIRATORY THERAPY	.399564	7168	2864	49
50 PHYSICAL THERAPY	.333783	59594	19891	50
51 OCCUPATIONAL THERAPY	.324808	60570	19674	51
52 SPEECH PATHOLOGY	.674163	18352	12372	52
54 ELECTROENCEPHALOGRAPHY	.748891	1016	761	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.224068	3848	862	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.285226	72002	20537	56
57 RENAL DIALYSIS	.339096			57
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.517524			60
60.01 CARDIOVASCULAR OUTPATIENT UNIT				60.01
61 EMERGENCY	.219155			61
62 OBSERVATION BEDS (NON-DISTINCT	.592114			62
62 OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		247280	80839	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		247280		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (15-0034)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	9821608					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9821608					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	19643216					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	604947					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	163.33					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0034)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0034)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	41931471					26
27						27
28	41196057					28
28.01						28.01
29	735414					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0034) 1	HOSPITAL (15-0034) 1.01	HOSPITAL (15-0034) 1.02	
1 MEDICAL AND OTHER SERVICES	5594			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	16818625			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	18496141			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	5594			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	19611			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	19611			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	19611			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	14017			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	5594			17
17.01 TOTAL PPS PAYMENTS	18496141			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0034) 1	HOSPITAL (15-0034) 1.01	HOSPITAL (15-0034) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3911590		18.01
19 SUBTOTAL	14590145		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	14590145		23
24 PRIMARY PAYER PAYMENTS	1446		24
25 SUBTOTAL	14588699		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	489752		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	342826		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	308140		27.02
28 SUBTOTAL	14931525		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO LOSS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	14931525		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	14876891		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	54634		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-T034)	SUB I (15-T034)	SUB I (15-T034)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-T034)	SUB I (15-T034)	SUB I (15-T034)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR			
PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE			27.02
BENEFICIARIES (SEE INSTRUCTIONS)			
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING			29
FROM PROVIDER TERMINATION OR A DECREASE IN			
PROGRAM UTILIZATION			
30 FDO LOSS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION			30.99
AMOUNT)			
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING			31
PERIODS RESULTING FROM DISPOSITION OF			
DEPRECIABLE ASSETS			
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST			36
REPORT ITEMS) IN ACCORDANCE WITH CMS PUB			
15-II, SECTION 115.2			
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (15-0034)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		40599121		14585090	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		429993		281766	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	02/11/2010 166943	02/11/2010	10035	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	166943		10035	3.99
4 TOTAL INTERIM PAYMENTS		41196057		14876891	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV  
 (15-T034)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	6976336				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0214				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	231677				1.04
1.05	OUTLIER PAYMENTS	69257				1.05
1.06	TOTAL PPS PAYMENTS	7277270				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	16.380822				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	7277270				4
5	PRIMARY PAYER PAYMENTS	15550				5
6	SUBTOTAL	7261720				6
7	DEDUCTIBLES	46584				7
8	SUBTOTAL	7215136				8
9	COINSURANCE	25936				9
10	SUBTOTAL	7189200				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	5123				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	3586				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	3204				11.02
12	SUBTOTAL	7192786				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 15-0034 ST. MARY MEDICAL CENTER, INC.  
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2010.09  
11/29/2010 09:36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-T034)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	LOSS ON SALE OF ASSETS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	7192786				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	7060629				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	132157				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			NF I	
		HOSPITAL (15-0034) (PPS)	SUB I (15-T034) (PPS)	SUB II	SUB III	SUB IV	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES						2
