

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 01-24-2012 TIME: 11:00
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOSEPH'S REG MED CENTER S. BEND (15-0012) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		-1,431,389	-36,266	2,746,032	91,779	1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		-97,653				3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		-1,529,042	-36,266	2,746,032	91,779	200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5215 HOLY CROSS PARKWAY P.O. BOX: 1
 2 CITY: MISHAWAKA STATE: IN ZIP CODE: 46545 COUNTY: ST JOSEPH 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	ST. JOSEPH'S REG MED CENTER S	15-0012	43780	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF	ST JOSEPH REG MED CTR - REHAB	15-T012	43780	5	06/01/1983	N	P	P	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010			TO: 06/30/2011					20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.								1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.								3	N 23

		IN-STATE	IN-STATE	OUT-OF	OUT-OF	MEDICAID	OTHER
		MEDICAID	MEDICAID	STATE	STATE		
		PAID	ELIGIBLE	PAID	ELIGIBLE	HMO	MEDICAID
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS
		1	2	3	4	5	6
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	10,326	2		182		24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	381					25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL		V	XVIII	XIX	
		1	2	3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE 3.99	UNWEIGHTED FTEs IN HOSPITAL 21.80	RATIO (COL.1/ (COL.1+COL.2)) 0.154711	64
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5	
1	2				
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE 0.63	UNWEIGHTED FTEs IN HOSPITAL 3.37	RATIO (COL.1/ (COL.1+COL.2)) 0.157500	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5	
INPATIENT PSYCHIATRIC FACILITY PPS					
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				71
INPATIENT REHABILITATION FACILITY PPS					
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				Y N 76
LONG TERM CARE HOSPITAL PPS					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 80
TEFRA PROVIDERS					
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.				N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.				N 86
TITLE V AND XIX INPATIENT SERVICES					
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.				N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97
RURAL PROVIDERS					
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?				1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.				106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.				N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL	RESPI- RATORY	N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		250,000 7,500,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	15H034	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: ST JOSEPH REG MED CTR	CONTRACTOR'S NAME: NATIONAL GOV'T SERVICE INC	CONTRACTOR'S NUMBER: 00130	141
142	STREET: 5215 HOLY CROSS PARKWAY	P.O. BOX:		142
143	CITY: MISHAWAKA	STATE: IN	ZIP CODE: 46545	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

SEE 42 CFR §413.13)	PART A	PART B
155 HOSPITAL	1	2
156 SUBPROVIDER - IPF	N	N 155
157 SUBPROVIDER - IRF	N	N 156
158 SUBPROVIDER - (OTHER)	N	N 157
159 SNF	N	N 158
160 HHA	N	N 159
161 CMHC	N	N 160

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165		
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(m)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.			168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.		1.00	169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	N		4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.			11	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	11/30/2011	Y	11/30/2011
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	74,197,811		74,197,811	2,864,686.00	25.90	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A		44,055		44,055	461.00	95.56	4
4.01	PHYSICIANS-PART A - DIRECT TEACHING		1,254,146		1,254,146	14,690.00	85.37	4.01
5	PHYSICIAN-PART B		3,753,103		3,753,103	29,634.00	126.65	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	3,709,548	-1,794,362	1,915,186	34,233.00	55.95	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		7,825,483	-9,913	7,815,570	120,968.00	64.61	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)							11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		19,638,693		19,638,693	400,267.00	49.06	14
15	HOME OFFICE: PHYSICIAN-PART A							15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							16
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		18,300,567		18,300,567			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		2,783,424		2,783,424			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A		13,217		13,217			22
23	PHYSICIAN PART B		1,125,931		1,125,931			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		574,556		574,556			25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		22,784		22,784			26
27	ADMINISTRATIVE & GENERAL		2,933,558	9,913	2,943,471	143,416.00	20.52	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)							28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		1,728,062		1,728,062	77,688.00	22.24	30
31	LAUNDRY & LINEN SERVICE		161,527		161,527	12,667.00	12.75	31
32	HOUSEKEEPING		2,014,122		2,014,122	149,198.00	13.50	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		1,652,188	-545,222	1,106,966	78,062.00	14.18	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA			545,222	545,222	38,438.00	14.18	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,823,220		1,823,220	64,646.00	28.20	38
39	CENTRAL SERVICES AND SUPPLY		395,533		395,533	24,960.00	15.85	39
40	PHARMACY		2,650,398		2,650,398	71,344.00	37.15	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,310,962		1,310,962	70,949.00	18.48	41
42	SOCIAL SERVICE		1,328,398		1,328,398	44,658.00	29.75	42
43	OTHER GENERAL SERVICE		584,024		584,024			43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	65,481,014	1,794,362	67,275,376	2,786,129.00	24.15	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	7,825,483	-9,913	7,815,570	120,968.00	64.61	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	57,655,531	1,804,275	59,459,806	2,665,161.00	22.31	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	19,638,693		19,638,693	400,267.00	49.06	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	18,313,784		18,313,784		30.80%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	95,608,008	1,804,275	97,412,283	3,065,428.00	31.78	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	16,604,776	9,913	16,614,689	776,026.00	21.41	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	6,329,783	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	9,461,414	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	193,128	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	919,443	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	242,082	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	44,988	16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	5,228,569	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	378,288	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT		23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	22,797,695	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/24/2012 11:00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)		0.338470	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)				
2	NET REVENUE FROM MEDICAID		17,972,000	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			N 3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID			5
6	MEDICAID CHARGES			6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)			8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)				
9	NET REVENUE FROM STAND-ALONE SCHIP			9
10	STAND-ALONE SCHIP CHARGES			10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)			11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)			12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)				
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)			13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)			14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)			15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)			16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)				
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE			17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS			18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)			19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	12,571,000	9,877,000	22,448,000	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	4,254,906	3,343,068	7,597,974	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	104,000	157,600	261,600	22
23	COST OF CHARITY CARE	4,150,906	3,185,468	7,336,374	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			14,569,000	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,556,338	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			13,012,662	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			4,404,396	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			11,740,770	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			11,740,770	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100 CAP REL COSTS-BLDG & FIXT				20,464,900	1
2	00200 CAP REL COSTS-MVBLE EQUIP				10,965,332	2
3	00300 OTHER CAPITAL RELATED COSTS					3
4	00400 EMPLOYEE BENEFITS	22,784	-1,892,082	-1,869,298	1,892,082	4
5.01	00540 NONPATIENT TELEPHONES	263,513	91,299	354,812	-869	5.01
5.02	00550 DATA PROCESSING		-4,524	-4,524	4,524	5.02
5.03	00560 PURCHASING, RECEIVING & STORES		-579	-579	579	5.03
5.04	00570 ADMITTING	1,191,553	659,972	1,851,525	-55,048	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		-1,836	-1,836	1,836	5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL	1,478,492	79,460,223	80,938,715	-23,314,019	5.06
6	00600 MAINTENANCE & REPAIRS					6
7	00700 OPERATION OF PLANT	1,728,062	9,873,375	11,601,437	-953,926	7
8	00800 LAUNDRY & LINEN SERVICE	161,527	1,069,400	1,230,927	-1,834	8
9	00900 HOUSEKEEPING	2,014,122	1,401,087	3,415,209	-21,820	9
10	01000 DIETARY	1,652,188	2,776,065	4,428,253	-2,300,895	10
11	01100 CAFETERIA				2,134,393	11
12	01200 MAINTENANCE OF PERSONNEL					12
13	01300 NURSING ADMINISTRATION	1,823,220	760,998	2,584,218	-430	13
14	01400 CENTRAL SERVICES & SUPPLY	395,533	511,844	907,377	-13,657	14
15	01500 PHARMACY	2,650,398	8,874,195	11,524,593	-8,134,270	15
16	01600 MEDICAL RECORDS & LIBRARY	1,310,962	1,965,376	3,276,338	-56,198	16
17	01700 SOCIAL SERVICE	1,328,398	568,171	1,896,569	-426	17
18	01850 STERILE SUPPLY	584,024	1,307,660	1,891,684	-115,365	18
19	01900 NONPHYSICIAN ANESTHETISTS					19
20	02000 NURSING SCHOOL					20
21	02100 I&R SRVCES-SALARY & FRINGES APPRVD	3,709,548	1,682,677	5,392,225	-2,729,363	21
22	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD				1,988,213	22
23	02300 PARAMED ED PRGM-(SPECIFY)	67,322	82,313	149,635	46,552	23
23.01	02301 CLINICAL PASTORAL EDUCATION	95,636	40,847	136,483	-12,430	23.01
23.02	02302 PHARMACY RESIDENCY PROGRAM	219,740	78,500	298,240		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000 ADULTS & PEDIATRICS	15,853,348	8,051,185	23,904,533	-3,137,589	30
31	03100 INTENSIVE CARE UNIT	3,673,008	1,939,663	5,612,671	3,529	31
35	02060 NEONATAL INTENSIVE CARE UNIT	929,055	363,146	1,292,201	-50,655	35
41	04100 SUBPROVIDER - IRF	1,964,689	3,207,013	5,171,702	-1,002,955	41
43	04300 NURSERY				2,437,724	43
ANCILLARY SERVICE COST CENTERS						
50	05000 OPERATING ROOM	5,926,762	24,399,054	30,325,816	-15,557,137	50
51	05100 RECOVERY ROOM	942,527	409,731	1,352,258	-249	51
52	05200 DELIVERY ROOM & LABOR ROOM				410,207	52
54	05400 RADIOLOGY-DIAGNOSTIC	2,832,316	2,937,662	5,769,978	-1,209,259	54
55	05500 RADIOLOGY-THERAPEUTIC	312,737	466,828	779,565	-268,780	55
57	05700 COMPUTED TOMOGRAPHY (CT) SCAN	564,062	720,781	1,284,843	-310,337	57
58	05800 MAGNETIC RESONANCE IMAGING (MRI)		278,600	278,600		58
59	05900 CARDIAC CATHETERIZATION	2,261,359	8,860,474	11,121,833	-5,260,347	59
60	06000 LABORATORY		12,360,143	12,360,143	-606,309	60
62.30	06250 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65	06500 RESPIRATORY THERAPY	1,341,604	1,407,554	2,749,158	-301,414	65
66	06600 PHYSICAL THERAPY	2,244,403	1,166,173	3,410,576	-396,645	66
67	06700 OCCUPATIONAL THERAPY	645,677	348,082	993,759	-41,615	67
68	06800 SPEECH PATHOLOGY	236,083	121,211	357,294	-46,492	68
69	06900 ELECTROCARDIOLOGY	587,705	422,349	1,010,054	-201,544	69
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS		96,289	96,289	-96,289	71
72	07200 IMPL. DEV. CHARGED TO PATIENT				18,240,960	72
73	07300 DRUGS CHARGED TO PATIENTS	303,766	390,631	694,397	7,648,442	73
74	07400 RENAL DIALYSIS		1,035,403	1,035,403		74
76.97	07697 CARDIAC REHABILITATION					76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY				371,393	76.98
76.99	07699 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000 CLINIC	506,548	450,195	956,743	19,730	90
90.01	09001 HEALTHY FAMILY CENTER	892,733	764,701	1,657,434	-14,721	90.01
90.02	09002 MOBILE MEDICAL UNIT	83,330	154,627	237,957	-114,764	90.02
90.03	09003 FAMILY MEDICINE CENTER	1,091,537	1,020,084	2,111,621	-258,154	90.03
90.04	09004 WOUND HEALING CENTER	399,070	1,150,387	1,549,457	-528,539	90.04
90.05	04950 OUTPATIENT TREATMENT & INFUSION	216,605	168,991	385,596	-40,832	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	362,801	483,797	846,598	-109,039	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC				285,649	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC				347,786	90.08
91	09100 EMERGENCY	3,850,968	1,923,223	5,774,191	-18,807	91
92	09200 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300 INTEREST EXPENSE					113
118	SUBTOTALS (SUM OF LINES 1-117)	68,719,715	184,402,958	253,122,673	-19,191	118
NONREIMBURSABLE COST CENTERS						

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
190.01 19001 SPORTS MED-ATHLETIC TRAINERS	151,195	43,108	194,303		190.01
190.04 19002 CHILD DAY CARE					190.04
190.10 19003 OUTREACH SERVICES	1,134,344	713,968	1,848,312	10,791	190.10
190.11 19004 SJRMC, INC	149,000	53,738	202,738	-1,513	190.11
190.18 19005 VNA PHARMACY INFUSION		-1,390	-1,390	1,390	190.18
192 19200 PHYSICIANS' PRIVATE OFFICES		-123	-123	123	192
192.01 19201 PERINATOLOGIST	213,046	145,536	358,582		192.01
192.02 19203 NEONATOLOGISTS	805,165	204,670	1,009,835		192.02
192.03 19202 HOSPITALIST/INTENSIVIST	3,025,346	1,042,658	4,068,004	8,400	192.03
200 TOTAL (SUM OF LINES 118-199)	74,197,811	186,605,123	260,802,934		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	20,464,900		26,935,519	1
2	00200	10,965,332	6,470,619	10,965,332	2
3	00300				3
4	00400	22,784	1,035,528	1,058,312	4
5.01	00540	353,943	-19,486	334,457	5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570	1,796,477		1,796,477	5.04
5.05	00580				5.05
5.06	00590	57,624,696	-20,415,382	37,209,314	5.06
6	00600				6
7	00700	10,647,511	-113,862	10,533,649	7
8	00800	1,229,093		1,229,093	8
9	00900	3,393,389	-214,186	3,179,203	9
10	01000	2,127,358	-22,333	2,105,025	10
11	01100	2,134,393	-1,544,751	589,642	11
12	01200				12
13	01300	2,583,788	-24	2,583,764	13
14	01400	893,720	-758	892,962	14
15	01500	3,390,323	-141,275	3,249,048	15
16	01600	3,220,140	-2,945	3,217,195	16
17	01700	1,896,143	-402	1,895,741	17
18	01850	1,776,319		1,776,319	18
19	01900				19
20	02000				20
21	02100	2,662,862	-77,937	2,584,925	21
22	02200	1,988,213	-1,692,723	295,490	22
23	02300	196,187	-140,463	55,724	23
23.01	02301	124,053	-61	123,992	23.01
23.02	02302	298,240	-1,086	297,154	23.02
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	20,766,944	-6,933	20,760,011	30
31	03100	5,616,200	-4,018,417	1,597,783	31
35	02060	1,241,546		1,241,546	35
41	04100	4,168,747	-187,414	3,981,333	41
43	04300	2,437,724		2,437,724	43
ANCILLARY SERVICE COST CENTERS					
50	05000	14,768,679	-385,286	14,383,393	50
51	05100	1,352,009	-311	1,351,698	51
52	05200	410,207		410,207	52
54	05400	4,560,719	-23,697	4,537,022	54
55	05500	510,785	-77,550	433,235	55
57	05700	974,506	-2,299	972,207	57
58	05800	278,600		278,600	58
59	05900	5,861,486	-30,803	5,830,683	59
60	06000	11,753,834		11,753,834	60
62.30	06250				62.30
65	06500	2,447,744	-44,654	2,403,090	65
66	06600	3,013,931	-1,937	3,011,994	66
67	06700	952,144		952,144	67
68	06800	310,802		310,802	68
69	06900	808,510	-11,244	797,266	69
71	07100				71
72	07200	18,240,960		18,240,960	72
73	07300	8,342,839		8,342,839	73
74	07400	1,035,403		1,035,403	74
76.97	07697				76.97
76.98	07698	371,393		371,393	76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	976,473	-173,381	803,092	90
90.01	09001	1,642,713	-384,943	1,257,770	90.01
90.02	09002	123,193	-609	122,584	90.02
90.03	09003	1,853,467	869	1,854,336	90.03
90.04	09004	1,020,918	-266	1,020,652	90.04
90.05	04950	344,764	-140	344,624	90.05
90.06	09005	737,559	-189,496	548,063	90.06
90.07	09006	285,649		285,649	90.07
90.08	09007	347,786		347,786	90.08
91	09100	5,755,384	-68,379	5,687,005	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		253,103,482	-22,488,417	230,615,065	118
NONREIMBURSABLE COST CENTERS					

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
190.01 19001 SPORTS MED-ATHLETIC TRAINERS	194,303		194,303	190.01
190.04 19002 CHILD DAY CARE				190.04
190.10 19003 OUTREACH SERVICES	1,859,103		1,859,103	190.10
190.11 19004 SJRMC, INC	201,225		201,225	190.11
190.18 19005 VNA PHARMACY INFUSION				190.18
192 19200 PHYSICIANS' PRIVATE OFFICES				192
192.01 19201 PERINATOLOGIST	358,582		358,582	192.01
192.02 19203 NEONATOLOGISTS	1,009,835		1,009,835	192.02
192.03 19202 HOSPITALIST/INTENSIVIST	4,076,404		4,076,404	192.03
200 TOTAL (SUM OF LINES 118-199)	260,802,934	-22,488,417	238,314,517	200

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 NEGATIVE WKST A OTH EXP RECLASSES	A	EMPLOYEE BENEFITS	4		1,892,082	1
2		DATA PROCESSING	5.02		4,524	2
3		PURCHASING, RECEIVING & STORE	5.03		579	3
4		CASHIERING/ACCOUNTS RECEIVABL	5.05		1,836	4
5		VNA PHARMACY INFUSION	190.18		1,390	5
6		PHYSICIANS' PRIVATE OFFICES	192		123	6
500 TOTAL RECLASSIFICATIONS					1,900,534	500
CODE LETTER - A						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
1	2	3	4	5		
1 DEPRECIATIOIN RECLASSIFICATONS	B	CAP REL COSTS-BLDG & FIXT	1		869	1
2		CAP REL COSTS-BLDG & FIXT	1		42,696	2
3		CAP REL COSTS-MVBLE EQUIP	2		12,352	3
4		CAP REL COSTS-BLDG & FIXT	1		4,147,602	4
5		CAP REL COSTS-MVBLE EQUIP	2		4,049,640	5
6		CAP REL COSTS-BLDG & FIXT	1		367,082	6
7		CAP REL COSTS-MVBLE EQUIP	2		586,844	7
8		CAP REL COSTS-MVBLE EQUIP	2		1,834	8
9		CAP REL COSTS-MVBLE EQUIP	2		8,341	9
10		CAP REL COSTS-MVBLE EQUIP	2		13,479	10
11		CAP REL COSTS-BLDG & FIXT	1		2,225	11
12		CAP REL COSTS-MVBLE EQUIP	2		164,277	12
13		CAP REL COSTS-MVBLE EQUIP	2		430	13
14		CAP REL COSTS-BLDG & FIXT	1		497	14
15		CAP REL COSTS-MVBLE EQUIP	2		13,160	15
16		CAP REL COSTS-BLDG & FIXT	1		247	16
17		CAP REL COSTS-MVBLE EQUIP	2		5,205	17
18		CAP REL COSTS-MVBLE EQUIP	2		367,704	18
19		CAP REL COSTS-BLDG & FIXT	1		13,116	19
20		CAP REL COSTS-MVBLE EQUIP	2		19,119	20
21		CAP REL COSTS-MVBLE EQUIP	2		426	21
22		CAP REL COSTS-MVBLE EQUIP	2		972	22
23		CAP REL COSTS-MVBLE EQUIP	2		114,393	23
24		CAP REL COSTS-BLDG & FIXT	1		89,755	24
25		CAP REL COSTS-MVBLE EQUIP	2		17,021	25
26		CAP REL COSTS-BLDG & FIXT	1		1,487	26
27		CAP REL COSTS-MVBLE EQUIP	2		277,139	27
28		CAP REL COSTS-BLDG & FIXT	1		106,410	28
29		CAP REL COSTS-MVBLE EQUIP	2		78,489	29
30		CAP REL COSTS-MVBLE EQUIP	2		50,655	30
31		CAP REL COSTS-BLDG & FIXT	1		7,296	31
32		CAP REL COSTS-MVBLE EQUIP	2		243,797	32
33		CAP REL COSTS-BLDG & FIXT	1		10,522	33
34		CAP REL COSTS-MVBLE EQUIP	2		1,606,506	34
35		CAP REL COSTS-MVBLE EQUIP	2		249	35
36		CAP REL COSTS-BLDG & FIXT	1		150,903	36
37		CAP REL COSTS-MVBLE EQUIP	2		1,064,596	37
38		CAP REL COSTS-BLDG & FIXT	1		43,811	38
39		CAP REL COSTS-MVBLE EQUIP	2		224,969	39
40		CAP REL COSTS-BLDG & FIXT	1		736	40
41		CAP REL COSTS-MVBLE EQUIP	2		309,601	41
42		CAP REL COSTS-BLDG & FIXT	1		2,807	42
43		CAP REL COSTS-MVBLE EQUIP	2		1,008,315	43
44		CAP REL COSTS-BLDG & FIXT	1		191,256	44
45		CAP REL COSTS-MVBLE EQUIP	2		32,794	45
46		CAP REL COSTS-BLDG & FIXT	1		167,810	46
47		CAP REL COSTS-MVBLE EQUIP	2		139,154	47
48		CAP REL COSTS-BLDG & FIXT	1		379,299	48
49		CAP REL COSTS-MVBLE EQUIP	2		17,346	49
50		CAP REL COSTS-BLDG & FIXT	1		39,147	50
51		CAP REL COSTS-MVBLE EQUIP	2		2,468	51
52		CAP REL COSTS-BLDG & FIXT	1		39,147	52
53		CAP REL COSTS-MVBLE EQUIP	2		7,345	53
54		CAP REL COSTS-BLDG & FIXT	1		113,348	54
55		CAP REL COSTS-MVBLE EQUIP	2		91,382	55
56		CAP REL COSTS-MVBLE EQUIP	2		205,031	56
57		CAP REL COSTS-MVBLE EQUIP	2		3,930	57
58		CAP REL COSTS-MVBLE EQUIP	2		9,291	58
59		CAP REL COSTS-MVBLE EQUIP	2		16,701	59
60		CAP REL COSTS-MVBLE EQUIP	2		116,831	60
61		CAP REL COSTS-BLDG & FIXT	1		249,171	61
62		CAP REL COSTS-MVBLE EQUIP	2		8,983	62
63		CAP REL COSTS-BLDG & FIXT	1		136,113	63
64		CAP REL COSTS-MVBLE EQUIP	2		21,033	64
65		CAP REL COSTS-BLDG & FIXT	1		36,396	65
66		CAP REL COSTS-MVBLE EQUIP	2		4,436	66
67		CAP REL COSTS-BLDG & FIXT	1		105,498	67
68		CAP REL COSTS-MVBLE EQUIP	2		5,116	68
69		CAP REL COSTS-BLDG & FIXT	1		27,352	69
70		CAP REL COSTS-MVBLE EQUIP	2		43,978	70
500 TOTAL RECLASSIFICATIONS						17,437,930
CODE LETTER - B						500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 CHAPLAINCY TO CPE RECLASS	C	OTHER ADMINISTRATIVE & GENERA	5.06		9,913	2,517 1
500 TOTAL RECLASSIFICATIONS					9,913	2,517 500
CODE LETTER - C						
1 DIETARY TO CAFETERIA RECLASS	D	CAFETERIA	11		545,222	1,589,171 1
500 TOTAL RECLASSIFICATIONS					545,222	1,589,171 500
CODE LETTER - D						
1 PHARM TO DRUGS CHGD TO PTS RECLS	E	DRUGS CHARGED TO PATIENTS	73			7,761,114 1
500 TOTAL RECLASSIFICATIONS						7,761,114 500
CODE LETTER - E						
1 INTEREST EXPENSE RECLASS	F	INTEREST EXPENSE	113			12,754,309 1
2		INTEREST EXPENSE	113			751,832 2
3		CAP REL COSTS-BLDG & FIXT	1			13,506,141 3
500 TOTAL RECLASSIFICATIONS						27,012,282 500
CODE LETTER - F						
1 PROPERTY INSURANCE RECLASS	G	CAP REL COSTS-BLDG & FIXT	1			103,902 1
500 TOTAL RECLASSIFICATIONS						103,902 500
CODE LETTER - G						
1 OBSTETRICS RECLASS TO L&D & NUR	H	DELIVERY ROOM & LABOR ROOM	52		230,252	179,955 1
2		NURSERY	43		1,368,312	1,069,412 2
500 TOTAL RECLASSIFICATIONS					1,598,564	1,249,367 500
CODE LETTER - H						
1 SO BEND MED FOUND CAPITAL RECLS	I	CAP REL COSTS-BLDG & FIXT	1			382,259 1
500 TOTAL RECLASSIFICATIONS						382,259 500
CODE LETTER - I						
1 IMPLANTS RECLASS	J	IMPL. DEV. CHARGED TO PATIENT	72			18,240,960 1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS						18,240,960 500
CODE LETTER - J						
1 RECLASS WHC TO HYBERBARIC	K	HYPERBARIC OXYGEN THERAPY	76.98		168,091	203,302 1
500 TOTAL RECLASSIFICATIONS					168,091	203,302 500
CODE LETTER - K						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
1	2	3	4	5		
1 MEDICAL DIRECTOR RECLASSIFICATIONS	L	ELECTROCARDIOLOGY	69		1,013	1
2		ELECTROCARDIOLOGY	69		1,463	2
3		INTENSIVE CARE UNIT	31		338	3
4		CARDIAC CATHETERIZATION	59		675	4
5		CARDIAC CATHETERIZATION	59		6,671	5
6		ELECTROCARDIOLOGY	69		259	6
7		PARAMED ED PRGM-(SPECIFY)	23		65,173	7
8		INTENSIVE CARE UNIT	31		33,966	8
9		RESPIRATORY THERAPY	65		5,550	9
10		PEDIATRIC SPECIALTY CLINIC	90.06		1,575	10
11		OTHER ADMINISTRATIVE & GENERA	5.06		37,306	11
12		CARDIAC CATHETERIZATION	59		23,963	12
13		INTENSIVE CARE UNIT	31		506	13
14		CARDIAC CATHETERIZATION	59		1,688	14
15		ELECTROCARDIOLOGY	69		338	15
16		RADIOLOGY-DIAGNOSTIC	54		6,240	16
17		PARAMED ED PRGM-(SPECIFY)	23		46,552	17
18		EMERGENCY	91		52,523	18
19		CARDIAC CATHETERIZATION	59		5,625	19
20		ELECTROCARDIOLOGY	69		788	20
21		CLINIC	90		49,060	21
22		INTENSIVE CARE UNIT	31		167,673	22
23		CLINIC	90		3,800	23
24		OUTREACH SERVICES	190.10		2,515	24
25		ADULTS & PEDIATRICS	30		3,000	25
26		HEALTHY FAMILY CENTER	90.01		1,980	26
27		ADULTS & PEDIATRICS	30		19,938	27
28		OUTREACH SERVICES	190.10		3,975	28
29		OUTREACH SERVICES	190.10		2,325	29
30		MOBILE MEDICAL UNIT	90.02		2,067	30
31		OPERATING ROOM	50		15,784	31
32		HOSPITALIST/INTENSIVIST	192.03		8,400	32
33		I&R SRVCES-OTHER PRGM COSTS A	22		10,580	33
34		I&R SRVCES-OTHER PRGM COSTS A	22		1,948	34
35		OUTREACH SERVICES	190.10		3,000	35
36		OTHER ADMINISTRATIVE & GENERA	5.06		1,024	36
37		CLINIC	90		6,048	37
38		CLINIC	90		7,419	38
500 TOTAL RECLASSIFICATIONS					602,748	500
CODE LETTER - L						
1 RESIDENT TO OTHER MEDICAL EDUCATION	M	I&R SRVCES-OTHER PRGM COSTS A	22	1,794,362	828,225	1
500 TOTAL RECLASSIFICATIONS				1,794,362	828,225	500
CODE LETTER - M						
1 I & R TO SPORTS MED FELLOW CLINIC	N	SPORTS MED FELLOWSHIP CLINIC	90.07	48,200	237,449	1
500 TOTAL RECLASSIFICATIONS				48,200	237,449	500
CODE LETTER - N						
1 I & R TO PODIATRY RESIDENCY CLINIC	O	PODIATRY RESIDENCY CLINIC	90.08	136,967	210,819	1
500 TOTAL RECLASSIFICATIONS				136,967	210,819	500
CODE LETTER - O						
1 RECLASS NEG COST CENTER AFTER RECLS	P	MEDICAL SUPPLIES CHRGED TO PA	71		108,742	1
500 TOTAL RECLASSIFICATIONS					108,742	500
CODE LETTER - P						
GRAND TOTAL (INCREASES)				4,301,319	77,871,321	

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/24/2012 11:00

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7 REF.
			LINE #	SALARY		
	1	6	7	8	9	10
1 NEGATIVE WKST A OTH EXP RECLASSES	A	OTHER ADMINISTRATIVE & GENERA	5.06		1,892,082	1
2		OTHER ADMINISTRATIVE & GENERA	5.06		4,524	2
3		OTHER ADMINISTRATIVE & GENERA	5.06		579	3
4		OTHER ADMINISTRATIVE & GENERA	5.06		1,836	4
5		SJRCM, INC	190.11		1,390	5
6		SJRCM, INC	190.11		123	6
500 TOTAL RECLASSIFICATIONS					1,900,534	500
CODE LETTER - A						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST	REF.
	1	6	7	8	9	10	10
1 DEPRECIATIOIN RECLASSIFICATONS	B	NONPATIENT TELEPHONES	5.01		869	10	1
2		ADMITTING	5.04		42,696	9	2
3		ADMITTING	5.04		12,352	9	3
4		OTHER ADMINISTRATIVE & GENERA	5.06		4,147,602	10	4
5		OTHER ADMINISTRATIVE & GENERA	5.06		4,049,640	9	5
6		OPERATION OF PLANT	7		367,082	10	6
7		OPERATION OF PLANT	7		586,844	9	7
8		LAUNDRY & LINEN SERVICE	8		1,834	9	8
9		HOUSEKEEPING	9		8,341	10	9
10		HOUSEKEEPING	9		13,479	9	10
11		DIETARY	10		2,225	9	11
12		DIETARY	10		164,277	9	12
13		NURSING ADMINISTRATION	13		430	9	13
14		CENTRAL SERVICES & SUPPLY	14		497	9	14
15		CENTRAL SERVICES & SUPPLY	14		13,160	9	15
16		PHARMACY	15		247	9	16
17		PHARMACY	15		5,205	10	17
18		PHARMACY	15		367,704	9	18
19		MEDICAL RECORDS & LIBRARY	16		13,116	10	19
20		MEDICAL RECORDS & LIBRARY	16		19,119	9	20
21		SOCIAL SERVICE	17		426	9	21
22		STERILE SUPPLY	18		972	10	22
23		STERILE SUPPLY	18		114,393	9	23
24		I&R SRVCES-SALARY & FRINGES A	21		89,755	10	24
25		I&R SRVCES-SALARY & FRINGES A	21		17,021	9	25
26		ADULTS & PEDIATRICS	30		1,487	10	26
27		ADULTS & PEDIATRICS	30		277,139	9	27
28		INTENSIVE CARE UNIT	31		106,410	10	28
29		INTENSIVE CARE UNIT	31		78,489	9	29
30		NEONATAL INTENSIVE CARE UNIT	35		50,655	9	30
31		SUBPROVIDER - IRF	41		7,296	10	31
32		SUBPROVIDER - IRF	41		243,797	9	32
33		OPERATING ROOM	50		10,522	10	33
34		OPERATING ROOM	50		1,606,506	9	34
35		RECOVERY ROOM	51		249	9	35
36		RADIOLOGY-DIAGNOSTIC	54		150,903	10	36
37		RADIOLOGY-DIAGNOSTIC	54		1,064,596	9	37
38		RADIOLOGY-THERAPEUTIC	55		43,811	10	38
39		RADIOLOGY-THERAPEUTIC	55		224,969	9	39
40		COMPUTED TOMOGRAPHY (CT) SCAN	57		736	10	40
41		COMPUTED TOMOGRAPHY (CT) SCAN	57		309,601	9	41
42		CARDIAC CATHETERIZATION	59		2,807	10	42
43		CARDIAC CATHETERIZATION	59		1,008,315	9	43
44		LABORATORY	60		191,256	10	44
45		LABORATORY	60		32,794	9	45
46		RESPIRATORY THERAPY	65		167,810	10	46
47		RESPIRATORY THERAPY	65		139,154	9	47
48		PHYSICAL THERAPY	66		379,299	10	48
49		PHYSICAL THERAPY	66		17,346	9	49
50		OCCUPATIONAL THERAPY	67		39,147	10	50
51		OCCUPATIONAL THERAPY	67		2,468	9	51
52		SPEECH PATHOLOGY	68		39,147	10	52
53		SPEECH PATHOLOGY	68		7,345	9	53
54		ELECTROCARDIOLOGY	69		113,348	10	54
55		ELECTROCARDIOLOGY	69		91,382	9	55
56		MEDICAL SUPPLIES CHRGED TO PA	71		205,031	9	56
57		DRUGS CHARGED TO PATIENTS	73		3,930	9	57
58		CLINIC	90		9,291	9	58
59		HEALTHY FAMILY CENTER	90.01		16,701	9	59
60		MOBILE MEDICAL UNIT	90.02		116,831	9	60
61		FAMILY MEDICINE CENTER	90.03		249,171	10	61
62		FAMILY MEDICINE CENTER	90.03		8,983	9	62
63		WOUND HEALING CENTER	90.04		136,113	10	63
64		WOUND HEALING CENTER	90.04		21,033	9	64
65		OUTPATIENT TREATMENT & INFUSI	90.05		36,396	10	65
66		OUTPATIENT TREATMENT & INFUSI	90.05		4,436	9	66
67		PEDIATRIC SPECIALTY CLINIC	90.06		105,498	10	67
68		PEDIATRIC SPECIALTY CLINIC	90.06		5,116	9	68
69		EMERGENCY	91		27,352	10	69
70		EMERGENCY	91		43,978	9	70
500 TOTAL RECLASSIFICATIONS					17,437,930		500
CODE LETTER - B							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CHAPLAINCY TO CPE RECLASS	C	CLINICAL PASTORAL EDUCATION	23.01	9,913	2,517	1
500 TOTAL RECLASSIFICATIONS				9,913	2,517	500
CODE LETTER - C						
1 DIETARY TO CAFETERIA RECLASS	D	DIETARY	10	545,222	1,589,171	1
500 TOTAL RECLASSIFICATIONS				545,222	1,589,171	500
CODE LETTER - D						
1 PHARM TO DRUGS CHGD TO PTS RECLS	E	PHARMACY	15		7,761,114	1
500 TOTAL RECLASSIFICATIONS					7,761,114	500
CODE LETTER - E						
1 INTEREST EXPENSE RECLASS	F	OTHER ADMINISTRATIVE & GENERA	5.06		12,754,309	1
2		SUBPROVIDER - IRF	41		751,832	2
3		INTEREST EXPENSE	113		13,506,141	11 3
500 TOTAL RECLASSIFICATIONS					27,012,282	500
CODE LETTER - F						
1 PROPERTY INSURANCE RECLASS	G	OTHER ADMINISTRATIVE & GENERA	5.06		103,902	12 1
500 TOTAL RECLASSIFICATIONS					103,902	500
CODE LETTER - G						
1 OBSTETRICS RECLASS TO L&D & NUR	H	ADULTS & PEDIATRICS	30	230,252	179,955	1
2		ADULTS & PEDIATRICS	30	1,368,312	1,069,412	2
500 TOTAL RECLASSIFICATIONS				1,598,564	1,249,367	500
CODE LETTER - H						
1 SO BEND MED FOUND CAPITAL RECLS	I	LABORATORY	60		382,259	9 1
500 TOTAL RECLASSIFICATIONS					382,259	500
CODE LETTER - I						
1 IMPLANTS RECLASS	J	ADULTS & PEDIATRICS	30		4	1
2		SUBPROVIDER - IRF	41		30	2
3		OPERATING ROOM	50		13,955,893	3
4		CARDIAC CATHETERIZATION	59		4,285,033	4
500 TOTAL RECLASSIFICATIONS					18,240,960	500
CODE LETTER - J						
1 RECLASS WHC TO HYBERBARIC	K	WOUND HEALING CENTER	90.04	168,091	203,302	1
500 TOTAL RECLASSIFICATIONS				168,091	203,302	500
CODE LETTER - K						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 MEDICAL DIRECTOR RECLASSIFICATIONS	L	CARDIAC CATHETERIZATION	59		1,013	1
2		CARDIAC CATHETERIZATION	59		1,463	2
3		CARDIAC CATHETERIZATION	59		338	3
4		ELECTROCARDIOLOGY	69		675	4
5		INTENSIVE CARE UNIT	31		6,671	5
6		INTENSIVE CARE UNIT	31		259	6
7		PARAMED ED PRGM-(SPECIFY)	23		65,173	7
8		ADULTS & PEDIATRICS	30		33,966	8
9		INTENSIVE CARE UNIT	31		5,550	9
10		INTENSIVE CARE UNIT	31		1,575	10
11		CLINIC	90		37,306	11
12		MEDICAL RECORDS & LIBRARY	16		23,963	12
13		OTHER ADMINISTRATIVE & GENERA	5.06		506	13
14		OTHER ADMINISTRATIVE & GENERA	5.06		1,688	14
15		OTHER ADMINISTRATIVE & GENERA	5.06		338	15
16		OTHER ADMINISTRATIVE & GENERA	5.06		6,240	16
17		OTHER ADMINISTRATIVE & GENERA	5.06		46,552	17
18		OTHER ADMINISTRATIVE & GENERA	5.06		52,523	18
19		OTHER ADMINISTRATIVE & GENERA	5.06		5,625	19
20		OTHER ADMINISTRATIVE & GENERA	5.06		788	20
21		OTHER ADMINISTRATIVE & GENERA	5.06		49,060	21
22		OTHER ADMINISTRATIVE & GENERA	5.06		167,673	22
23		OTHER ADMINISTRATIVE & GENERA	5.06		3,800	23
24		OTHER ADMINISTRATIVE & GENERA	5.06		2,515	24
25		OTHER ADMINISTRATIVE & GENERA	5.06		3,000	25
26		OTHER ADMINISTRATIVE & GENERA	5.06		1,980	26
27		OTHER ADMINISTRATIVE & GENERA	5.06		19,938	27
28		OTHER ADMINISTRATIVE & GENERA	5.06		3,975	28
29		OTHER ADMINISTRATIVE & GENERA	5.06		2,325	29
30		OTHER ADMINISTRATIVE & GENERA	5.06		2,067	30
31		OTHER ADMINISTRATIVE & GENERA	5.06		15,784	31
32		OTHER ADMINISTRATIVE & GENERA	5.06		8,400	32
33		OTHER ADMINISTRATIVE & GENERA	5.06		10,580	33
34		OTHER ADMINISTRATIVE & GENERA	5.06		1,948	34
35		OTHER ADMINISTRATIVE & GENERA	5.06		3,000	35
36		OUTREACH SERVICES	190.10		1,024	36
37		I&R SRVCES-OTHER PRGM COSTS A	22		6,048	37
38		I&R SRVCES-OTHER PRGM COSTS A	22		7,419	38
500 TOTAL RECLASSIFICATIONS					602,748	500
CODE LETTER - L						
1 RESIDENT TO OTHER MEDICAL EDUCATION	M	I&R SRVCES-SALARY & FRINGES A	21	1,794,362	828,225	1
500 TOTAL RECLASSIFICATIONS				1,794,362	828,225	500
CODE LETTER - M						
1 I & R TO SPORTS MED FELLOW CLINIC	N	I&R SRVCES-OTHER PRGM COSTS A	22	48,200	237,449	1
500 TOTAL RECLASSIFICATIONS				48,200	237,449	500
CODE LETTER - N						
1 I & R TO PODIATRY RESIDENCY CLINIC	O	I&R SRVCES-OTHER PRGM COSTS A	22	136,967	210,819	1
500 TOTAL RECLASSIFICATIONS				136,967	210,819	500
CODE LETTER - O						
1 RECLASS NEG COST CENTER AFTER RECLS	P	DRUGS CHARGED TO PATIENTS	73		108,742	1
500 TOTAL RECLASSIFICATIONS					108,742	500
CODE LETTER - P						
GRAND TOTAL (DECREASES)				4,301,319	77,871,321	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	6,014,150	289,730		289,730	2,765,000	3,538,880		1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES	229,987,847	3,359,819		3,359,819	18,454,546	214,893,120	35,596	3
4 BUILDING IMPROVEMENTS	1,658,424				360,445	1,297,979		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	196,905,133	3,342,219		3,342,219	9,538,949	190,708,403	16,938,415	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	434,565,554	6,991,768		6,991,768	31,118,940	410,438,382	16,974,011	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	434,565,554	6,991,768		6,991,768	31,118,940	410,438,382	16,974,011	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS OF GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8	
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	6,888,772	6,426,933	13,506,141	113,673			26,935,519	1
2 CAP REL COSTS-MVBLE EQUIP	10,950,814	14,518					10,965,332	2
3 TOTAL	17,839,586	6,441,451	13,506,141	113,673			37,900,851	3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-16,032	NONPATIENT TELEPHONES	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-30,888	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-7,082,425			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	1,742,211			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,544,751	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-22,296	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 TELEPHONE OTHER REVENUE	B	-3,300	NONPATIENT TELEPHONES	5.01	33
34 MISCELLANEOUS A&G OTHER REVENUE	B	-202,561	OTHER ADMINISTRATIVE & GENERAL	5.06	34
35					35
36 PLANT OPERATIONS OTHER REVENUE	B	-82,974	OPERATION OF PLANT	7	36
37 HOUSEKEEPING OTHER REVENUE	B	-214,186	HOUSEKEEPING	9	37
38 NURSING ADMIN OTHER REVENUE	B	-24	NURSING ADMINISTRATION	13	38
39 CENTRAL SERVICES OTHER REVENUE	B	-634	CENTRAL SERVICES & SUPPLY	14	39
40 PHARMACY OTHER REVENUE	B	-140,937	PHARMACY	15	40
41 MEDICAL RECORDS OTHER REVENUE	B	-2,652	MEDICAL RECORDS & LIBRARY	16	41
42 I&R SERVICES OTHER REVENUE	B	-77,937	I&R SRVCES-SALARY & FRINGES APP	21	42
43 PARAMED ED PROGRAM OTH REV	B	-82,937	PARAMED ED PRGM-(SPECIFY)	23	43
44 ADULTS & PEDIATRICS OTHER REVENUE	B	9,185	ADULTS & PEDIATRICS	30	44
45 RADIOLOGY DIAGNOSTIC OTH REV	B	-2,079	RADIOLOGY-DIAGNOSTIC	54	45
46 RADIOLOGY THERAPEUTIC OTH REV	B	-17,550	RADIOLOGY-THERAPEUTIC	55	46
47 RESPIRATORY THERAPY OTHER REVENUE	B	-33,250	RESPIRATORY THERAPY	65	47
48 PHYSICAL THERAPY OTHER REVENUE	B	-1,937	PHYSICAL THERAPY	66	48
49 ELECTROCARDIOLOGY	B	-474	ELECTROCARDIOLOGY	69	49
49.01 MOBILE MEDICAL UNIT	B	-250	MOBILE MEDICAL UNIT	90.02	49.01
49.02 FAMILY MEDICINE CENTER OTHER REV	B	-10,998	FAMILY MEDICINE CENTER	90.03	49.02
49.03 OUTPATIENT TRTMT & INFUSION OTH RE	B	-140	OUTPATIENT TREATMENT & INFUSION	90.05	49.03
49.04 EMERGENCY OTHER REVENUE	B	-41,002	EMERGENCY	91	49.04
49.05 BAD DEBT ADJUSTMENT	A	-14,397,306	OTHER ADMINISTRATIVE & GENERAL	5.06	49.05
49.06 BAD DEBT ADJUSTMENT	A	-20,723	CLINIC	90	49.06
49.07 BAD DEBT ADJUSTMENT	A	-41,996	HEALTHY FAMILY CENTER	90.01	49.07
49.08 BAD DEBT ADJUSTMENT	A	11,867	FAMILY MEDICINE CENTER	90.03	49.08
49.09 BAD DEBT ADJUSTMENT	A	14,705	EMERGENCY	91	49.09
49.10 INTERNATIONAL MEDICINE ADJUSTMENT	A	-3,481	OTHER ADMINISTRATIVE & GENERAL	5.06	49.10
49.11 TRAVEL EXP ADJ	A	-154	NONPATIENT TELEPHONES	5.01	49.11
49.12 TRAVEL EXP ADJ	A	-3,043	OTHER ADMINISTRATIVE & GENERAL	5.06	49.12