3	MEDICAL AND OTHER SERVICES	7135783					3
4	INTERNS AND RESIDENTS						4
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						5
6	COST OF TEACHING PHYSICIANS						6
7	SUBTOTAL	7135783					7
8	INPATIENT PRIMARY PAYER PAYMENTS						8
9	OUTPATIENT PRIMARY PAYER PAYMENTS						9
10	SUBTOTAL	7135783					9
11	COMPUTATION OF LESSER OF COST OR CHARGES						
12	ROUTINE SERVICE CHARGES	5661016	92205				10
13	ANCILLARY SERVICE CHARGES	43014422	247280				11
14	INTERNS AND RESIDENTS SERVICE CHARGES						12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
16	TEACHING PHYSICIANS						14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
18	TOTAL REASONABLE CHARGES	48675438	339485				16
19	CUSTOMARY CHARGES						
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
23	ACCORDANCE WITH 42 CFR 413.13(E)						
24	RATIO OF LINE 17 TO LINE 18						19
25	TOTAL CUSTOMARY CHARGES	48675438	339485				20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	41539655	339485				21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
28	COST OF COVERED SERVICES	7135783					23
29	PROSPECTIVE PAYMENT AMOUNT						
30	OTHER THAN OUTLIER PAYMENTS						24
31	OUTLIER PAYMENTS						25
32	PROGRAM CAPITAL PAYMENTS						26
33	CAPITAL EXCEPTION PAYMENTS						27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
36	SUBTOTAL	7135783					30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
38	LESSER OF LINES 30 OR 31						32
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (15-0034) (PPS)	SUB I (15-T034) (PPS)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST						34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	TO ZERO OUT SETTLEMENT, SINCE NO ADD						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	6401860			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	24662765			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4502040			7
8	PREPAID EXPENSES	1826185			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	345056			10
11	TOTAL CURRENT ASSETS	37737906			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	81397547			14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	81397547			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	2403157			25
26	TOTAL OTHER ASSETS	2403157			26
27	TOTAL ASSETS	121538610			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	10087990			28
29	SALARIES, WAGES & FEES PAYABLE	8231333			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	177087			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	2033985			34
35	OTHER CURRENT LIABILITIES	762180			35
36	TOTAL CURRENT LIABILITIES	21292575			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	178742			41
42	TOTAL LONG TERM LIABILITIES	178742			42
43	TOTAL LIABILITIES	21471317			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	100067293			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	100067293			51
52	TOTAL LIABILITIES AND FUND BALANCES	121538610			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	100428705			1
2 NET INCOME (LOSS)	14678535			2
3 TOTAL	115107240			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	7799			4
5 TRANSFER OF FUNDS				5
6				6
7 RELEASE RESTRICTED ASSETS	90352			7
8				8
9				9
10 TOTAL ADDITIONS	98151			10
11 SUBTOTAL	115205391			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	15138098			12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	15138098			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	100067293			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	29707590		29707590	2
4 SUBPROVIDER I	3210474		3210474	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	32918064		32918064	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	4403181		4403181	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	4403181		4403181	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	37321245		37321245	18
18.50 ANCILLARY SERVICES	188341413		188341413	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		3104369	3104369	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.01 HOSPICE				24.01
24.02 ANESTHESIOLOGISTS				24.02
24.03 PHYSICIAN PRIVATE OFFICES		7844913	7844913	24.03
25 OTHER NONREIMBURSABLE		37095	37095	25
TOTAL PATIENT REVENUES	225662658	221299248	446961906	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		175224013	26
27 ADD (SPECIFY)			27
28 ROUNDING			28
29 FOUNDATION EXPENSES			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		175224013	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	446961906	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	257670290	2
3	NET PATIENT REVENUES	189291616	3
4	LESS - TOTAL OPERATING EXPENSES	175224013	4
5	NET INCOME FROM SERVICE TO PATIENTS	14067603	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	92827	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	277	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	550481	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	9189	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	13433	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING INCOME	132297	24
24.01	CARDIO INCOME	56138	24.01
24.02	RELEASED TEMP ASSETS	69530	24.02
24.03	POB REVENUES	700769	24.03
24.04	THERAPY INCOME	-51421	24.04
24.05	LAMAZE CLASSES	38608	24.05
24.06	PHOTOGRAPHIC FEES	5083	24.06
24.07	GAIN ON SALE OF ASSETS	17350	24.07
24.08	ROUNDING	3	24.08
25	TOTAL OTHER INCOME	1634564	25
26	TOTAL	15702167	26
27	ROUNDING		27
27.01	CASH SHORT & OVER		27.01
27.02	LOSS ON PARTNERSHIP	1023632	27.02
28			28
29			29
30	TOTAL OTHER EXPENSES	1023632	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	14678535	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7313