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
49.13 TRAVEL EXP ADJ	A	-124	CENTRAL SERVICES & SUPPLY	14	49.13
49.14 TRAVEL EXP ADJ	A	-293	MEDICAL RECORDS & LIBRARY	16	49.14
49.15 TRAVEL EXP ADJ	A	-402	SOCIAL SERVICE	17	49.15
49.16 TRAVEL EXP ADJ	A	-6,384	I&R SRVCES-OTHER PRGM COSTS APP	22	49.16
49.17 TRAVEL EXP ADJ	A	-105	PARAMED ED PRGM-(SPECIFY)	23	49.17
49.18 TRAVEL EXP ADJ	A	-61	CLINICAL PASTORAL EDUCATION	23.01	49.18
49.19 TRAVEL EXP ADJ	A	-1,086	PHARMACY RESIDENCY PROGRAM	23.02	49.19
49.20 TRAVEL EXP ADJ	A	-381	INTENSIVE CARE UNIT	31	49.20
49.21 TRAVEL EXP ADJ	A	-91	SUBPROVIDER - IRF	41	49.21
49.22 TRAVEL EXP ADJ	A	-44	OPERATING ROOM	50	49.22
49.23 TRAVEL EXP ADJ	A	-311	RECOVERY ROOM	51	49.23
49.24 TRAVEL EXP ADJ	A	-120	ELECTROCARDIOLOGY	69	49.24
49.25 TRAVEL EXP ADJ	A	-255	HEALTHY FAMILY CENTER	90.01	49.25
49.26 TRAVEL EXP ADJ	A	-359	MOBILE MEDICAL UNIT	90.02	49.26
49.27 TRAVEL EXP ADJ	A	-266	WOUND HEALING CENTER	90.04	49.27
49.28 TRAVEL EXP ADJ	A	-449	PEDIATRIC SPECIALTY CLINIC	90.06	49.28
49.29 TRAVEL EXP ADJ	A	-490	EMERGENCY	91	49.29
49.30 PROPERTY TAX ADJ	A	-37	DIETARY	10	49.30
49.31 PROPERTY TAX ADJ	A	-338	PHARMACY	15	49.31
49.32 PROPERTY TAX ADJ	A	-175,872	SUBPROVIDER - IRF	41	49.32
50 TOTAL (SUM OF LINES 1 THRU 49)		-22,488,417			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	5.06	OTHER ADMINISTRATIVE & GENERAL	36,408,779	41,145,661	-4,736,882	1
2	4	EMPLOYEE BENEFITS	467,548	239,687	227,861	2
3	4	EMPLOYEE BENEFITS	242,082	137,166	104,916	3
4	1	CAP REL COSTS-BLDG & FIXT	113,673	103,902	9,771	12 4
4.01	5.06	OTHER ADMINISTRATIVE & GENERAL	972,619	1,443,560	-470,941	4.01
4.02	5.06	OTHER ADMINISTRATIVE & GENERAL	274,486	343,158	-68,672	4.02
4.03	5.06	OTHER ADMINISTRATIVE & GENERAL	4,628,501	5,115,942	-487,441	4.03
4.04	4	EMPLOYEE BENEFITS	44,988	-657,763	702,751	4.04
4.05	1	CAP REL COSTS-BLDG & FIXT	6,460,848		6,460,848	9 4.05
5		TOTALS (SUM OF LINES 1-4)	49,613,524	47,871,313	1,742,211	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	G	100.00	TRINITY HEALTH	100.00	HO OF PARENT COMPANY	6
7	G	100.00	SJRM-INC	100.00	PARENT COMPANY	7
8	G	100.00		100.00	HOSPITAL	8
9						9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	5.06 OTHER ADMINISTRATIVE & G	11,332	11,332		171,400			
2	22 I&R SRVCES-OTHER PRGM CO	80,859	70,279	10,580	171,400	92	7,581	379
3	23 PARAMED ED PRGM-(SPECIFY	111,725		111,725	171,400	659	54,304	2,715
4	30 ADULTS & PEDIATRICS	44,712	1,026	43,686	171,400	347	28,594	1,430
5	31 INTENSIVE CARE UNIT	4,045,312	365,833	39,479	171,400	331	27,276	1,364
6	41 SUBPROVIDER - IRF	100,200		100,200	171,400	1,077	88,749	4,437
7	50 OPERATING ROOM	401,531	369,530	32,001	204,100	166	16,289	814
8	54 RADIOLOGY-DIAGNOSTIC	37,440		37,440	171,400	192	15,822	791
9	59 CARDIAC CATHETERIZATION	47,284		47,284	171,400	200	16,481	824
10	65 RESPIRATORY THERAPY	53,430		53,430	171,400	510	42,026	2,101
11	69 ELECTROCARDIOLOGY	16,830		16,830	171,400	75	6,180	309
12	90 CLINIC	171,941	135,653	36,288	171,400	234	19,283	964
13	90.01 HEALTHY FAMILY CENTER	1,980		1,980	171,400	33	2,719	136
14	90.02 MOBILE MEDICAL UNIT	2,067		2,067	171,400	31	2,555	128
15	90.06 PEDIATRIC SPECIALTY CLIN	195,969	187,464	8,505	171,400	84	6,922	346
16	91 EMERGENCY	131,497	5,442	126,055	171,400	1,144	94,270	4,714
19	57 COMPUTED TOMOGRAPHY (CT)	2,299		2,299	171,400			
21	5.06 OTHER ADMINISTRATIVE & G	33,723	33,723		171,400			
22	22 I&R SRVCES-OTHER PRGM CO	2,823,574	1,569,427	1,254,146	171,400	14,690	1,210,513	60,526
23	55 RADIOLOGY-THERAPEUTIC	60,000	60,000		171,400			
24	90.01 HEALTHY FAMILY CENTER	342,692	342,692		171,400			
25	91 EMERGENCY	4,365	4,365		171,400			
200	TOTAL	8,720,762	3,159,065	1,921,696		19,865	1,639,564	81,978

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	5.06 OTHER ADMINISTRATIVE & G	AGGREGATE						11,332	1
2	22 I&R SRVCES-OTHER PRGM CO	AGGREGATE				7,581	2,999	73,278	2
3	23 PARAMED ED PRGM-(SPECIFY	AGGREGATE				54,304	57,421	57,421	3
4	30 ADULTS & PEDIATRICS	AGGREGATE				28,594	15,092	16,118	4
5	31 INTENSIVE CARE UNIT	AGGREGATE				27,276	12,203	4,018,036	5
6	41 SUBPROVIDER - IRF	AGGREGATE				88,749	11,451	11,451	6
7	50 OPERATING ROOM	AGGREGATE				16,289	15,712	385,242	7
8	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE				15,822	21,618	21,618	8
9	59 CARDIAC CATHETERIZATION	AGGREGATE				16,481	30,803	30,803	9
10	65 RESPIRATORY THERAPY	AGGREGATE				42,026	11,404	11,404	10
11	69 ELECTROCARDIOLOGY	AGGREGATE				6,180	10,650	10,650	11
12	90 CLINIC	AGGREGATE				19,283	17,005	152,658	12
13	90.01 HEALTHY FAMILY CENTER	AGGREGATE				2,719			13
14	90.02 MOBILE MEDICAL UNIT	AGGREGATE				2,555			14
15	90.06 PEDIATRIC SPECIALTY CLIN	AGGREGATE				6,922	1,583	189,047	15
16	91 EMERGENCY	AGGREGATE				94,270	31,785	37,227	16
19	57 COMPUTED TOMOGRAPHY (CT)	AGGREGATE						2,299	19
21	5.06 OTHER ADMINISTRATIVE & G	AGGREGATE						33,723	21
22	22 I&R SRVCES-OTHER PRGM CO	AGGREGATE				1,210,513	43,633	1,613,061	22
23	55 RADIOLOGY-THERAPEUTIC	AGGREGATE						60,000	23
24	90.01 HEALTHY FAMILY CENTER	AGGREGATE						342,692	24
25	91 EMERGENCY	AGGREGATE						4,365	25
200	TOTAL					1,639,564	283,359	7,082,425	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	NON- PATIENT TELEPHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	26,935,519	26,935,519				1
2 CAP REL COSTS-MVBLE EQUIP	10,965,332		10,965,332			2
4 EMPLOYEE BENEFITS	1,058,312	17,714	7,211	1,083,237		4
5.01 NONPATIENT TELEPHONES	334,457	27,356	11,137	3,848	376,798	5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING	1,796,477	104,604	42,584	17,401	2,027	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	37,209,314	3,366,232	1,370,378	21,737	20,267	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	10,533,649	7,236,037	2,945,759	25,237	10,302	7
8 LAUNDRY & LINEN SERVICE	1,229,093			2,359		8
9 HOUSEKEEPING	3,179,203	338,479	137,793	29,414	5,742	9
10 DIETARY	2,105,025	480,306	195,530	16,166	5,067	10
11 CAFETERIA	589,642	652,740	265,728	7,962	338	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,583,764			26,626	3,209	13
14 CENTRAL SERVICES & SUPPLY	892,962	106,566	43,383	5,776	3,716	14
15 PHARMACY	3,249,048	285,167	116,090	38,706	6,925	15
16 MEDICAL RECORDS & LIBRARY	3,217,195	54,657	22,250	19,145	30,569	16
17 SOCIAL SERVICE	1,895,741	33,242	13,533	19,400	9,965	17
18 STERILE SUPPLY	1,776,319	431,759	175,767	8,529	507	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,584,925	50,452	20,539	27,969		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	295,490			23,501	4,222	22
23 PARAMED ED PRGM-(SPECIFY)	55,724	17,995	7,326	983	169	23
23.01 CLINICAL PASTORAL EDUCATION	123,992			1,252	169	23.01
23.02 PHARMACY RESIDENCY PROGRAM	297,154			3,209		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20,760,011	6,673,435	2,716,726	208,164	42,730	30
31 INTENSIVE CARE UNIT	1,597,783	431,928	175,836	53,641	5,911	31
35 NEONATAL INTENSIVE CARE UNIT	1,241,546	283,766	115,520	13,568	2,364	35
41 SUBPROVIDER - IRF	3,981,333			28,692	6,587	41
43 NURSERY	2,437,724			19,983	844	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,383,393	2,678,175	1,090,273	86,554	34,792	50
51 RECOVERY ROOM	1,351,698	177,480	72,251	13,765	2,027	51
52 DELIVERY ROOM & LABOR ROOM	410,207			3,363		52
54 RADIOLOGY-DIAGNOSTIC	4,537,022	748,263	304,615	41,363	23,645	54
55 RADIOLOGY-THERAPEUTIC	433,235			4,567	10,471	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	972,207	95,635	38,933	8,238	676	57
58 MAGNETIC RESONANCE IMAGING (MRI)	278,600					58
59 CARDIAC CATHETERIZATION	5,830,683	822,204	334,716	33,025	2,364	59
60 LABORATORY	11,753,834	110,322	44,912		3,716	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	2,403,090	201,305	81,950	19,593	4,560	65
66 PHYSICAL THERAPY	3,011,994	182,413	74,260	32,777	4,898	66
67 OCCUPATIONAL THERAPY	952,144			9,429	4,053	67
68 SPEECH PATHOLOGY	310,802			3,448	3,209	68
69 ELECTROCARDIOLOGY	797,266	150,796	61,388	8,583	6,418	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT	18,240,960					72
73 DRUGS CHARGED TO PATIENTS	8,342,839	26,235	10,680	4,436	1,182	73
74 RENAL DIALYSIS	1,035,403	63,514	25,856		1,182	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	371,393			2,455	169	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	803,092			7,398		90
90.01 HEALTHY FAMILY CENTER	1,257,770			13,037	844	90.01
90.02 MOBILE MEDICAL UNIT	122,584			1,217	169	90.02
90.03 FAMILY MEDICINE CENTER	1,854,336			15,941	10,640	90.03
90.04 WOUND HEALING CENTER	1,020,652			3,373	844	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	344,624	86,778	35,327	3,163	2,364	90.05
90.06 PEDIATRIC SPECIALTY CLINIC	548,063			5,298	507	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	285,649			704		90.07
90.08 PODIATRY RESIDENCY CLINIC	347,786			2,000		90.08
91 EMERGENCY	5,687,005	994,302	404,776	56,240	12,836	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	230,615,065	26,929,857	10,963,027	1,003,235	293,196	118
NONREIMBURSABLE COST CENTERS						

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/24/2012 11:00

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	NON- PATIENT TELEPHONES 5.01	
190.01 SPORTS MED-ATHLETIC TRAINERS	194,303					190.01
190.04 CHILD DAY CARE						190.04
190.10 OUTREACH SERVICES	1,859,103					190.10
190.11 SJRMC, INC	201,225					190.11
190.18 VNA PHARMACY INFUSION						190.18
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST	358,582	5,662	2,305	3,111		192.01
192.02 NEONATOLOGISTS	1,009,835			11,759		192.02
192.03 HOSPITALIST/INTENSIVIST	4,076,404			44,182		192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	238,314,517	26,935,519	10,965,332	1,083,237	376,798	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING 5.04	SUBTOTAL (COLS. 0-4) 4A	5.06	OPERATION	LAUNDRY	
				OF PLANT 7	& LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING	1,963,093					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		41,987,928	41,987,928			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		20,750,984	4,437,971	25,188,955		7
8 LAUNDRY & LINEN SERVICE		1,231,452	263,368		1,494,820	8
9 HOUSEKEEPING		3,690,631	789,308	526,826		9
10 DIETARY		2,802,094	599,278	747,573		10
11 CAFETERIA		1,516,410	324,312	1,015,959		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,613,599	558,965			13
14 CENTRAL SERVICES & SUPPLY		1,052,403	225,075	165,865		14
15 PHARMACY		3,695,936	790,442	443,849		15
16 MEDICAL RECORDS & LIBRARY		3,343,816	715,135	85,070		16
17 SOCIAL SERVICE		1,971,881	421,722	51,740		17
18 STERILE SUPPLY		2,392,881	511,761	672,013		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		2,683,885	573,997	78,527		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		323,213	69,125			22
23 PARAMED ED PRGM-(SPECIFY)		82,197	17,579	28,008		23
23.01 CLINICAL PASTORAL EDUCATION		125,413	26,822			23.01
23.02 PHARMACY RESIDENCY PROGRAM		300,363	64,238			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	224,107	30,625,173	6,549,703	10,386,879	170,658	30
31 INTENSIVE CARE UNIT	55,155	2,320,254	496,228	672,274	42,001	31
35 NEONATAL INTENSIVE CARE UNIT	11,574	1,668,338	356,804	441,668	8,814	35
41 SUBPROVIDER - IRF	24,387	4,040,999	864,240		18,571	41
43 NURSERY	9,765	2,468,316	527,894		7,436	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	355,471	18,628,658	3,984,074	4,168,450	270,610	50
51 RECOVERY ROOM	37,613	1,654,834	353,916	276,239	28,642	51
52 DELIVERY ROOM & LABOR ROOM	17,964	431,534	92,291		13,680	52
54 RADIOLOGY-DIAGNOSTIC	109,192	5,764,100	1,232,757	1,164,636	83,150	54
55 RADIOLOGY-THERAPEUTIC	4,757	453,030	96,889		3,623	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	121,511	1,237,200	264,597	148,851	92,531	57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,964	283,564	60,645		3,780	58
59 CARDIAC CATHETERIZATION	132,877	7,155,869	1,530,411	1,279,721	101,186	59
60 LABORATORY	192,110	12,104,894	2,588,849	171,711	146,292	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	34,509	2,745,007	587,069	313,321	26,279	65
66 PHYSICAL THERAPY	38,740	3,345,082	715,406	283,917	29,501	66
67 OCCUPATIONAL THERAPY	14,448	980,074	209,606		11,002	67
68 SPEECH PATHOLOGY	5,816	323,275	69,138		4,429	68
69 ELECTROCARDIOLOGY	41,716	1,066,167	228,019	234,707	31,767	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT	187,399	18,428,359	3,941,236		142,705	72
73 DRUGS CHARGED TO PATIENTS	196,102	8,581,474	1,835,303	40,834	149,332	73
74 RENAL DIALYSIS	5,654	1,131,609	242,015	98,856	4,306	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	4,766	378,783	81,010		3,629	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,596	815,086	174,321		3,500	90
90.01 HEALTHY FAMILY CENTER	4,339	1,275,990	272,893		3,304	90.01
90.02 MOBILE MEDICAL UNIT	784	124,754	26,681		597	90.02
90.03 FAMILY MEDICINE CENTER	9,645	1,890,562	404,331		7,344	90.03
90.04 WOUND HEALING CENTER	11,185	1,036,054	221,579		8,518	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	3,296	475,552	101,705	135,066	2,510	90.05
90.06 PEDIATRIC SPECIALTY CLINIC	1,479	555,347	118,771		1,126	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1,396	287,749	61,540		1,063	90.07
90.08 PODIATRY RESIDENCY CLINIC	489	350,275	74,913		373	90.08
91 EMERGENCY	95,287	7,250,446	1,550,638	1,547,583	72,561	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,963,093	230,443,494	40,304,570	25,180,143	1,494,820	118
NONREIMBURSABLE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	ADMITTING 5.04	SUBTOTAL (COLS. 0-4) 4A	5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
190.01 SPORTS MED-ATHLETIC TRAINERS		196,511	42,027			190.01
190.04 CHILD DAY CARE						190.04
190.10 OUTREACH SERVICES		1,876,007	401,218			190.10
190.11 SJRMC, INC		286,665	61,308			190.11
190.18 VNA PHARMACY INFUSION						190.18
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST		369,660	79,058	8,812		192.01
192.02 NEONATOLOGISTS		1,021,594	218,486			192.02
192.03 HOSPITALIST/INTENSIVIST		4,120,586	881,261			192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,963,093	238,314,517	41,987,928	25,188,955	1,494,820	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	KEEPING			ADMINIS-	SERVICES &	
	9	10	11	TRATION	SUPPLY	
				13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	5,006,765					9
10 DIETARY	151,768	4,300,713				10
11 CAFETERIA	206,254		3,062,935			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				100,477	3,273,041	13
14 CENTRAL SERVICES & SUPPLY	33,673					14
15 PHARMACY	90,108				1,515,910	15
16 MEDICAL RECORDS & LIBRARY	17,271				274,713	16
17 SOCIAL SERVICE	10,504				481	17
18 STERILE SUPPLY	136,428				802	18
19 NONPHYSICIAN ANESTHETISTS					25,462	19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	15,942					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					3,961	22
23 PARAMED ED PRGM-(SPECIFY)	5,686				1,844	23
23.01 CLINICAL PASTORAL EDUCATION					9,724	23.01
23.02 PHARMACY RESIDENCY PROGRAM					12,965	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,108,684	3,490,386	917,260	1,440,545	48,464	30
31 INTENSIVE CARE UNIT	136,481	271,265	191,231	300,326	13,340	31
35 NEONATAL INTENSIVE CARE UNIT	89,665	693	45,377	71,264	1,640	35
41 SUBPROVIDER - IRF		534,786			3,515	41
43 NURSERY			77,789	122,166		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	846,255		343,567	539,568	713,966	50
51 RECOVERY ROOM	56,080		51,859	81,444	4,654	51
52 DELIVERY ROOM & LABOR ROOM			12,965	20,361		52
54 RADIOLOGY-DIAGNOSTIC	236,438		162,060		22,447	54
55 RADIOLOGY-THERAPEUTIC			16,206		194	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	30,219		29,171		8,460	57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION	259,802		116,683		255,867	59
60 LABORATORY	34,860				64,426	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	63,609		77,789		7,690	65
66 PHYSICAL THERAPY	57,639		110,201		2,923	66
67 OCCUPATIONAL THERAPY			32,412		1,262	67
68 SPEECH PATHOLOGY			12,965		112	68
69 ELECTROCARDIOLOGY	47,649		35,653		822	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	8,290				10,595	73
74 RENAL DIALYSIS	20,069				3,319	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				40,722	255	90
90.01 HEALTHY FAMILY CENTER				81,444	1,660	90.01
90.02 MOBILE MEDICAL UNIT				10,181	118	90.02
90.03 FAMILY MEDICINE CENTER				132,347	7,117	90.03
90.04 WOUND HEALING CENTER				40,722	10,039	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	27,420	3,583	25,930	12,965	2,452	90.05
90.06 PEDIATRIC SPECIALTY CLINIC			19,447	20,361	284	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC				30,542		90.07
90.08 PODIATRY RESIDENCY CLINIC						90.08
91 EMERGENCY	314,182		217,160	341,048	19,054	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	5,004,976	4,300,713	3,062,935	3,273,041	1,512,085	118
NONREIMBURSABLE COST CENTERS						

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COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	13	14	
190.01 SPORTS MED-ATHLETIC TRAINERS						26 190.01
190.04 CHILD DAY CARE						190.04
190.10 OUTREACH SERVICES					3,642	190.10
190.11 SJRMC, INC					7	190.11
190.18 VNA PHARMACY INFUSION						190.18
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST	1,789				59	192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALIST/INTENSIVIST					91	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,006,765	4,300,713	3,062,935	3,273,041	1,515,910	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
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COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	OTHER GENERAL SERVICE 18	I&R SALARY & FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	5,405,249					15
16 MEDICAL RECORDS & LIBRARY		4,229,838				16
17 SOCIAL SERVICE	4,273		2,460,922			17
18 STERILE SUPPLY	34			3,796,921		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					3,352,351	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	6,811					22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 CLINICAL PASTORAL EDUCATION						23.01
23.02 PHARMACY RESIDENCY PROGRAM						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,008	482,937	2,165,611	172,587	1,306,111	30
31 INTENSIVE CARE UNIT	28	118,855	227,583		137,867	31
35 NEONATAL INTENSIVE CARE UNIT	273	24,941	16,827		43,537	35
41 SUBPROVIDER - IRF		52,552			203,173	41
43 NURSERY		21,042			101,586	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,863	765,513	1,683	3,451,747	319,272	50
51 RECOVERY ROOM		81,054				51
52 DELIVERY ROOM & LABOR ROOM		38,711			14,512	52
54 RADIOLOGY-DIAGNOSTIC	253,209	235,303			137,867	54
55 RADIOLOGY-THERAPEUTIC		10,252				55
57 COMPUTED TOMOGRAPHY (CT) SCAN	71,879	261,848				57
58 MAGNETIC RESONANCE IMAGING (MRI)		10,696				58
59 CARDIAC CATHETERIZATION	29,913	286,343				59
60 LABORATORY		413,985				60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	66	74,365			14,512	65
66 PHYSICAL THERAPY	1,078	83,483				66
67 OCCUPATIONAL THERAPY	174	31,134				67
68 SPEECH PATHOLOGY		12,533				68
69 ELECTROCARDIOLOGY	171	89,895			152,380	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT		403,834				72
73 DRUGS CHARGED TO PATIENTS	4,898,253	422,589				73
74 RENAL DIALYSIS	1,991	12,184			14,512	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		10,270				76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	651	9,903		5,738		90
90.01 HEALTHY FAMILY CENTER	15,741	9,350		7,338		90.01
90.02 MOBILE MEDICAL UNIT	1,271	1,690				90.02
90.03 FAMILY MEDICINE CENTER	96,001	20,783		45,023	573,238	90.03
90.04 WOUND HEALING CENTER	11,213	24,104		33,381		90.04
90.05 OUTPATIENT TREATMENT & INFUSION	135	7,102				90.05
90.06 PEDIATRIC SPECIALTY CLINIC		3,186				90.06
90.07 SPORTS MED FELLOWSHIP CLINIC		3,009				90.07
90.08 PODIATRY RESIDENCY CLINIC		1,055				90.08
91 EMERGENCY	213	205,337	49,218		333,784	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	5,405,249	4,229,838	2,460,922	3,715,814	3,352,351	118
NONREIMBURSABLE COST CENTERS						

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COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	OTHER GENERAL SERVICE 18	I&R SALARY & FRINGES 21	
190.01 SPORTS MED-ATHLETIC TRAINERS						190.01
190.04 CHILD DAY CARE						190.04
190.10 OUTREACH SERVICES				81,107		190.10
190.11 SJRMC, INC						190.11
190.18 VNA PHARMACY INFUSION						190.18
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST						192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALIST/INTENSIVIST						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,405,249	4,229,838	2,460,922	3,796,921	3,352,351	202

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	CLINICAL PASTORAL EDUCATION 23.01	PHARMACY RESIDENCY PROGRAM 23.02	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 STERILE SUPPLY						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	555,446					22
23 PARAMED ED PRGM-(SPECIFY)		138,555				23
23.01 CLINICAL PASTORAL EDUCATION			161,967			23.01
23.02 PHARMACY RESIDENCY PROGRAM				377,705		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	216,405		70,676	274,598	60,430,685	30
31 INTENSIVE CARE UNIT	22,843		37,041	33,754	5,021,371	31
35 NEONATAL INTENSIVE CARE UNIT	7,214		1,196	9,391	2,787,642	35
41 SUBPROVIDER - IRF	33,663		5,338	39,462	5,796,299	41
43 NURSERY	16,832		8,374	20,500	3,371,935	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	52,900		19,740		34,113,866	50
51 RECOVERY ROOM					2,588,722	51
52 DELIVERY ROOM & LABOR ROOM	2,405				626,459	52
54 RADIOLOGY-DIAGNOSTIC	22,843		1,749		9,316,559	54
55 RADIOLOGY-THERAPEUTIC					580,194	55
57 COMPUTED TOMOGRAPHY (CT) SCAN					2,144,756	57
58 MAGNETIC RESONANCE IMAGING (MRI)					358,685	58
59 CARDIAC CATHETERIZATION					11,015,795	59
60 LABORATORY					15,525,017	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	2,405				3,912,112	65
66 PHYSICAL THERAPY					4,629,230	66
67 OCCUPATIONAL THERAPY					1,265,664	67
68 SPEECH PATHOLOGY					422,452	68
69 ELECTROCARDIOLOGY	25,248				1,912,478	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT					22,916,134	72
73 DRUGS CHARGED TO PATIENTS					15,946,670	73
74 RENAL DIALYSIS	2,405				1,531,266	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY					473,692	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					1,050,176	90
90.01 HEALTHY FAMILY CENTER					1,667,720	90.01
90.02 MOBILE MEDICAL UNIT					165,292	90.02
90.03 FAMILY MEDICINE CENTER	94,979				3,271,725	90.03
90.04 WOUND HEALING CENTER					1,411,540	90.04
90.05 OUTPATIENT TREATMENT & INFUSION					788,851	90.05
90.06 PEDIATRIC SPECIALTY CLINIC					728,703	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC					353,361	90.07
90.08 PODIATRY RESIDENCY CLINIC					426,616	90.08
91 EMERGENCY	55,304	138,555	17,853		12,112,936	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	555,446	138,555	161,967	377,705	228,664,603	118
NONREIMBURSABLE COST CENTERS						

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COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	CLINICAL PASTORAL EDUCATION 23.01	PHARMACY RESIDENCY PROGRAM 23.02	SUBTOTAL 24	
190.01 SPORTS MED-ATHLETIC TRAINERS					238,564	190.01
190.04 CHILD DAY CARE						190.04
190.10 OUTREACH SERVICES					2,361,974	190.10
190.11 SJRMC, INC					347,980	190.11
190.18 VNA PHARMACY INFUSION						190.18
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST					459,378	192.01
192.02 NEONATOLOGISTS					1,240,080	192.02
192.03 HOSPITALIST/INTENSIVIST					5,001,938	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	555,446	138,555	161,967	377,705	238,314,517	202

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 NONPATIENT TELEPHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING, RECEIVING & STORES			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
18 STERILE SUPPLY			18
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
23.01 CLINICAL PASTORAL EDUCATION			23.01
23.02 PHARMACY RESIDENCY PROGRAM			23.02
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	-1,522,516	58,908,169	30
31 INTENSIVE CARE UNIT	-160,710	4,860,661	31
35 NEONATAL INTENSIVE CARE UNIT	-50,751	2,736,891	35
41 SUBPROVIDER - IRF	-236,836	5,559,463	41
43 NURSERY	-118,418	3,253,517	43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	-372,172	33,741,694	50
51 RECOVERY ROOM		2,588,722	51
52 DELIVERY ROOM & LABOR ROOM	-16,917	609,542	52
54 RADIOLOGY-DIAGNOSTIC	-160,710	9,155,849	54
55 RADIOLOGY-THERAPEUTIC		580,194	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,144,756	57
58 MAGNETIC RESONANCE IMAGING (MRI)		358,685	58
59 CARDIAC CATHETERIZATION		11,015,795	59
60 LABORATORY		15,525,017	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS			62.30
65 RESPIRATORY THERAPY	-16,917	3,895,195	65
66 PHYSICAL THERAPY		4,629,230	66
67 OCCUPATIONAL THERAPY		1,265,664	67
68 SPEECH PATHOLOGY		422,452	68
69 ELECTROCARDIOLOGY	-177,628	1,734,850	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT		22,916,134	72
73 DRUGS CHARGED TO PATIENTS		15,946,670	73
74 RENAL DIALYSIS	-16,917	1,514,349	74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY		473,692	76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC		1,050,176	90
90.01 HEALTHY FAMILY CENTER		1,667,720	90.01
90.02 MOBILE MEDICAL UNIT		165,292	90.02
90.03 FAMILY MEDICINE CENTER	-668,217	2,603,508	90.03
90.04 WOUND HEALING CENTER		1,411,540	90.04
90.05 OUTPATIENT TREATMENT & INFUSION		788,851	90.05
90.06 PEDIATRIC SPECIALTY CLINIC		728,703	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC		353,361	90.07
90.08 PODIATRY RESIDENCY CLINIC		426,616	90.08
91 EMERGENCY	-389,088	11,723,848	91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
113 INTEREST EXPENSE			113
118 SUBTOTALS (SUM OF LINES 1-117)	-3,907,797	224,756,806	118
NONREIMBURSABLE COST CENTERS			