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	435972				109471	545443
6 SKILLED NURSING CARE	641290		35405			676695
7 PHYSICAL THERAPY				366217		366217
8 OCCUPATIONAL THERAPY				70590		70590
9 SPEECH PATHOLOGY				11852		11852
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE	54994		7683			62677
12 SUPPLIES					85707	85707
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1132256		43088	448659	195178	1819181

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7313

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	-43119	502324	-4333	497991	5
6 SKILLED NURSING CARE		676695		676695	6
7 PHYSICAL THERAPY		366217		366217	7
8 OCCUPATIONAL THERAPY		70590		70590	8
9 SPEECH PATHOLOGY		11852		11852	9
10 MEDICAL SOCIAL SERVICES	200	200		200	10
11 HOME HEALTH AIDE		62677		62677	11
12 SUPPLIES	-85707				12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-128626	1690555	-4333	1686222	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 15-7313

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	497991					497991	497991	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	676695					676695	281738	958433 6
7 PHYSICAL THERAPY	366217					366217	152473	518690 7
8 OCCUPATIONAL THERAPY	70590					70590	29390	99980 8
9 SPEECH PATHOLOGY	11852					11852	4935	16787 9
10 MEDICAL SOCIAL SERVICES	200					200	83	283 10
11 HOME HEALTH AIDE	62677					62677	26095	88772 11
12 SUPPLIES							3277	3277 12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	1686222					1686222		1686222 24

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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7313

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-497991	1196101	5
6 SKILLED NURSING CARE						676695	6
7 PHYSICAL THERAPY						366217	7
8 OCCUPATIONAL THERAPY						70590	8
9 SPEECH PATHOLOGY						11852	9
10 MEDICAL SOCIAL SERVICES						200	10
11 HOME HEALTH AIDE						62677	11
12 SUPPLIES					7870	7870	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-490121	1196101	24
25 COST TO BE ALLOC (PER W/S H)						497991	25
26 UNIT COST MULTIPLIER						.416345	26









ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 15-7313

WORKSHEET H-5  
 PART I

HHA COST CENTER	SUBTOTAL	ALLOCATED		
		HHA A & G	TOTAL HHA COSTS	
	27	28	29	
1 ADMINISTRATIVE AND GENERAL	733008			1
2 SKILLED NURSING CARE	1114762	416634	1531396	2
3 PHYSICAL THERAPY	603294	225477	828771	3
4 OCCUPATIONAL THERAPY	116288	43462	159750	4
5 SPEECH PATHOLOGY	19525	7297	26822	5
6 MEDICAL SOCIAL SERVICES	329	123	452	6
7 HOME HEALTH AIDE	103252	38590	141842	7
8 SUPPLIES	3812	1425	5237	8
9 DRUGS				9
9.20 COST OF ADMINISTERING VACC				9.20
10 DME				10
11 HOME DIALYSIS AIDE SERVICE				11
12 RESPIRATORY THERAPY				12
13 PRIVATE DUTY NURSING				13
14 CLINIC				14
15 HEALTH PROMOTION ACTIVITIE				15
16 DAY CARE PROGRAM				16
17 HOME DELIVERED MEALS PROGR				17
18 HOMEMAKER SERVICE				18
19 ALL OTHERS				19
19.50 TELEMEDICINE				19.50
20 TOTALS	2694270	733008	2694270	20
21 UNIT COST MULTIPLIER		.373743		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7313

WORKSHEET H-5  
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT SQUARE FEET	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	MAINTENACE OF PERSONNEL NUMBER OF FTES	NONPATIENT TELEPHONES NUMBER OF PHONES	PURCHASING RECEIVING & STORES SUPPLY EXPENSE	
	1	2	3	4	5	5.01	6.01	6.02	
1 ADMINISTRATIVE AND GENERAL			2100	2100	1132256	1838	18	12588	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			2100	2100	1132256	1838	18	12588	20
21 TOTAL COST TO BE ALLOCATED			43910	28986	304172	21890	15295	3548	21
22 UNIT COST MULTIPLIER			20.909524		.268642		849.722222		22
22 UNIT COST MULTIPLIER				13.802857		11.909684		.281856	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7313