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	
190.01 SPORTS MED-ATHLETIC TRAINERS		238,564	190.01
190.04 CHILD DAY CARE			190.04
190.10 OUTREACH SERVICES		2,361,974	190.10
190.11 SJRMC, INC		347,980	190.11
190.18 VNA PHARMACY INFUSION			190.18
192 PHYSICIANS' PRIVATE OFFICES			192
192.01 PERINATOLOGIST		459,378	192.01
192.02 NEONATOLOGISTS		1,240,080	192.02
192.03 HOSPITALIST/INTENSIVIST		5,001,938	192.03
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	-3,907,797	234,406,720	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		17,714	7,211	24,925	24,925	4
5.01 NONPATIENT TELEPHONES		27,356	11,137	38,493	89	5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING		104,604	42,584	147,188	400	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		3,366,232	1,370,378	4,736,610	500	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		7,236,037	2,945,759	10,181,796	581	7
8 LAUNDRY & LINEN SERVICE					54	8
9 HOUSEKEEPING		338,479	137,793	476,272	677	9
10 DIETARY		480,306	195,530	675,836	372	10
11 CAFETERIA		652,740	265,728	918,468	183	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION					613	13
14 CENTRAL SERVICES & SUPPLY		106,566	43,383	149,949	133	14
15 PHARMACY		285,167	116,090	401,257	891	15
16 MEDICAL RECORDS & LIBRARY		54,657	22,250	76,907	440	16
17 SOCIAL SERVICE		33,242	13,533	46,775	446	17
18 STERILE SUPPLY		431,759	175,767	607,526	196	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		50,452	20,539	70,991	644	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					541	22
23 PARAMED ED PRGM-(SPECIFY)		17,995	7,326	25,321	23	23
23.01 CLINICAL PASTORAL EDUCATION					29	23.01
23.02 PHARMACY RESIDENCY PROGRAM					74	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		6,673,435	2,716,726	9,390,161	4,789	30
31 INTENSIVE CARE UNIT		431,928	175,836	607,764	1,234	31
35 NEONATAL INTENSIVE CARE UNIT		283,766	115,520	399,286	312	35
41 SUBPROVIDER - IRF					660	41
43 NURSERY					460	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		2,678,175	1,090,273	3,768,448	1,991	50
51 RECOVERY ROOM		177,480	72,251	249,731	317	51
52 DELIVERY ROOM & LABOR ROOM					77	52
54 RADIOLOGY-DIAGNOSTIC		748,263	304,615	1,052,878	952	54
55 RADIOLOGY-THERAPEUTIC					105	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		95,635	38,933	134,568	190	57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION		822,204	334,716	1,156,920	760	59
60 LABORATORY		110,322	44,912	155,234		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		201,305	81,950	283,255	451	65
66 PHYSICAL THERAPY		182,413	74,260	256,673	754	66
67 OCCUPATIONAL THERAPY					217	67
68 SPEECH PATHOLOGY					79	68
69 ELECTROCARDIOLOGY		150,796	61,388	212,184	197	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		26,235	10,680	36,915	102	73
74 RENAL DIALYSIS		63,514	25,856	89,370		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY					56	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					170	90
90.01 HEALTHY FAMILY CENTER					300	90.01
90.02 MOBILE MEDICAL UNIT					28	90.02
90.03 FAMILY MEDICINE CENTER					367	90.03
90.04 WOUND HEALING CENTER					78	90.04
90.05 OUTPATIENT TREATMENT & INFUSION		86,778	35,327	122,105	73	90.05
90.06 PEDIATRIC SPECIALTY CLINIC					122	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC					16	90.07
90.08 PODIATRY RESIDENCY CLINIC					46	90.08
91 EMERGENCY		994,302	404,776	1,399,078	1,294	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)		26,929,857	10,963,027	37,892,884	23,083	118
NONREIMBURSABLE COST CENTERS						

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
190.01 SPORTS MED-ATHLETIC TRAINERS					51	190.01
190.04 CHILD DAY CARE						190.04
190.10 OUTREACH SERVICES					381	190.10
190.11 SJRMC, INC					50	190.11
190.18 VNA PHARMACY INFUSION						190.18
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST		5,662	2,305	7,967	72	192.01
192.02 NEONATOLOGISTS					271	192.02
192.03 HOSPITALIST/INTENSIVIST					1,017	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		26,935,519	10,965,332	37,900,851	24,925	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON-	ADMITTING	5.06	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	PATIENT TELEPHONES 5.01						5.04	7	8
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES	38,582					5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING	208	147,796				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	2,075		4,739,185			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,055		500,908	10,684,340		7
8 LAUNDRY & LINEN SERVICE			29,726		29,780	8
9 HOUSEKEEPING	588		89,088	223,462		9
10 DIETARY	519		67,640	317,096		10
11 CAFETERIA	35		36,605	430,937		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	329		63,090			13
14 CENTRAL SERVICES & SUPPLY	380		25,404	70,355		14
15 PHARMACY	709		89,216	188,267		15
16 MEDICAL RECORDS & LIBRARY	3,130		80,716	36,084		16
17 SOCIAL SERVICE	1,020		47,599	21,947		17
18 STERILE SUPPLY	52		57,762	285,046		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			64,786	33,308		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	432		7,802			22
23 PARAMED ED PRGM-(SPECIFY)	17		1,984	11,880		23
23.01 CLINICAL PASTORAL EDUCATION	17		3,027			23.01
23.02 PHARMACY RESIDENCY PROGRAM			7,250			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,375	16,907	739,318	4,405,778	3,412	30
31 INTENSIVE CARE UNIT	605	4,161	56,009	285,157	840	31
35 NEONATAL INTENSIVE CARE UNIT	242	873	40,272	187,341	176	35
41 SUBPROVIDER - IRF	674	1,840	97,546		371	41
43 NURSERY	86	737	59,583		149	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,562	26,515	449,677	1,768,122	5,305	50
51 RECOVERY ROOM	208	2,838	39,946	117,172	573	51
52 DELIVERY ROOM & LABOR ROOM		1,355	10,417		273	52
54 RADIOLOGY-DIAGNOSTIC	2,421	8,237	139,140	494,001	1,662	54
55 RADIOLOGY-THERAPEUTIC	1,072	359	10,936		72	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	69	9,167	29,865	63,138	1,850	57
58 MAGNETIC RESONANCE IMAGING (MRI)		374	6,845		76	58
59 CARDIAC CATHETERIZATION	242	10,024	172,736	542,816	2,023	59
60 LABORATORY	380	14,493	292,200	72,834	2,925	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	467	2,603	66,262	132,901	525	65
66 PHYSICAL THERAPY	502	2,923	80,747	120,428	590	66
67 OCCUPATIONAL THERAPY	415	1,090	23,658		220	67
68 SPEECH PATHOLOGY	329	439	7,804		89	68
69 ELECTROCARDIOLOGY	657	3,147	25,736	99,555	635	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT		14,137	444,842		2,853	72
73 DRUGS CHARGED TO PATIENTS	121	14,794	207,148	17,320	2,985	73
74 RENAL DIALYSIS	121	427	27,316	41,932	86	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	17	360	9,143		73	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		347	19,675		70	90
90.01 HEALTHY FAMILY CENTER	86	327	30,801		66	90.01
90.02 MOBILE MEDICAL UNIT	17	59	3,011		12	90.02
90.03 FAMILY MEDICINE CENTER	1,089	728	45,636		147	90.03
90.04 WOUND HEALING CENTER	86	844	25,009		170	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	242	249	11,479	57,290	50	90.05
90.06 PEDIATRIC SPECIALTY CLINIC	52	112	13,406		23	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC		105	6,946		21	90.07
90.08 PODIATRY RESIDENCY CLINIC		37	8,455		7	90.08
91 EMERGENCY	1,314	7,188	175,019	656,435	1,451	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	30,017	147,796	4,549,186	10,680,602	29,780	118
NONREIMBURSABLE COST CENTERS						

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON- PATIENT TELEPHONES 5.01	ADMITTING 5.04	5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
190.01 SPORTS MED-ATHLETIC TRAINERS			4,744			190.01
190.04 CHILD DAY CARE						190.04
190.10 OUTREACH SERVICES	35		45,285			190.10
190.11 SJRMC, INC	8,530		6,920			190.11
190.18 VNA PHARMACY INFUSION						190.18
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST			8,923	3,738		192.01
192.02 NEONATOLOGISTS			24,660			192.02
192.03 HOSPITALIST/INTENSIVIST			99,467			192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	38,582	147,796	4,739,185	10,684,340	29,780	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	KEEPING			ADMINIS-	SERVICES &	
	9	10	11	TRATION	SUPPLY	
				13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	790,087					9
10 DIETARY	23,950	1,085,413				10
11 CAFETERIA	32,548		1,418,776			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				46,542	110,574	13
14 CENTRAL SERVICES & SUPPLY	5,314					14
15 PHARMACY	14,219			51,046	48,850	15
16 MEDICAL RECORDS & LIBRARY	2,725			31,528	86	16
17 SOCIAL SERVICE	1,658				143	17
18 STERILE SUPPLY	21,529		27,024		4,528	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,516					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			70,563		704	22
23 PARAMED ED PRGM-(SPECIFY)	897		1,501		328	23
23.01 CLINICAL PASTORAL EDUCATION			4,504		1	23.01
23.02 PHARMACY RESIDENCY PROGRAM			6,005		25	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	332,758	880,903	424,884	48,666	8,618	30
31 INTENSIVE CARE UNIT	21,537	68,462	88,580	10,146	2,372	31
35 NEONATAL INTENSIVE CARE UNIT	14,149	175	21,019	2,408	292	35
41 SUBPROVIDER - IRF		134,969			625	41
43 NURSERY			36,032	4,127		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	133,542		159,143	18,228	126,949	50
51 RECOVERY ROOM	8,850		24,022	2,751	828	51
52 DELIVERY ROOM & LABOR ROOM			6,005	688		52
54 RADIOLOGY-DIAGNOSTIC	37,311		75,068		3,992	54
55 RADIOLOGY-THERAPEUTIC			7,507		34	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,769		13,512		1,504	57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION	40,998		54,049		45,499	59
60 LABORATORY	5,501				11,456	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	10,038		36,032		1,367	65
66 PHYSICAL THERAPY	9,096		51,046		520	66
67 OCCUPATIONAL THERAPY			15,014		224	67
68 SPEECH PATHOLOGY			6,005		20	68
69 ELECTROCARDIOLOGY	7,519		16,515		146	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	1,308				1,884	73
74 RENAL DIALYSIS	3,167				590	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				1,376	45	90
90.01 HEALTHY FAMILY CENTER				2,751	295	90.01
90.02 MOBILE MEDICAL UNIT				344	21	90.02
90.03 FAMILY MEDICINE CENTER				4,471	1,266	90.03
90.04 WOUND HEALING CENTER				1,376	1,785	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	4,327	904	6,005	688	436	90.05
90.06 PEDIATRIC SPECIALTY CLINIC			9,008	1,032	50	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC						90.07
90.08 PODIATRY RESIDENCY CLINIC						90.08
91 EMERGENCY	49,579		100,590	11,522	3,388	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	789,805	1,085,413	1,418,776	110,574	268,871	118
NONREIMBURSABLE COST CENTERS						

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WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	13	14	
190.01 SPORTS MED-ATHLETIC TRAINERS						5 190.01
190.04 CHILD DAY CARE						190.04
190.10 OUTREACH SERVICES						648 190.10
190.11 SJRMC, INC						1 190.11
190.18 VNA PHARMACY INFUSION						190.18
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST	282					10 192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALIST/INTENSIVIST						16 192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	790,087	1,085,413	1,418,776	110,574	269,551	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	OTHER GENERAL SERVICE 18	I&R SALARY & FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	794,455					15
16 MEDICAL RECORDS & LIBRARY		231,616				16
17 SOCIAL SERVICE	628		120,216			17
18 STERILE SUPPLY	5			1,003,668		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					172,245	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,001					22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 CLINICAL PASTORAL EDUCATION						23.01
23.02 PHARMACY RESIDENCY PROGRAM						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	589	26,459	105,791	45,621		30
31 INTENSIVE CARE UNIT	4	6,512	11,117			31
35 NEONATAL INTENSIVE CARE UNIT	40	1,366	822			35
41 SUBPROVIDER - IRF		2,879				41
43 NURSERY		1,153				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,156	41,810	82	912,425		50
51 RECOVERY ROOM		4,441				51
52 DELIVERY ROOM & LABOR ROOM		2,121				52
54 RADIOLOGY-DIAGNOSTIC	37,216	12,892				54
55 RADIOLOGY-THERAPEUTIC		562				55
57 COMPUTED TOMOGRAPHY (CT) SCAN	10,565	14,346				57
58 MAGNETIC RESONANCE IMAGING (MRI)		586				58
59 CARDIAC CATHETERIZATION	4,397	15,688				59
60 LABORATORY		22,681				60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	10	4,074				65
66 PHYSICAL THERAPY	158	4,574				66
67 OCCUPATIONAL THERAPY	26	1,706				67
68 SPEECH PATHOLOGY		687				68
69 ELECTROCARDIOLOGY	25	4,925				69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT		22,125				72
73 DRUGS CHARGED TO PATIENTS	719,936	23,153				73
74 RENAL DIALYSIS	293	668				74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		563				76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	96	543		1,517		90
90.01 HEALTHY FAMILY CENTER	2,314	512		1,940		90.01
90.02 MOBILE MEDICAL UNIT	187	93				90.02
90.03 FAMILY MEDICINE CENTER	14,110	1,139		11,901		90.03
90.04 WOUND HEALING CENTER	1,648	1,321		8,824		90.04
90.05 OUTPATIENT TREATMENT & INFUSION	20	389				90.05
90.06 PEDIATRIC SPECIALTY CLINIC		175				90.06
90.07 SPORTS MED FELLOWSHIP CLINIC		165				90.07
90.08 PODIATRY RESIDENCY CLINIC		58				90.08
91 EMERGENCY	31	11,250	2,404			91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	794,455	231,616	120,216	982,228		118
NONREIMBURSABLE COST CENTERS						

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ALLOCATION OF CAPITAL-RELATED COSTS

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 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	OTHER GENERAL SERVICE 18	I&R SALARY & FRINGES 21	
190.01 SPORTS MED-ATHLETIC TRAINERS						190.01
190.04 CHILD DAY CARE						190.04
190.10 OUTREACH SERVICES				21,440		190.10
190.11 SJRMC, INC						190.11
190.18 VNA PHARMACY INFUSION						190.18
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST						192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALIST/INTENSIVIST						192.03
200 CROSS FOOT ADJUSTMENTS					172,245	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	794,455	231,616	120,216	1,003,668	172,245	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	CLINICAL PASTORAL EDUCATION 23.01	PHARMACY RESIDENCY PROGRAM 23.02	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 STERILE SUPPLY						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	81,043					22
23 PARAMED ED PRGM-(SPECIFY)		41,951				23
23.01 CLINICAL PASTORAL EDUCATION			7,578			23.01
23.02 PHARMACY RESIDENCY PROGRAM				13,354		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS					16,439,029	30
31 INTENSIVE CARE UNIT					1,164,500	31
35 NEONATAL INTENSIVE CARE UNIT					668,773	35
41 SUBPROVIDER - IRF					239,564	41
43 NURSERY					102,327	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					7,416,955	50
51 RECOVERY ROOM					451,677	51
52 DELIVERY ROOM & LABOR ROOM					20,936	52
54 RADIOLOGY-DIAGNOSTIC					1,865,770	54
55 RADIOLOGY-THERAPEUTIC					20,647	55
57 COMPUTED TOMOGRAPHY (CT) SCAN					283,543	57
58 MAGNETIC RESONANCE IMAGING (MRI)					7,881	58
59 CARDIAC CATHETERIZATION					2,046,152	59
60 LABORATORY					577,704	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY					537,985	65
66 PHYSICAL THERAPY					528,011	66
67 OCCUPATIONAL THERAPY					42,570	67
68 SPEECH PATHOLOGY					15,452	68
69 ELECTROCARDIOLOGY					371,241	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT					483,957	72
73 DRUGS CHARGED TO PATIENTS					1,025,666	73
74 RENAL DIALYSIS					163,970	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY					10,212	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					23,839	90
90.01 HEALTHY FAMILY CENTER					39,392	90.01
90.02 MOBILE MEDICAL UNIT					3,772	90.02
90.03 FAMILY MEDICINE CENTER					80,854	90.03
90.04 WOUND HEALING CENTER					53,152	90.04
90.05 OUTPATIENT TREATMENT & INFUSION					204,257	90.05
90.06 PEDIATRIC SPECIALTY CLINIC					23,980	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC					7,253	90.07
90.08 PODIATRY RESIDENCY CLINIC					8,603	90.08
91 EMERGENCY					2,420,543	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)					37,350,167	118
NONREIMBURSABLE COST CENTERS						

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COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	CLINICAL PASTORAL EDUCATION 23.01	PHARMACY RESIDENCY PROGRAM 23.02	SUBTOTAL 24	
190.01 SPORTS MED-ATHLETIC TRAINERS					4,800	190.01
190.04 CHILD DAY CARE						190.04
190.10 OUTREACH SERVICES					67,789	190.10
190.11 SJRMC, INC					15,501	190.11
190.18 VNA PHARMACY INFUSION						190.18
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST					20,992	192.01
192.02 NEONATOLOGISTS					24,931	192.02
192.03 HOSPITALIST/INTENSIVIST					100,500	192.03
200 CROSS FOOT ADJUSTMENTS	81,043	41,951	7,578	13,354	316,171	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	81,043	41,951	7,578	13,354	37,900,851	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS		TOTAL
	25	26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 NONPATIENT TELEPHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING, RECEIVING & STORES			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
18 STERILE SUPPLY			18
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
23.01 CLINICAL PASTORAL EDUCATION			23.01
23.02 PHARMACY RESIDENCY PROGRAM			23.02
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	16,439,029		30
31 INTENSIVE CARE UNIT	1,164,500		31
35 NEONATAL INTENSIVE CARE UNIT	668,773		35
41 SUBPROVIDER - IRF	239,564		41
43 NURSERY	102,327		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	7,416,955		50
51 RECOVERY ROOM	451,677		51
52 DELIVERY ROOM & LABOR ROOM	20,936		52
54 RADIOLOGY-DIAGNOSTIC	1,865,770		54
55 RADIOLOGY-THERAPEUTIC	20,647		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	283,543		57
58 MAGNETIC RESONANCE IMAGING (MRI)	7,881		58
59 CARDIAC CATHETERIZATION	2,046,152		59
60 LABORATORY	577,704		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS			62.30
65 RESPIRATORY THERAPY	537,985		65
66 PHYSICAL THERAPY	528,011		66
67 OCCUPATIONAL THERAPY	42,570		67
68 SPEECH PATHOLOGY	15,452		68
69 ELECTROCARDIOLOGY	371,241		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT	483,957		72
73 DRUGS CHARGED TO PATIENTS	1,025,666		73
74 RENAL DIALYSIS	163,970		74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY	10,212		76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	23,839		90
90.01 HEALTHY FAMILY CENTER	39,392		90.01
90.02 MOBILE MEDICAL UNIT	3,772		90.02
90.03 FAMILY MEDICINE CENTER	80,854		90.03
90.04 WOUND HEALING CENTER	53,152		90.04
90.05 OUTPATIENT TREATMENT & INFUSION	204,257		90.05
90.06 PEDIATRIC SPECIALTY CLINIC	23,980		90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	7,253		90.07
90.08 PODIATRY RESIDENCY CLINIC	8,603		90.08
91 EMERGENCY	2,420,543		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
113 INTEREST EXPENSE			113
118 SUBTOTALS (SUM OF LINES 1-117)	37,350,167		118
NONREIMBURSABLE COST CENTERS			