WORKSHEET H-5  
 PART II

HHA COST CENTER	PATIENT REGISTRATN GROSS REVENUE 6.03	PATIENT ACCOUNTING GROSS REVENUE 6.04	RECON- CILATION 6A.05	ADMINI- STRATIVE & GENERAL ACCUM COST 6.05	MAIN- TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	
1 ADMINISTRATIVE AND GENERAL	2877940			434082	2100	2100		2100	1
2 SKILLED NURSING CARE				958433					2
3 PHYSICAL THERAPY				518690					3
4 OCCUPATIONAL THERAPY				99980					4
5 SPEECH PATHOLOGY				16787					5
6 MEDICAL SOCIAL SERVICES				283					6
7 HOME HEALTH AIDE				88772					7
8 SUPPLIES				3277					8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	2877940			2120304	2100	2100		2100	20
21 TOTAL COST TO BE ALLOCATED	16281			345843	40523	29434		16941	21
22 UNIT COST MULTIPLIER	.005657				19.296667				22
22 UNIT COST MULTIPLIER				.163110		14.016190		8.067143	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7313

WORKSHEET H-5  
 PART II

HHA COST CENTER	DIETARY MEALS SERVED 11	CAFETERIA NUMBER OF FTEs 12	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS- TRATION NURSING HOURS 14	CENTRAL SERVICES & SUPPLY SUPPLY EXPENSE 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18
1 ADMINISTRATIVE AND GENERAL		1838		38230			2877940	1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS		1838		38230			2877940	20
21 TOTAL COST TO BE ALLOCATED		43299		72681			25245	21
22 UNIT COST MULTIPLIER							.008772	22
22 UNIT COST MULTIPLIER		23.557671		1.901151				22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
STATISTICAL BASIS

HHA NO.: 15-7313

WORKSHEET H-5  
PART II

HHA COST CENTER	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	20	21	22	23	24	
1 ADMINISTRATIVE AND GENERAL						1
2 SKILLED NURSING CARE						2
3 PHYSICAL THERAPY						3
4 OCCUPATIONAL THERAPY						4
5 SPEECH PATHOLOGY						5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE						7
8 SUPPLIES						8
9 DRUGS						9
9.20 COST OF ADMINISTERING VACC						9.20
10 DME						10
11 HOME DIALYSIS AIDE SERVICE						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIE						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGR						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
19.50 TELEMEDICINE						19.50
20 TOTALS						20
21 TOTAL COST TO BE ALLOCATED						21
22 UNIT COST MULTIPLIER						22
22 UNIT COST MULTIPLIER						22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7313

WORKSHEET H-6  
 PARTS I & II

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		1		2	3	4	5	
1	SKILLED NURSING CARE	2	1531396		1531396	13084	117.04	1
2	PHYSICAL THERAPY	3	828771		828771	6017	137.74	2
3	OCCUPATIONAL THERAPY	4	159750		159750	1182	135.15	3
4	SPEECH PATHOLOGY	5	26822		26822	198	135.46	4
5	MEDICAL SOCIAL SERV	6	452		452	1	452.00	5
6	HOME HEALTH AIDE SERV	7	141842		141842	2840	49.94	6
7	TOTAL		2689033		2689033	23322		7

  

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	2960					8
9	PHYSICAL THERAPY	2960					9
10	OCCUPATIONAL THERAPY	2960					10
11	SPEECH PATHOLOGY	2960					11
12	MEDICAL SOCIAL SERV	2960					12
13	HOME HEALTH AIDE SERV	2960					13
14	TOTAL						14

  

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		1		2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	5237	52670	57907	235061	.246349	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

  

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4		2960	17
18	PER BENEFICIARY COST LIMITATION		2960	18
19	PER BENEFICIARY COST LIMITATION			19





CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 15-7313

WORKSHEET H-7  
 PARTS I & II

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

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
2 TOTAL CHARGES				2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS			3842	9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1514782	856490	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	25327	42254	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	13465	6721	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	3276	4497	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	10056	13180	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	1566906	919300	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1566906	919300	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1566906	919300	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1566906	919300	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	1566906	919300	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1566906	919300	24
25 TOTAL INTERIM PAYMENTS	1566906	919300	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S  
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 15-7313

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1566906		919300	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				3.01
	TO .02				3.02
	PROVIDER .03	NONE		NONE	3.03
	TO .04				3.04
	PROVIDER .05				3.05
	TO .50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1566906		919300	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (15-0034)	HOSPITAL (15-0034)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	3234814				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	126882				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[ E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5			0.0392		5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01			0.1533		5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02			0.1925		5.02
					SUM OF LINES 5 AND 5.01
5.03			0.0398		5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04			128746		5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	3490442				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (15-0034)	HOSPITAL (15-0034)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
5.01 MAINTENANCE OF PERSONNEL					5.01
6.01 NON-PATIENT TELEPHONES					6.01
6.02 PURCHASING, RECEIVING & STORES					6.02
6.03 PATIENT REGISTRATION					6.03
6.04 PATIENT ACCOUNTING					6.04
6.05 ADMINISTRATIVE & GENERAL					6.05
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY - ULTRASOUND					41.01
41.02 CARDIAC CATH. LAB.					41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SCA					41.03
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47.01 CARDIAC REHABILITATION					47.01
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CARDIOVASCULAR OUTPATIENT UNIT					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01

PROVIDER NO. 15-0034 ST. MARY MEDICAL CENTER, INC.  
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09  
11/29/2010 09:36

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES					98
100 OTHER NON-REIMBURSEABLE COST C					100
100.01 COLLECTIVE IMAGE					100.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	55.28		11.92				67.20 25
26 INTENSIVE CARE UNIT	61.49		19.76				81.25 26
33 NURSERY			78.89				78.89 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	23.09	19.08	5.65	8.57			56.39 37
38 RECOVERY ROOM	21.20	46.82	5.04	6.95			80.01 38
40 ANESTHESIOLOGY	19.90	17.84	4.61	6.03			48.38 40
41 RADIOLOGY-DIAGNOSTIC	18.77	28.18	2.79	8.56			58.30 41
41.01 RADIOLOGY - ULTRASOUND	8.10	8.67	4.27	17.94			38.98 41.01
41.02 CARDIAC CATH. LAB.	36.00	33.86	2.65	3.49			76.00 41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SCAN	17.90	21.55	3.91	7.28			50.64 41.03
43 RADIOISOTOPE	21.67	24.93	3.03	4.78			54.41 43
44 LABORATORY	24.35	2.71	4.74	8.35			40.15 44
46 WHOLE BLOOD & PACKED RED BLOOD	46.97	9.52	12.03	4.92			73.44 46
47.01 CARDIAC REHABILITATION	23.87	36.28	2.12	1.17			63.44 47.01
49 RESPIRATORY THERAPY	46.23	5.71	15.15	1.54			68.63 49
50 PHYSICAL THERAPY	21.34		1.87	3.71			26.92 50
51 OCCUPATIONAL THERAPY	15.42		1.19	1.76			18.37 51
52 SPEECH PATHOLOGY	30.14	0.22	2.52	0.34			33.22 52
54 ELECTROENCEPHALOGRAPHY	2.26	3.18	3.01	4.72			13.17 54
55 MEDICAL SUPPLIES CHARGED TO PAT	34.59	15.06	0.60	0.19			50.44 55
56 DRUGS CHARGED TO PATIENTS	40.99	17.08	7.68	3.84			69.59 56
57 RENAL DIALYSIS	66.41	0.75	4.26	0.21			71.63 57
60 CLINIC	0.06	15.52	0.39	10.02			25.99 60
61 EMERGENCY	3.39	18.82	2.99	18.09			43.29 61
62 OBSERVATION BEDS (NON-DISTINCT		28.06		40.76			68.82 62
101 TOTAL CHARGES	23.11	15.08	3.72	6.14			48.05 101