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COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	
190.01 SPORTS MED-ATHLETIC TRAINERS		4,800	190.01
190.04 CHILD DAY CARE			190.04
190.10 OUTREACH SERVICES		67,789	190.10
190.11 SJRMC, INC		15,501	190.11
190.18 VNA PHARMACY INFUSION			190.18
192 PHYSICIANS' PRIVATE OFFICES			192
192.01 PERINATOLOGIST		20,992	192.01
192.02 NEONATOLOGISTS		24,931	192.02
192.03 HOSPITALIST/INTENSIVIST		100,500	192.03
200 CROSS FOOT ADJUSTMENTS		316,171	200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		37,900,851	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	NON-PATIENT TELEPHONES PHONE EXTENSIONS	ADMITTING GROSS REVENUE	
	1	2	4	5.01	5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	480,493					1
2 CAP REL COSTS-MVBLE EQUIP		480,493				2
4 EMPLOYEE BENEFITS	316	316	74,175,027			4
5.01 NONPATIENT TELEPHONES	488	488	263,513	2,231		5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING	1,866	1,866	1,191,553	12	664,037,644	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	60,049	60,049	1,488,405	120		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	129,081	129,081	1,728,062	61		7
8 LAUNDRY & LINEN SERVICE			161,527			8
9 HOUSEKEEPING	6,038	6,038	2,014,122	34		9
10 DIETARY	8,568	8,568	1,106,966	30		10
11 CAFETERIA	11,644	11,644	545,222	2		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			1,823,220	19		13
14 CENTRAL SERVICES & SUPPLY	1,901	1,901	395,533	22		14
15 PHARMACY	5,087	5,087	2,650,398	41		15
16 MEDICAL RECORDS & LIBRARY	975	975	1,310,962	181		16
17 SOCIAL SERVICE	593	593	1,328,398	59		17
18 STERILE SUPPLY	7,702	7,702	584,024	3		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	900	900	1,915,186			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			1,609,195	25		22
23 PARAMED ED PRGM-(SPECIFY)	321	321	67,322	1		23
23.01 CLINICAL PASTORAL EDUCATION			85,723	1		23.01
23.02 PHARMACY RESIDENCY PROGRAM			219,740			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	119,045	119,045	14,254,784	253	75,814,227	30
31 INTENSIVE CARE UNIT	7,705	7,705	3,673,008	35	18,658,631	31
35 NEONATAL INTENSIVE CARE UNIT	5,062	5,062	929,055	14	3,915,435	35
41 SUBPROVIDER - IRF			1,964,689	39	8,249,952	41
43 NURSERY			1,368,312	5	3,303,351	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	47,775	47,775	5,926,762	206	120,187,439	50
51 RECOVERY ROOM	3,166	3,166	942,527	12	12,724,265	51
52 DELIVERY ROOM & LABOR ROOM			230,252		6,077,084	52
54 RADIOLOGY-DIAGNOSTIC	13,348	13,348	2,832,316	140	36,939,175	54
55 RADIOLOGY-THERAPEUTIC			312,737	62	1,609,390	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,706	1,706	564,062	4	41,106,422	57
58 MAGNETIC RESONANCE IMAGING (MRI)					1,679,162	58
59 CARDIAC CATHETERIZATION	14,667	14,667	2,261,359	14	44,951,792	59
60 LABORATORY	1,968	1,968		22	64,989,718	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	3,591	3,591	1,341,604	27	11,674,241	65
66 PHYSICAL THERAPY	3,254	3,254	2,244,403	29	13,105,611	66
67 OCCUPATIONAL THERAPY			645,677	24	4,887,594	67
68 SPEECH PATHOLOGY			236,083	19	1,967,572	68
69 ELECTROCARDIOLOGY	2,690	2,690	587,705	38	14,112,311	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT					63,396,154	72
73 DRUGS CHARGED TO PATIENTS	468	468	303,766	7	66,340,481	73
74 RENAL DIALYSIS	1,133	1,133		7	1,912,748	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY			168,091	1	1,612,308	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			506,548		1,554,654	90
90.01 HEALTHY FAMILY CENTER			892,733	5	1,467,891	90.01
90.02 MOBILE MEDICAL UNIT			83,330	1	265,355	90.02
90.03 FAMILY MEDICINE CENTER			1,091,537	63	3,262,700	90.03
90.04 WOUND HEALING CENTER			230,979	5	3,783,937	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	1,548	1,548	216,605	14	1,114,855	90.05
90.06 PEDIATRIC SPECIALTY CLINIC			362,801	3	500,184	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC			48,200		472,412	90.07
90.08 PODIATRY RESIDENCY CLINIC			136,967		165,588	90.08
91 EMERGENCY	17,737	17,737	3,850,968	76	32,235,005	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	480,392	480,392	68,696,931	1,736	664,037,644	118
NONREIMBURSABLE COST CENTERS						

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COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NON- PATIENT TELEPHONES PHONE EXTENSIONS 5.01	ADMITTING GROSS REVENUE 5.04	
190.01 SPORTS MED-ATHLETIC TRAINERS			151,195			190.01
190.04 CHILD DAY CARE						190.04
190.10 OUTREACH SERVICES			1,134,344	2		190.10
190.11 SJRMC, INC			149,000	493		190.11
190.18 VNA PHARMACY INFUSION						190.18
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST	101	101	213,046			192.01
192.02 NEONATOLOGISTS			805,165			192.02
192.03 HOSPITALIST/INTENSIVIST			3,025,346			192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	26,935,519	10,965,332	1,083,237	376,798	1,963,093	202
203 UNIT COST MULT-WS B PT I	56.058088	22.821003	0.014604	168.891977	0.002956	203
204 COST TO BE ALLOC PER B PT II			24,925	38,582	147,796	204
205 UNIT COST MULT-WS B PT II			0.000336	17.293590	0.000223	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON-	ACCUM	OPERATION	LAUNDRY	HOUSE-	
	CILIAATION		OF PLANT	& LINEN	KEEPING	
	5A.06	COST 5.06	SQUARE	SERVICE	SQUARE	
			FEET 7	GROSS	FEET 9	
				REVENUE 8		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	-41,987,928	196,326,589				5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		20,750,984	288,693			7
8 LAUNDRY & LINEN SERVICE		1,231,452		664,037,644		8
9 HOUSEKEEPING		3,690,631	6,038		282,655	9
10 DIETARY		2,802,094	8,568		8,568	10
11 CAFETERIA		1,516,410	11,644		11,644	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,613,599				13
14 CENTRAL SERVICES & SUPPLY		1,052,403	1,901		1,901	14
15 PHARMACY		3,695,936	5,087		5,087	15
16 MEDICAL RECORDS & LIBRARY		3,343,816	975		975	16
17 SOCIAL SERVICE		1,971,881	593		593	17
18 STERILE SUPPLY		2,392,881	7,702		7,702	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		2,683,885	900		900	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		323,213				22
23 PARAMED ED PRGM-(SPECIFY)		82,197	321		321	23
23.01 CLINICAL PASTORAL EDUCATION		125,413				23.01
23.02 PHARMACY RESIDENCY PROGRAM		300,363				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		30,625,173	119,045	75,814,227	119,045	30
31 INTENSIVE CARE UNIT		2,320,254	7,705	18,658,631	7,705	31
35 NEONATAL INTENSIVE CARE UNIT		1,668,338	5,062	3,915,435	5,062	35
41 SUBPROVIDER - IRF		4,040,999		8,249,952		41
43 NURSERY		2,468,316		3,303,351		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		18,628,658	47,775	120,187,439	47,775	50
51 RECOVERY ROOM		1,654,834	3,166	12,724,265	3,166	51
52 DELIVERY ROOM & LABOR ROOM		431,534		6,077,084		52
54 RADIOLOGY-DIAGNOSTIC		5,764,100	13,348	36,939,175	13,348	54
55 RADIOLOGY-THERAPEUTIC		453,030		1,609,390		55
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,237,200	1,706	41,106,422	1,706	57
58 MAGNETIC RESONANCE IMAGING (MRI)		283,564		1,679,162		58
59 CARDIAC CATHETERIZATION		7,155,869	14,667	44,951,792	14,667	59
60 LABORATORY		12,104,894	1,968	64,989,718	1,968	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		2,745,007	3,591	11,674,241	3,591	65
66 PHYSICAL THERAPY		3,345,082	3,254	13,105,611	3,254	66
67 OCCUPATIONAL THERAPY		980,074		4,887,594		67
68 SPEECH PATHOLOGY		323,275		1,967,572		68
69 ELECTROCARDIOLOGY		1,066,167	2,690	14,112,311	2,690	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT		18,428,359		63,396,154		72
73 DRUGS CHARGED TO PATIENTS		8,581,474	468	66,340,481	468	73
74 RENAL DIALYSIS		1,131,609	1,133	1,912,748	1,133	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		378,783		1,612,308		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		815,086		1,554,654		90
90.01 HEALTHY FAMILY CENTER		1,275,990		1,467,891		90.01
90.02 MOBILE MEDICAL UNIT		124,754		265,355		90.02
90.03 FAMILY MEDICINE CENTER		1,890,562		3,262,700		90.03
90.04 WOUND HEALING CENTER		1,036,054		3,783,937		90.04
90.05 OUTPATIENT TREATMENT & INFUSION		475,552	1,548	1,114,855	1,548	90.05
90.06 PEDIATRIC SPECIALTY CLINIC		555,347		500,184		90.06
90.07 SPORTS MED FELLOWSHIP CLINIC		287,749		472,412		90.07
90.08 PODIATRY RESIDENCY CLINIC		350,275		165,588		90.08
91 EMERGENCY		7,250,446	17,737	32,235,005	17,737	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	-41,987,928	188,455,566	288,592	664,037,644	282,554	118
NONREIMBURSABLE COST CENTERS						

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	ACCUM COST	OPERATION	LAUNDRY	HOUSE-	
			OF PLANT	& LINEN	KEEPING	
	5A.06	5.06	SQUARE FEET	SERVICE GROSS REVENUE	SQUARE FEET	
			7	8	9	
190.01 SPORTS MED-ATHLETIC TRAINERS		196,511				190.01
190.04 CHILD DAY CARE						190.04
190.10 OUTREACH SERVICES		1,876,007				190.10
190.11 SJRMC, INC		286,665				190.11
190.18 VNA PHARMACY INFUSION						190.18
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST		369,660	101		101	192.01
192.02 NEONATOLOGISTS		1,021,594				192.02
192.03 HOSPITALIST/INTENSIVIST		4,120,586				192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		41,987,928	25,188,955	1,494,820	5,006,765	202
203 UNIT COST MULT-WS B PT I		0.213868	87.251700	0.002251	17.713343	203
204 COST TO BE ALLOC PER B PT II		4,739,185	10,684,340	29,780	790,087	204
205 UNIT COST MULT-WS B PT II		0.024139	37.009349	0.000045	2.795234	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	MEALS SERVED	MEALS SERVED	DIRECT NRSNG HRS	COSTED REQUIS.	COSTED REQUIS.	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	37,210					10
11 CAFETERIA		945				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			31	643		13
14 CENTRAL SERVICES & SUPPLY					42,184,427	14
15 PHARMACY					7,644,722	8,566,762
16 MEDICAL RECORDS & LIBRARY					13,397	16
17 SOCIAL SERVICE					22,306	6,773
18 STERILE SUPPLY			18		708,550	54
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		47			110,223	10,795
23 PARAMED ED PRGM-(SPECIFY)		1			51,318	23
23.01 CLINICAL PASTORAL EDUCATION		3			211	23.01
23.02 PHARMACY RESIDENCY PROGRAM		4			3,863	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	30,199	283	283	1,348,669	6,353	30
31 INTENSIVE CARE UNIT	2,347	59	59	371,216	45	31
35 NEONATAL INTENSIVE CARE UNIT	6	14	14	45,637	433	35
41 SUBPROVIDER - IRF	4,627			97,810		41
43 NURSERY		24	24			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		106	106	19,867,947	12,462	50
51 RECOVERY ROOM		16	16	129,524		51
52 DELIVERY ROOM & LABOR ROOM		4	4			52
54 RADIOLOGY-DIAGNOSTIC		50		624,649	401,310	54
55 RADIOLOGY-THERAPEUTIC		5		5,394		55
57 COMPUTED TOMOGRAPHY (CT) SCAN		9		235,434	113,921	57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION		36		7,120,269	47,409	59
60 LABORATORY				1,792,853		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		24		213,988	104	65
66 PHYSICAL THERAPY		34		81,333	1,708	66
67 OCCUPATIONAL THERAPY		10		35,117	276	67
68 SPEECH PATHOLOGY		4		3,103		68
69 ELECTROCARDIOLOGY		11		22,882	271	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS				294,851	7,763,225	73
74 RENAL DIALYSIS				92,367	3,155	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			8	7,105	1,031	90
90.01 HEALTHY FAMILY CENTER			16	46,185	24,948	90.01
90.02 MOBILE MEDICAL UNIT			2	3,276	2,014	90.02
90.03 FAMILY MEDICINE CENTER			26	198,064	152,152	90.03
90.04 WOUND HEALING CENTER		8	8	279,355	17,772	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	31	4	4	68,245	214	90.05
90.06 PEDIATRIC SPECIALTY CLINIC		6	6	7,896		90.06
90.07 SPORTS MED FELLOWSHIP CLINIC						90.07
90.08 PODIATRY RESIDENCY CLINIC						90.08
91 EMERGENCY		67	67	530,244	337	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	37,210	945	643	42,078,003	8,566,762	118
NONREIMBURSABLE COST CENTERS						

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	MEALS SERVED 10	MEALS SERVED 11	DIRECT NRSING HRS 13	SERVICES & SUPPLY COSTED REQUIS. 14	COSTED REQUIS. 15
190.01 SPORTS MED-ATHLETIC TRAINERS				729	190.01
190.04 CHILD DAY CARE					190.04
190.10 OUTREACH SERVICES				101,337	190.10
190.11 SJRMC, INC				200	190.11
190.18 VNA PHARMACY INFUSION					190.18
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 PERINATOLOGIST				1,634	192.01
192.02 NEONATOLOGISTS					192.02
192.03 HOSPITALIST/INTENSIVIST				2,524	192.03
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	4,300,713	3,062,935	3,273,041	1,515,910	5,405,249
203 UNIT COST MULT-WS B PT I	115.579495	3,241.201058	5,090.265941	0.035935	0.630956
204 COST TO BE ALLOC PER B PT II	1,085,413	1,418,776	110,574	269,551	794,455
205 UNIT COST MULT-WS B PT II	29.169927	1,501.350265	171.965785	0.006390	0.092737

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE COSTED REQ 17	OTHER GENERAL SERVICE COSTED REQ 18	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	664,037,644					16
17 SOCIAL SERVICE		5,850				17
18 STERILE SUPPLY			68,816			18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				462		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					462	22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 CLINICAL PASTORAL EDUCATION						23.01
23.02 PHARMACY RESIDENCY PROGRAM						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	75,814,227	5,148	3,128	180	180	30
31 INTENSIVE CARE UNIT	18,658,631	541		19	19	31
35 NEONATAL INTENSIVE CARE UNIT	3,915,435	40		6	6	35
41 SUBPROVIDER - IRF	8,249,952			28	28	41
43 NURSERY	3,303,351			14	14	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	120,187,439	4	62,560	44	44	50
51 RECOVERY ROOM	12,724,265					51
52 DELIVERY ROOM & LABOR ROOM	6,077,084			2	2	52
54 RADIOLOGY-DIAGNOSTIC	36,939,175			19	19	54
55 RADIOLOGY-THERAPEUTIC	1,609,390					55
57 COMPUTED TOMOGRAPHY (CT) SCAN	41,106,422					57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,679,162					58
59 CARDIAC CATHETERIZATION	44,951,792					59
60 LABORATORY	64,989,718					60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	11,674,241			2	2	65
66 PHYSICAL THERAPY	13,105,611					66
67 OCCUPATIONAL THERAPY	4,887,594					67
68 SPEECH PATHOLOGY	1,967,572					68
69 ELECTROCARDIOLOGY	14,112,311			21	21	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT	63,396,154					72
73 DRUGS CHARGED TO PATIENTS	66,340,481					73
74 RENAL DIALYSIS	1,912,748			2	2	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,612,308					76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,554,654		104			90
90.01 HEALTHY FAMILY CENTER	1,467,891		133			90.01
90.02 MOBILE MEDICAL UNIT	265,355					90.02
90.03 FAMILY MEDICINE CENTER	3,262,700		816	79	79	90.03
90.04 WOUND HEALING CENTER	3,783,937		605			90.04
90.05 OUTPATIENT TREATMENT & INFUSION	1,114,855					90.05
90.06 PEDIATRIC SPECIALTY CLINIC	500,184					90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	472,412					90.07
90.08 PODIATRY RESIDENCY CLINIC	165,588					90.08
91 EMERGENCY	32,235,005	117		46	46	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	664,037,644	5,850	67,346	462	462	118
NONREIMBURSABLE COST CENTERS						

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COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE COSTED REQ 17	OTHER GENERAL SERVICE COSTED REQ 18	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	
190.01 SPORTS MED-ATHLETIC TRAINERS						190.01
190.04 CHILD DAY CARE						190.04
190.10 OUTREACH SERVICES			1,470			190.10
190.11 SJRMC, INC						190.11
190.18 VNA PHARMACY INFUSION						190.18
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST						192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALIST/INTENSIVIST						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,229,838	2,460,922	3,796,921	3,352,351	555,446	202
203 UNIT COST MULT-WS B PT I	0.006370	420.670427	55.174974	7,256.170996	1,202.264069	203
204 COST TO BE ALLOC PER B PT II	231,616	120,216	1,003,668	172,245	81,043	204
205 UNIT COST MULT-WS B PT II	0.000349	20.549744	14.584806	372.824675	175.417749	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED	CLINICAL	PHARMACY	
	EDUCATION	PASTORAL	RESIDENCY	
	ASSIGNED	EDUCATION	PROGRAM	
	TIME	PASTORAL	PATIENT	
	23	RES TIME	DAYS	
		23.01	23.02	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 NONPATIENT TELEPHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING, RECEIVING & STORES				5.03
5.04 ADMITTING				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
18 STERILE SUPPLY				18
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)	100			23
23.01 CLINICAL PASTORAL EDUCATION		3,520		23.01
23.02 PHARMACY RESIDENCY PROGRAM			62,865	23.02
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS		1,536	45,704	30
31 INTENSIVE CARE UNIT		805	5,618	31
35 NEONATAL INTENSIVE CARE UNIT		26	1,563	35
41 SUBPROVIDER - IRF		116	6,568	41
43 NURSERY		182	3,412	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		429		50
51 RECOVERY ROOM				51
52 DELIVERY ROOM & LABOR ROOM				52
54 RADIOLOGY-DIAGNOSTIC		38		54
55 RADIOLOGY-THERAPEUTIC				55
57 COMPUTED TOMOGRAPHY (CT) SCAN				57
58 MAGNETIC RESONANCE IMAGING (MRI)				58
59 CARDIAC CATHETERIZATION				59
60 LABORATORY				60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS				62.30
65 RESPIRATORY THERAPY				65
66 PHYSICAL THERAPY				66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY				69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENT				72
73 DRUGS CHARGED TO PATIENTS				73
74 RENAL DIALYSIS				74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC				90
90.01 HEALTHY FAMILY CENTER				90.01
90.02 MOBILE MEDICAL UNIT				90.02
90.03 FAMILY MEDICINE CENTER				90.03
90.04 WOUND HEALING CENTER				90.04
90.05 OUTPATIENT TREATMENT & INFUSION				90.05
90.06 PEDIATRIC SPECIALTY CLINIC				90.06
90.07 SPORTS MED FELLOWSHIP CLINIC				90.07
90.08 PODIATRY RESIDENCY CLINIC				90.08
91 EMERGENCY	100	388		91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	100	3,520	62,865	118
NONREIMBURSABLE COST CENTERS				