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	83.99		3.24				87.23 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.28						0.28 37
38 RECOVERY ROOM	0.16						0.16 38
40 ANESTHESIOLOGY	0.11						0.11 40
41 RADIOLOGY-DIAGNOSTIC	0.47		0.01				0.48 41
41.01 RADIOLOGY - ULTRASOUND	0.27		0.02				0.29 41.01
41.02 CARDIAC CATH. LAB.	0.38						0.38 41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SCAN	0.40		0.01				0.41 41.03
43 RADIOISOTOPE	0.38						0.38 43
44 LABORATORY	1.07		0.03				1.10 44
46 WHOLE BLOOD & PACKED RED BLOOD	1.48						1.48 46
49 RESPIRATORY THERAPY	3.43		0.10				3.53 49
50 PHYSICAL THERAPY	18.73		0.63				19.36 50
51 OCCUPATIONAL THERAPY	49.22		1.74				50.96 51
52 SPEECH PATHOLOGY	29.67		3.10				32.77 52
54 ELECTROENCEPHALOGRAPHY	0.19		0.01				0.20 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.82		0.01				0.83 55
56 DRUGS CHARGED TO PATIENTS	3.78		0.14				3.92 56
57 RENAL DIALYSIS	8.83						8.83 57
101 TOTAL CHARGES	1.78		0.06				1.84 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	10161217	6.29	-10161217	-13.94		3
4	NEW CAP REL COSTS-MVBLE EQUIP	6707554	4.15	-6707554	-9.20		4
5	EMPLOYEE BENEFITS	15415345	9.55	-15415345	-21.15		5
5.01	MAINTENANCE OF PERSONNEL	998663	.62	-998663	-1.37		5.01
6.01	NON-PATIENT TELEPHONES	505261	.31	-505261	-.69		6.01
6.02	PURCHASING, RECEIVING & STORES	358325	.22	-358325	-.49		6.02
6.03	PATIENT REGISTRATION	1486314	.92	-1486314	-2.04		6.03
6.04	PATIENT ACCOUNTING						6.04
6.05	ADMINISTRATIVE & GENERAL	18659471	11.56	-18659471	-25.61		6.05
7	MAINTENANCE & REPAIRS	6053496	3.75	-6053496	-8.31		7
8	OPERATION OF PLANT	1221949	.76	-1221949	-1.68		8
9	LAUNDRY & LINEN SERVICE	691562	.43	-691562	-.95		9
10	HOUSEKEEPING	1752982	1.09	-1752982	-2.41		10
11	DIETARY	971341	.60	-971341	-1.33		11
12	CAFETERIA	1354596	.84	-1354596	-1.86		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1161829	.72	-1161829	-1.59		14
15	CENTRAL SERVICES & SUPPLY	474415	.29	-474415	-.65		15
16	PHARMACY	2792439	1.73	-2792439	-3.83		16
17	MEDICAL RECORDS & LIBRARY	1833364	1.14	-1833364	-2.52		17
18	SOCIAL SERVICE	270906	.17	-270906	-.37		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	14339906	8.88	21328850	29.27	35668756	22.09
26	INTENSIVE CARE UNIT	2406381	1.49	2258547	3.10	4664928	2.89
31	SUBPROVIDER I	2143919	1.33	2205368	3.03	4349287	2.69
33	NURSERY						33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	15072760	9.34	6224115	8.54	21296875	13.19
38	RECOVERY ROOM	1258862	.78	1016668	1.40	2275530	1.41
40	ANESTHESIOLOGY	183253	.11	133781	.18	317034	.20
41	RADIOLOGY-DIAGNOSTIC	3019127	1.87	4509764	6.19	7528891	4.66
41.01	RADIOLOGY - ULTRASOUND	485839	.30	359421	.49	845260	.52
41.02	CARDIAC CATH. LAB.	1032795	.64	1233279	1.69	2266074	1.40
41.03	COMPUTERIZED TOMOGRAPHY/CT SCAN	600819	.37	794555	1.09	1395374	.86
43	RADIOISOTOPE	367747	.23	441323	.61	809070	.50
44	LABORATORY	5161587	3.20	3509336	4.82	8670923	5.37
46	WHOLE BLOOD & PACKED RED BLOOD	1511403	.94	441496	.61	1952899	1.21
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01	CARDIAC REHABILITATION	314360	.19	1344124	1.84	1658484	1.03

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY	1762380	1.09	1187625	1.63	2950005	1.83	49
50 PHYSICAL THERAPY	1861465	1.15	1279447	1.76	3140912	1.95	50
51 OCCUPATIONAL THERAPY	773436	.48	358997	.49	1132433	.70	51
52 SPEECH PATHOLOGY	319289	.20	79706	.11	398995	.25	52
54 ELECTROENCEPHALOGRAPHY	5218119	3.23	1565929	2.15	6784048	4.20	54
55 MEDICAL SUPPLIES CHARGED TO PAT	10554721	6.54	3274240	4.49	13828961	8.57	55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	8446778	5.23	6201361	8.51	14648139	9.07	56
57 RENAL DIALYSIS	553291	.34	105354	.14	658645	.41	57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC	1314669	.81	1790524	2.46	3105193	1.92	60
60.01 CARDIOVASCULAR OUTPATIENT UNIT							60.01
61 EMERGENCY	3252789	2.01	3015882	4.14	6268671	3.88	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	1686222	1.04	1008048	1.38	2694270	1.67	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	4695278	2.91	3893292	5.34	8588570	5.32	98
100 OTHER NON-REIMBURSEABLE COST CE	238190	.15	3309997	4.54	3548187	2.20	100
100.01 COLLECTIVE IMAGE							100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	161446414	100.00	0	.00	161446414	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1226270	40850138	.030019	9434249	283207	37
38 RECOVERY ROOM	137305	5012462	.027393	1062865	29115	38
40 ANESTHESIOLOGY	12270	8914538	.001376	1774139	2441	40
41 RADIOLOGY-DIAGNOSTIC	1379876	35575873	.038787	6678316	259032	41
41.01 RADIOLOGY - ULTRASOUND	37684	5476838	.006881	443820	3054	41.01
41.02 CARDIAC CATH. LAB.	245624	21513613	.011417	7744190	88415	41.02
41.03 COMPUTERIZED TOMOGRAPHY/CT SCAN	103541	32132240	.003222	5752827	18536	41.03
43 RADIOISOTOPE	106280	4820700	.022047	1044779	23034	43
44 LABORATORY	621044	57355018	.010828	13966566	151230	44
46 WHOLE BLOOD & PACKED RED BLOOD	81371	3537808	.023000	1661824	38222	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHABILITATION	583904	701221	.832696	167355	139356	47.01
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY	130630	7405497	.017640	3423760	60395	49
50 PHYSICAL THERAPY	459931	9410054	.048877	2008537	98171	50
51 OCCUPATIONAL THERAPY	111703	3486468	.032039	537677	17227	51
52 SPEECH PATHOLOGY	15542	591838	.026261	178390	4685	52
54 ELECTROENCEPHALOGRAPHY	277586	9066516	.030617	204506	6261	54
55 MEDICAL SUPPLIES CHARGED TO PAT	301553	61717652	.004886	21347814	104305	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	454580	51356242	.008852	21050582	186340	56
57 RENAL DIALYSIS	12973	1942353	.006679	1289847	8615	57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	530694	6000092	.088448	3385	299	60
60.01 CARDIOVASCULAR OUTPATIENT UNIT						60.01
61 EMERGENCY	451198	28603763	.015774	969112	15287	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	293156	3070483	.095476			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	7574715	398541407		100744540	1537227	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	5756295		5756295	47793	120.44	26419	3181904 25
26	INTENSIVE CARE UNIT	416131		416131	3690	112.77	2269	255875 26
101	TOTAL	6172426		6172426			28688	3437779 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							3437779	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1537227	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							4975006	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							4995	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							28688	
PER DISCHARGE CAPITAL COSTS							996.00	
PER DIEM CAPITAL COSTS							173.42	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	43182049
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	119188352
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.362

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	5995721
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	10446410
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.574

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	4975006
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.042

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	16812802
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	65740976
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.256