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COST CENTER DESCRIPTION	PARAMED	CLINICAL	PHARMACY	
	EDUCATION	PASTORAL	RESIDENCY	
	ASSIGNED	EDUCATION	PROGRAM	
	TIME	PASTORAL	PATIENT	
	23	RES TIME	DAYS	
		23.01	23.02	
190.01 SPORTS MED-ATHLETIC TRAINERS				190.01
190.04 CHILD DAY CARE				190.04
190.10 OUTREACH SERVICES				190.10
190.11 SJRMC, INC				190.11
190.18 VNA PHARMACY INFUSION				190.18
192 PHYSICIANS' PRIVATE OFFICES				192
192.01 PERINATOLOGIST				192.01
192.02 NEONATOLOGISTS				192.02
192.03 HOSPITALIST/INTENSIVIST				192.03
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	138,555	161,967	377,705	202
203 UNIT COST MULT-WS B PT I	1,385.550000	46.013352	6.008192	203
204 COST TO BE ALLOC PER B PT II	41,951	7,578	13,354	204
205 UNIT COST MULT-WS B PT II	419.510000	2.152841	0.212423	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	58,908,169		58,908,169	15,092	58,923,261	30
31 INTENSIVE CARE UNIT	4,860,661		4,860,661	12,203	4,872,864	31
35 NEONATAL INTENSIVE CARE UNI	2,736,891		2,736,891		2,736,891	35
41 SUBPROVIDER - IRF	5,559,463		5,559,463	11,451	5,570,914	41
43 NURSERY	3,253,517		3,253,517		3,253,517	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	33,741,694		33,741,694	15,712	33,757,406	50
51 RECOVERY ROOM	2,588,722		2,588,722		2,588,722	51
52 DELIVERY ROOM & LABOR ROOM	609,542		609,542		609,542	52
54 RADIOLOGY-DIAGNOSTIC	9,155,849		9,155,849	21,618	9,177,467	54
55 RADIOLOGY-THERAPEUTIC	580,194		580,194		580,194	55
57 COMPUTED TOMOGRAPHY (CT) SC	2,144,756		2,144,756		2,144,756	57
58 MAGNETIC RESONANCE IMAGING	358,685		358,685		358,685	58
59 CARDIAC CATHETERIZATION	11,015,795		11,015,795	30,803	11,046,598	59
60 LABORATORY	15,525,017		15,525,017		15,525,017	60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	3,895,195		3,895,195	11,404	3,906,599	65
66 PHYSICAL THERAPY	4,629,230		4,629,230		4,629,230	66
67 OCCUPATIONAL THERAPY	1,265,664		1,265,664		1,265,664	67
68 SPEECH PATHOLOGY	422,452		422,452		422,452	68
69 ELECTROCARDIOLOGY	1,734,850		1,734,850	10,650	1,745,500	69
71 MEDICAL SUPPLIES CHRGED TO						71
72 IMPL. DEV. CHARGED TO PATIE	22,916,134		22,916,134		22,916,134	72
73 DRUGS CHARGED TO PATIENTS	15,946,670		15,946,670		15,946,670	73
74 RENAL DIALYSIS	1,514,349		1,514,349		1,514,349	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	473,692		473,692		473,692	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,050,176		1,050,176	17,005	1,067,181	90
90.01 HEALTHY FAMILY CENTER	1,667,720		1,667,720		1,667,720	90.01
90.02 MOBILE MEDICAL UNIT	165,292		165,292		165,292	90.02
90.03 FAMILY MEDICINE CENTER	2,603,508		2,603,508		2,603,508	90.03
90.04 WOUND HEALING CENTER	1,411,540		1,411,540		1,411,540	90.04
90.05 OUTPATIENT TREATMENT & INFU	788,851		788,851		788,851	90.05
90.06 PEDIATRIC SPECIALTY CLINIC	728,703		728,703	1,583	730,286	90.06
90.07 SPORTS MED FELLOWSHIP CLINI	353,361		353,361		353,361	90.07
90.08 PODIATRY RESIDENCY CLINIC	426,616		426,616		426,616	90.08
91 EMERGENCY	11,723,848		11,723,848	31,785	11,755,633	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	224,756,806		224,756,806	179,306	224,936,112	200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	224,756,806		224,756,806	179,306	224,936,112	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	72,890,566		72,890,566			30
31 INTENSIVE CARE UNIT	18,658,631		18,658,631			31
35 NEONATAL INTENSIVE CARE UNI	3,915,435		3,915,435			35
41 SUBPROVIDER - IRF	8,249,952		8,249,952			41
43 NURSERY	3,303,351		3,303,351			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	66,514,718	53,672,721	120,187,439	0.280742	0.280742	0.280873 50
51 RECOVERY ROOM	6,532,170	6,192,095	12,724,265	0.203448	0.203448	0.203448 51
52 DELIVERY ROOM & LABOR ROOM	5,974,919	102,165	6,077,084	0.100302	0.100302	0.100302 52
54 RADIOLOGY-DIAGNOSTIC	9,963,864	26,975,311	36,939,175	0.247863	0.247863	0.248448 54
55 RADIOLOGY-THERAPEUTIC	104,890	1,504,500	1,609,390	0.360506	0.360506	0.360506 55
57 COMPUTED TOMOGRAPHY (CT) SC	13,456,114	27,650,308	41,106,422	0.052176	0.052176	0.052176 57
58 MAGNETIC RESONANCE IMAGING	1,548,556	130,606	1,679,162	0.213610	0.213610	0.213610 58
59 CARDIAC CATHETERIZATION	21,184,992	23,766,800	44,951,792	0.245058	0.245058	0.245743 59
60 LABORATORY	40,183,435	24,806,283	64,989,718	0.238884	0.238884	0.238884 60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	7,848,095	3,826,146	11,674,241	0.333657	0.333657	0.334634 65
66 PHYSICAL THERAPY	5,391,809	7,713,802	13,105,611	0.353225	0.353225	0.353225 66
67 OCCUPATIONAL THERAPY	3,760,660	1,126,934	4,887,594	0.258954	0.258954	0.258954 67
68 SPEECH PATHOLOGY	1,637,183	330,389	1,967,572	0.214707	0.214707	0.214707 68
69 ELECTROCARDIOLOGY	6,714,460	7,397,851	14,112,311	0.122932	0.122932	0.123686 69
71 MEDICAL SUPPLIES CHRGED TO						71
72 IMPL. DEV. CHARGED TO PATIE	49,298,088	14,098,066	63,396,154	0.361475	0.361475	0.361475 72
73 DRUGS CHARGED TO PATIENTS	48,358,961	17,981,520	66,340,481	0.240376	0.240376	0.240376 73
74 RENAL DIALYSIS	1,310,426	602,322	1,912,748	0.791714	0.791714	0.791714 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	27,174	1,585,134	1,612,308	0.293797	0.293797	0.293797 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	194,988	1,359,666	1,554,654	0.675505	0.675505	0.686443 90
90.01 HEALTHY FAMILY CENTER		1,467,891	1,467,891	1.136133	1.136133	1.136133 90.01
90.02 MOBILE MEDICAL UNIT		265,355	265,355	0.622909	0.622909	0.622909 90.02
90.03 FAMILY MEDICINE CENTER		3,262,700	3,262,700	0.797961	0.797961	0.797961 90.03
90.04 WOUND HEALING CENTER	40,784	3,743,153	3,783,937	0.373035	0.373035	0.373035 90.04
90.05 OUTPATIENT TREATMENT & INFU	11,297	1,103,558	1,114,855	0.707582	0.707582	0.707582 90.05
90.06 PEDIATRIC SPECIALTY CLINIC	246	499,938	500,184	1.456870	1.456870	1.460035 90.06
90.07 SPORTS MED FELLOWSHIP CLINI		472,412	472,412	0.747993	0.747993	0.747993 90.07
90.08 PODIATRY RESIDENCY CLINIC		165,588	165,588	2.576370	2.576370	2.576370 90.08
91 EMERGENCY	9,547,440	22,687,565	32,235,005	0.363699	0.363699	0.364685 91
92 OBSERVATION BEDS		2,923,661	2,923,661			92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	406,623,204	257,414,440	664,037,644			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	406,623,204	257,414,440	664,037,644			202

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/24/2012 11:00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	16,439,029		45,692	359.78	22,832	8,214,497	30
31 INTENSIVE CARE UNIT	1,164,500		5,618	207.28	2,367	490,632	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATAL INTENSIVE CARE UNIT	668,773		1,563	427.88			35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	239,564		6,568	36.47	4,261	155,399	41
42 SUBPROVIDER I							42
43 NURSERY	102,327		3,412	29.99			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	18,614,193		62,853		29,460	8,860,528	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] [] []	HOSPITAL (15-0012) IPF IRF	[] [] []	SUB (OTHER)	[XX] []	PPS TEFRA	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	7,416,955	120,187,439	0.061712	27,525,175	1,698,634		50
51	RECOVERY ROOM	451,677	12,724,265	0.035497	2,789,596	99,022		51
52	DELIVERY ROOM & LABOR ROOM	20,936	6,077,084	0.003445	10,246	35		52
54	RADIOLOGY-DIAGNOSTIC	1,865,770	36,939,175	0.050509	6,089,259	307,562		54
55	RADIOLOGY-THERAPEUTIC	20,647	1,609,390	0.012829				55
57	COMPUTED TOMOGRAPHY (CT) SCAN	283,543	41,106,422	0.006898	6,588,668	45,449		57
58	MAGNETIC RESONANCE IMAGING (M	7,881	1,679,162	0.004693	1,031,108	4,839		58
59	CARDIAC CATHETERIZATION	2,046,152	44,951,792	0.045519	9,586,908	436,386		59
60	LABORATORY	577,704	64,989,718	0.008889	22,425,920	199,344		60
62.30	BLOOD CLOTTING FACTORS ADMIN							62.30
65	RESPIRATORY THERAPY	537,985	11,674,241	0.046083	4,409,682	203,211		65
66	PHYSICAL THERAPY	528,011	13,105,611	0.040289	1,838,398	74,067		66
67	OCCUPATIONAL THERAPY	42,570	4,887,594	0.008710	916,347	7,981		67
68	SPEECH PATHOLOGY	15,452	1,967,572	0.007853	377,411	2,964		68
69	ELECTROCARDIOLOGY	371,241	14,112,311	0.026306	3,648,589	95,980		69
71	MEDICAL SUPPLIES CHRGED TO PA							71
72	IMPL. DEV. CHARGED TO PATIENT	483,957	63,396,154	0.007634	22,983,151	175,453		72
73	DRUGS CHARGED TO PATIENTS	1,025,666	66,340,481	0.015461	23,344,550	360,930		73
74	RENAL DIALYSIS	163,970	1,912,748	0.085725	532,641	45,661		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	10,212	1,612,308	0.006334	22,908	145		76.98
76.99	LITHOTRIPS							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	23,839	1,554,654	0.015334				90
90.01	HEALTHY FAMILY CENTER	39,392	1,467,891	0.026836				90.01
90.02	MOBILE MEDICAL UNIT	3,772	265,355	0.014215				90.02
90.03	FAMILY MEDICINE CENTER	80,854	3,262,700	0.024781				90.03
90.04	WOUND HEALING CENTER	53,152	3,783,937	0.014047	17,805	250		90.04
90.05	OUTPATIENT TREATMENT & INFUSI	204,257	1,114,855	0.183214				90.05
90.06	PEDIATRIC SPECIALTY CLINIC	23,980	500,184	0.047942	183	9		90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	7,253	472,412	0.015353				90.07
90.08	PODIATRY RESIDENCY CLINIC	8,603	165,588	0.051954				90.08
91	EMERGENCY	2,420,543	32,235,005	0.075091	4,513,599	338,931		91
92	OBSERVATION BEDS		2,923,661	2,923,661				92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	18,735,974	557,019,709	557,019,709	138,652,144	4,096,853		200

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		345,274			345,274	30
31 INTENSIVE CARE UNIT		70,795			70,795	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 NEONATAL INTENSIVE CARE UNIT		10,587			10,587	35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF		44,800			44,800	41
42 SUBPROVIDER I						42
43 NURSERY		28,874			28,874	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		500,330			500,330	200

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2010 TO 06/30/2011

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 ÷ COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	45,692	7.56	22,832	172,610	30
31 INTENSIVE CARE UNIT	5,618	12.60	2,367	29,824	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE UNIT	1,563	6.77			35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	6,568	6.82	4,261	29,060	41
42 SUBPROVIDER I					42
43 NURSERY	3,412	8.46			43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	62,853		29,460	231,494	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (15-0012)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		19,740		19,740	50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
54	RADIOLOGY-DIAGNOSTIC		1,749		1,749	54
55	RADIOLOGY-THERAPEUTIC					55
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
62.30	BLOOD CLOTTING FACTORS ADMIN					62.30
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
71	MEDICAL SUPPLIES CHRGD TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
90.01	HEALTHY FAMILY CENTER					90.01
90.02	MOBILE MEDICAL UNIT					90.02
90.03	FAMILY MEDICINE CENTER					90.03
90.04	WOUND HEALING CENTER					90.04
90.05	OUTPATIENT TREATMENT & INFUSI					90.05
90.06	PEDIATRIC SPECIALTY CLINIC					90.06
90.07	SPORTS MED FELLOWSHIP CLINIC					90.07
90.08	PODIATRY RESIDENCY CLINIC					90.08
91	EMERGENCY		156,408		156,408	91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		177,897		177,897	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	120,187,439	0.000164	0.000164	27,525,175	4,514	12,492,081	2,049	50	
51 RECOVERY ROOM	12,724,265			2,789,596		1,195,342		51	
52 DELIVERY ROOM & LABOR ROOM	6,077,084			10,246				52	
54 RADIOLOGY-DIAGNOSTIC	36,939,175	0.000047	0.000047	6,089,259	286	7,616,280	358	54	
55 RADIOLOGY-THERAPEUTIC	1,609,390					476,768		55	
57 COMPUTED TOMOGRAPHY (CT) SCA	41,106,422			6,588,668		7,275,159		57	
58 MAGNETIC RESONANCE IMAGING (	1,679,162			1,031,108		76,902		58
59 CARDIAC CATHETERIZATION	44,951,792			9,586,908		6,268,025		59	
60 LABORATORY	64,989,718			22,425,920		1,971,459		60	
62.30 BLOOD CLOTTING FACTORS ADMIN								62.30	
65 RESPIRATORY THERAPY	11,674,241			4,409,682		3,724,293		65	
66 PHYSICAL THERAPY	13,105,611			1,838,398				66	
67 OCCUPATIONAL THERAPY	4,887,594			916,347				67	
68 SPEECH PATHOLOGY	1,967,572			377,411		14,464		68	
69 ELECTROCARDIOLOGY	14,112,311			3,648,589		300,810		69	
71 MEDICAL SUPPLIES CHRGED TO P								71	
72 IMPL. DEV. CHARGED TO PATIEN	63,396,154			22,983,151		2,638,320		72	
73 DRUGS CHARGED TO PATIENTS	66,340,481			23,344,550		6,172,686		73	
74 RENAL DIALYSIS	1,912,748			532,641		4,013		74	
76.97 CARDIAC REHABILITATION								76.97	
76.98 HYPERBARIC OXYGEN THERAPY	1,612,308			22,908		950,682		76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	1,554,654							90	
90.01 HEALTHY FAMILY CENTER	1,467,891					100,191		90.01	
90.02 MOBILE MEDICAL UNIT	265,355							90.02	
90.03 FAMILY MEDICINE CENTER	3,262,700					233,780		90.03	
90.04 WOUND HEALING CENTER	3,783,937			17,805		1,595,689		90.04	
90.05 OUTPATIENT TREATMENT & INFUS	1,114,855					322,458		90.05	
90.06 PEDIATRIC SPECIALTY CLINIC	500,184			183		2,379		90.06	
90.07 SPORTS MED FELLOWSHIP CLINIC	472,412					12,062		90.07	
90.08 PODIATRY RESIDENCY CLINIC	165,588					25,240		90.08	
91 EMERGENCY	32,235,005	0.004852	0.004852	4,513,599	21,900	3,638,561	17,654	91	
92 OBSERVATION BEDS	2,923,661					677,568		92	
OTHER REIMBURSABLE COST CENTERS									
200 TOTAL (SUM OF LINES 50-199)	557,019,709			138,652,144	26,700	57,785,212	20,061	200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.280742	12,492,081			3,507,052		50
51 RECOVERY ROOM	0.203448	1,195,342			243,190		51
52 DELIVERY ROOM & LABOR ROOM	0.100302						52
54 RADIOLOGY-DIAGNOSTIC	0.247863	7,616,280			1,887,794		54
55 RADIOLOGY-THERAPEUTIC	0.360506	476,768			171,878		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.052176	7,275,159			379,589		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.213610	76,902			16,427		58
59 CARDIAC CATHETERIZATION	0.245058	6,268,025			1,536,030		59
60 LABORATORY	0.238884	1,971,459			470,950		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.333657	3,724,293			1,242,636		65
66 PHYSICAL THERAPY	0.353225						66
67 OCCUPATIONAL THERAPY	0.258954						67
68 SPEECH PATHOLOGY	0.214707	14,464			3,106		68
69 ELECTROCARDIOLOGY	0.122932	300,810			36,979		69
71 MEDICAL SUPPLIES CHRGED TO PATI							71
72 IMPL. DEV. CHARGED TO PATIENT	0.361475	2,638,320			953,687		72
73 DRUGS CHARGED TO PATIENTS	0.240376	6,172,686		147,309	1,483,766		73
74 RENAL DIALYSIS	0.791714	4,013			3,177		74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.293797	950,682			279,308		76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.675505						90
90.01 HEALTHY FAMILY CENTER	1.136133	100,191			113,830		90.01
90.02 MOBILE MEDICAL UNIT	0.622909						90.02
90.03 FAMILY MEDICINE CENTER	0.797961	233,780			186,547		90.03
90.04 WOUND HEALING CENTER	0.373035	1,595,689			595,248		90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.707582	322,458			228,165		90.05
90.06 PEDIATRIC SPECIALTY CLINIC	1.456870	2,379			3,466		90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	0.747993	12,062			9,022		90.07
90.08 PODIATRY RESIDENCY CLINIC	2.576370	25,240			65,028		90.08
91 EMERGENCY	0.363699	3,638,561			1,323,341		91
92 OBSERVATION BEDS		677,568					92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		57,785,212		147,309	14,740,216		35,410 200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		57,785,212		147,309	14,740,216		35,410 202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (15-T012)	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,416,955	120,187,439	0.061712	22,353	1,379	50
51	RECOVERY ROOM	451,677	12,724,265	0.035497			51
52	DELIVERY ROOM & LABOR ROOM	20,936	6,077,084	0.003445			52
54	RADIOLOGY-DIAGNOSTIC	1,865,770	36,939,175	0.050509	116,705	5,895	54
55	RADIOLOGY-THERAPEUTIC	20,647	1,609,390	0.012829			55
57	COMPUTED TOMOGRAPHY (CT) SCAN	283,543	41,106,422	0.006898	81,052	559	57
58	MAGNETIC RESONANCE IMAGING (M	7,881	1,679,162	0.004693			58
59	CARDIAC CATHETERIZATION	2,046,152	44,951,792	0.045519			59
60	LABORATORY	577,704	64,989,718	0.008889	1,003,046	8,916	60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	537,985	11,674,241	0.046083	8,480	391	65
66	PHYSICAL THERAPY	528,011	13,105,611	0.040289	1,491,508	60,091	66
67	OCCUPATIONAL THERAPY	42,570	4,887,594	0.008710	1,484,984	12,934	67
68	SPEECH PATHOLOGY	15,452	1,967,572	0.007853	509,734	4,003	68
69	ELECTROCARDIOLOGY	371,241	14,112,311	0.026306			69
71	MEDICAL SUPPLIES CHRGED TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT	483,957	63,396,154	0.007634			72
73	DRUGS CHARGED TO PATIENTS	1,025,666	66,340,481	0.015461	1,253,892	19,386	73
74	RENAL DIALYSIS	163,970	1,912,748	0.085725	46,404	3,978	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	10,212	1,612,308	0.006334			76.98
76.99	LITHOTRIPS						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	23,839	1,554,654	0.015334			90
90.01	HEALTHY FAMILY CENTER	39,392	1,467,891	0.026836			90.01
90.02	MOBILE MEDICAL UNIT	3,772	265,355	0.014215			90.02
90.03	FAMILY MEDICINE CENTER	80,854	3,262,700	0.024781			90.03
90.04	WOUND HEALING CENTER	53,152	3,783,937	0.014047			90.04
90.05	OUTPATIENT TREATMENT & INFUSI	204,257	1,114,855	0.183214			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	23,980	500,184	0.047942			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	7,253	472,412	0.015353			90.07
90.08	PODIATRY RESIDENCY CLINIC	8,603	165,588	0.051954			90.08
91	EMERGENCY	2,420,543	32,235,005	0.075091	21,473	1,612	91
92	OBSERVATION BEDS		2,923,661	2,923,661			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	18,735,974	557,019,709	557,019,709	6,039,631	119,144	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5		COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			19,740		19,740	19,740	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
54 RADIOLOGY-DIAGNOSTIC			1,749		1,749	1,749	54
55 RADIOLOGY-THERAPEUTIC							55
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT							90.02
90.03 FAMILY MEDICINE CENTER							90.03
90.04 WOUND HEALING CENTER							90.04
90.05 OUTPATIENT TREATMENT & INFUSI							90.05
90.06 PEDIATRIC SPECIALTY CLINIC							90.06
90.07 SPORTS MED FELLOWSHIP CLINIC							90.07
90.08 PODIATRY RESIDENCY CLINIC							90.08
91 EMERGENCY			156,408		156,408	156,408	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			177,897		177,897	177,897	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[XX] IRF (15-T012)	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 13) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	120,187,439	0.000164	0.000164	22,353	4	50
51	RECOVERY ROOM	12,724,265					51
52	DELIVERY ROOM & LABOR ROOM	6,077,084					52
54	RADIOLOGY-DIAGNOSTIC	36,939,175	0.000047	0.000047	116,705	5	54
55	RADIOLOGY-THERAPEUTIC	1,609,390					55
57	COMPUTED TOMOGRAPHY (CT) SCA	41,106,422			81,052		57
58	MAGNETIC RESONANCE IMAGING (	1,679,162					58
59	CARDIAC CATHETERIZATION	44,951,792					59
60	LABORATORY	64,989,718			1,003,046		60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	11,674,241			8,480		65
66	PHYSICAL THERAPY	13,105,611			1,491,508		66
67	OCCUPATIONAL THERAPY	4,887,594			1,484,984		67
68	SPEECH PATHOLOGY	1,967,572			509,734		68
69	ELECTROCARDIOLOGY	14,112,311					69
71	MEDICAL SUPPLIES CHRGED TO P						71
72	IMPL. DEV. CHARGED TO PATIEN	63,396,154					72
73	DRUGS CHARGED TO PATIENTS	66,340,481			1,253,892		73
74	RENAL DIALYSIS	1,912,748			46,404		74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,612,308					76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,554,654					90
90.01	HEALTHY FAMILY CENTER	1,467,891					90.01
90.02	MOBILE MEDICAL UNIT	265,355					90.02
90.03	FAMILY MEDICINE CENTER	3,262,700					90.03
90.04	WOUND HEALING CENTER	3,783,937					90.04
90.05	OUTPATIENT TREATMENT & INFUS	1,114,855					90.05
90.06	PEDIATRIC SPECIALTY CLINIC	500,184					90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	472,412					90.07
90.08	PODIATRY RESIDENCY CLINIC	165,588					90.08
91	EMERGENCY	32,235,005	0.004852	0.004852	21,473	104	91
92	OBSERVATION BEDS	2,923,661					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	557,019,709			6,039,631	113	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.280742						50
51 RECOVERY ROOM	0.203448						51
52 DELIVERY ROOM & LABOR ROOM	0.100302						52
54 RADIOLOGY-DIAGNOSTIC	0.247863						54
55 RADIOLOGY-THERAPEUTIC	0.360506						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.052176						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.213610						58
59 CARDIAC CATHETERIZATION	0.245058						59
60 LABORATORY	0.238884						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.333657						65
66 PHYSICAL THERAPY	0.353225						66
67 OCCUPATIONAL THERAPY	0.258954						67
68 SPEECH PATHOLOGY	0.214707						68
69 ELECTROCARDIOLOGY	0.122932						69
71 MEDICAL SUPPLIES CHRGED TO PATI							71
72 IMPL. DEV. CHARGED TO PATIENT	0.361475						72
73 DRUGS CHARGED TO PATIENTS	0.240376						73
74 RENAL DIALYSIS	0.791714						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.293797						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.675505						90
90.01 HEALTHY FAMILY CENTER	1.136133						90.01
90.02 MOBILE MEDICAL UNIT	0.622909						90.02
90.03 FAMILY MEDICINE CENTER	0.797961						90.03
90.04 WOUND HEALING CENTER	0.373035						90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.707582						90.05
90.06 PEDIATRIC SPECIALTY CLINIC	1.456870						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	0.747993						90.07
90.08 PODIATRY RESIDENCY CLINIC	2.576370						90.08
91 EMERGENCY	0.363699						91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/24/2012 11:00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	16,439,029		16,439,029	359.78	9,689	3,485,908	30
31 INTENSIVE CARE UNIT	1,164,500		1,164,500	207.28	183	37,932	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATAL INTENSIVE CARE UNIT	668,773		668,773	427.88	325	139,061	35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	239,564		239,564	36.47	349	12,728	41
42 SUBPROVIDER I							42
43 NURSERY	102,327		102,327	29.99	694	20,813	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	18,614,193		18,614,193		11,240	3,696,442	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (15-0012) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA [] OTHER			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,416,955	120,187,439	0.061712	6,175,712	381,116	50
51	RECOVERY ROOM	451,677	12,724,265	0.035497	402,046	14,271	51
52	DELIVERY ROOM & LABOR ROOM	20,936	6,077,084	0.003445			52
54	RADIOLOGY-DIAGNOSTIC	1,865,770	36,939,175	0.050509	960,367	48,507	54
55	RADIOLOGY-THERAPEUTIC	20,647	1,609,390	0.012829	18,274	234	55
57	COMPUTED TOMOGRAPHY (CT) SCAN	283,543	41,106,422	0.006898	1,229,458	8,481	57
58	MAGNETIC RESONANCE IMAGING (M	7,881	1,679,162	0.004693	229,012	1,075	58
59	CARDIAC CATHETERIZATION	2,046,152	44,951,792	0.045519	1,542,321	70,205	59
60	LABORATORY	577,704	64,989,718	0.008889	4,397,063	39,085	60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	537,985	11,674,241	0.046083	1,011,758	46,625	65
66	PHYSICAL THERAPY	528,011	13,105,611	0.040289	230,157	9,273	66
67	OCCUPATIONAL THERAPY	42,570	4,887,594	0.008710	86,956	757	67
68	SPEECH PATHOLOGY	15,452	1,967,572	0.007853	49,839	391	68
69	ELECTROCARDIOLOGY	371,241	14,112,311	0.026306	513,450	13,507	69
71	MEDICAL SUPPLIES CHRGED TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT	483,957	63,396,154	0.007634			72
73	DRUGS CHARGED TO PATIENTS	1,025,666	66,340,481	0.015461	7,008,902	108,365	73
74	RENAL DIALYSIS	163,970	1,912,748	0.085725	93,400	8,007	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	10,212	1,612,308	0.006334			76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	23,839	1,554,654	0.015334			90
90.01	HEALTHY FAMILY CENTER	39,392	1,467,891	0.026836			90.01
90.02	MOBILE MEDICAL UNIT	3,772	265,355	0.014215			90.02
90.03	FAMILY MEDICINE CENTER	80,854	3,262,700	0.024781			90.03
90.04	WOUND HEALING CENTER	53,152	3,783,937	0.014047	763	11	90.04
90.05	OUTPATIENT TREATMENT & INFUSI	204,257	1,114,855	0.183214			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	23,980	500,184	0.047942			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	7,253	472,412	0.015353			90.07
90.08	PODIATRY RESIDENCY CLINIC	8,603	165,588	0.051954			90.08
91	EMERGENCY	2,420,543	32,235,005	0.075091	971,812	72,974	91
92	OBSERVATION BEDS		2,923,661	2,923,661			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	18,735,974	557,019,709	557,019,709	24,921,290	822,884	200

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/24/2012 11:00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
30 INPAT ROUTINE SERV COST CTRS						30
ADULTS & PEDIATRICS		345,274			345,274	31
31 INTENSIVE CARE UNIT		70,795			70,795	32
32 CORONARY CARE UNIT						33
33 BURN INTENSIVE CARE UNIT						34
34 SURGICAL INTENSIVE CARE UNIT						35
35 NEONATAL INTENSIVE CARE UNIT		10,587			10,587	40
40 SUBPROVIDER - IPF						41
41 SUBPROVIDER - IRF		44,800			44,800	42
42 SUBPROVIDER I						43
43 NURSERY		28,874			28,874	44
44 SKILLED NURSING FACILITY						45
45 NURSING FACILITY						200
200 TOTAL (SUM OF LINES 30-199)		500,330			500,330	

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/24/2012 11:00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 ÷ COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	45,692	7.56	9,689	73,249	30
31 INTENSIVE CARE UNIT	5,618	12.60	183	2,306	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE UNIT	1,563	6.77	325	2,200	35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	6,568	6.82	349	2,380	41
42 SUBPROVIDER I					42
43 NURSERY	3,412	8.46	694	5,871	43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	62,853		11,240	86,006	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5		COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			19,740		19,740	19,740	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
54 RADIOLOGY-DIAGNOSTIC			1,749		1,749	1,749	54
55 RADIOLOGY-THERAPEUTIC							55
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT							90.02
90.03 FAMILY MEDICINE CENTER							90.03
90.04 WOUND HEALING CENTER							90.04
90.05 OUTPATIENT TREATMENT & INFUSI							90.05
90.06 PEDIATRIC SPECIALTY CLINIC							90.06
90.07 SPORTS MED FELLOWSHIP CLINIC							90.07
90.08 PODIATRY RESIDENCY CLINIC							90.08
91 EMERGENCY			156,408		156,408	156,408	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			177,897		177,897	177,897	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (15-0012) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM	120,187,439	0.000164	0.000164	6,175,712	1,013	50
51						RECOVERY ROOM	12,724,265			402,046		51
52						DELIVERY ROOM & LABOR ROOM	6,077,084					52
54						RADIOLOGY-DIAGNOSTIC	36,939,175	0.000047	0.000047	960,367	45	54
55						RADIOLOGY-THERAPEUTIC	1,609,390			18,274		55
57						COMPUTED TOMOGRAPHY (CT) SCA	41,106,422			1,229,458		57
58						MAGNETIC RESONANCE IMAGING (	1,679,162			229,012		58
59						CARDIAC CATHETERIZATION	44,951,792			1,542,321		59
60						LABORATORY	64,989,718			4,397,063		60
62.30						BLOOD CLOTTING FACTORS ADMIN						62.30
65						RESPIRATORY THERAPY	11,674,241			1,011,758		65
66						PHYSICAL THERAPY	13,105,611			230,157		66
67						OCCUPATIONAL THERAPY	4,887,594			86,956		67
68						SPEECH PATHOLOGY	1,967,572			49,839		68
69						ELECTROCARDIOLOGY	14,112,311			513,450		69
71						MEDICAL SUPPLIES CHRGED TO P						71
72						IMPL. DEV. CHARGED TO PATIEN	63,396,154					72
73						DRUGS CHARGED TO PATIENTS	66,340,481			7,008,902		73
74						RENAL DIALYSIS	1,912,748			93,400		74
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY	1,612,308					76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90						CLINIC	1,554,654					90
90.01						HEALTHY FAMILY CENTER	1,467,891					90.01
90.02						MOBILE MEDICAL UNIT	265,355					90.02
90.03						FAMILY MEDICINE CENTER	3,262,700					90.03
90.04						WOUND HEALING CENTER	3,783,937			763		90.04
90.05						OUTPATIENT TREATMENT & INFUS	1,114,855					90.05
90.06						PEDIATRIC SPECIALTY CLINIC	500,184					90.06
90.07						SPORTS MED FELLOWSHIP CLINIC	472,412					90.07
90.08						PODIATRY RESIDENCY CLINIC	165,588					90.08
91						EMERGENCY	32,235,005	0.004852	0.004852	971,812	4,715	91
92						OBSERVATION BEDS	2,923,661					92
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	557,019,709			24,921,290	5,773	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.280742						50
51 RECOVERY ROOM	0.203448						51
52 DELIVERY ROOM & LABOR ROOM	0.100302						52
54 RADIOLOGY-DIAGNOSTIC	0.247863						54
55 RADIOLOGY-THERAPEUTIC	0.360506						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.052176						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.213610						58
59 CARDIAC CATHETERIZATION	0.245058						59
60 LABORATORY	0.238884						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.333657						65
66 PHYSICAL THERAPY	0.353225						66
67 OCCUPATIONAL THERAPY	0.258954						67
68 SPEECH PATHOLOGY	0.214707						68
69 ELECTROCARDIOLOGY	0.122932						69
71 MEDICAL SUPPLIES CHRGED TO PATI							71
72 IMPL. DEV. CHARGED TO PATIENT	0.361475						72
73 DRUGS CHARGED TO PATIENTS	0.240376						73
74 RENAL DIALYSIS	0.791714						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.293797						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.675505						90
90.01 HEALTHY FAMILY CENTER	1.136133						90.01
90.02 MOBILE MEDICAL UNIT	0.622909						90.02
90.03 FAMILY MEDICINE CENTER	0.797961						90.03
90.04 WOUND HEALING CENTER	0.373035						90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.707582						90.05
90.06 PEDIATRIC SPECIALTY CLINIC	1.456870						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	0.747993						90.07
90.08 PODIATRY RESIDENCY CLINIC	2.576370						90.08
91 EMERGENCY	0.363699						91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (15-T012)	[] SUB (OTHER)	[XX] PPS [] TEFRA [] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL PROGRAM (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	7,416,955	120,187,439	0.061712	50
51	RECOVERY ROOM	451,677	12,724,265	0.035497	51
52	DELIVERY ROOM & LABOR ROOM	20,936	6,077,084	0.003445	52
54	RADIOLOGY-DIAGNOSTIC	1,865,770	36,939,175	0.050509	54
55	RADIOLOGY-THERAPEUTIC	20,647	1,609,390	0.012829	55
57	COMPUTED TOMOGRAPHY (CT) SCAN	283,543	41,106,422	0.006898	57
58	MAGNETIC RESONANCE IMAGING (M	7,881	1,679,162	0.004693	58
59	CARDIAC CATHETERIZATION	2,046,152	44,951,792	0.045519	59
60	LABORATORY	577,704	64,989,718	0.008889	60
62.30	BLOOD CLOTTING FACTORS ADMIN				62.30
65	RESPIRATORY THERAPY	537,985	11,674,241	0.046083	65
66	PHYSICAL THERAPY	528,011	13,105,611	0.040289	66
67	OCCUPATIONAL THERAPY	42,570	4,887,594	0.008710	67
68	SPEECH PATHOLOGY	15,452	1,967,572	0.007853	68
69	ELECTROCARDIOLOGY	371,241	14,112,311	0.026306	69
71	MEDICAL SUPPLIES CHRGED TO PA				71
72	IMPL. DEV. CHARGED TO PATIENT	483,957	63,396,154	0.007634	72
73	DRUGS CHARGED TO PATIENTS	1,025,666	66,340,481	0.015461	73
74	RENAL DIALYSIS	163,970	1,912,748	0.085725	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	10,212	1,612,308	0.006334	76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	23,839	1,554,654	0.015334	90
90.01	HEALTHY FAMILY CENTER	39,392	1,467,891	0.026836	90.01
90.02	MOBILE MEDICAL UNIT	3,772	265,355	0.014215	90.02
90.03	FAMILY MEDICINE CENTER	80,854	3,262,700	0.024781	90.03
90.04	WOUND HEALING CENTER	53,152	3,783,937	0.014047	90.04
90.05	OUTPATIENT TREATMENT & INFUSI	204,257	1,114,855	0.183214	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	23,980	500,184	0.047942	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	7,253	472,412	0.015353	90.07
90.08	PODIATRY RESIDENCY CLINIC	8,603	165,588	0.051954	90.08
91	EMERGENCY	2,420,543	32,235,005	0.075091	91
92	OBSERVATION BEDS		2,923,661	2,923,661	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	18,735,974	557,019,709	557,019,709	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5		COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			19,740		19,740	19,740	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
54 RADIOLOGY-DIAGNOSTIC			1,749		1,749	1,749	54
55 RADIOLOGY-THERAPEUTIC							55
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT							90.02
90.03 FAMILY MEDICINE CENTER							90.03
90.04 WOUND HEALING CENTER							90.04
90.05 OUTPATIENT TREATMENT & INFUSI							90.05
90.06 PEDIATRIC SPECIALTY CLINIC							90.06
90.07 SPORTS MED FELLOWSHIP CLINIC							90.07
90.08 PODIATRY RESIDENCY CLINIC							90.08
91 EMERGENCY			156,408		156,408	156,408	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			177,897		177,897	177,897	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (15-T012)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES PGM 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM	120,187,439	0.000164	0.000164			50
51						RECOVERY ROOM	12,724,265					51
52						DELIVERY ROOM & LABOR ROOM	6,077,084					52
54						RADIOLOGY-DIAGNOSTIC	36,939,175	0.000047	0.000047			54
55						RADIOLOGY-THERAPEUTIC	1,609,390					55
57						COMPUTED TOMOGRAPHY (CT) SCA	41,106,422					57
58						MAGNETIC RESONANCE IMAGING (	1,679,162					58
59						CARDIAC CATHETERIZATION	44,951,792					59
60						LABORATORY	64,989,718					60
62.30						BLOOD CLOTTING FACTORS ADMIN						62.30
65						RESPIRATORY THERAPY	11,674,241					65
66						PHYSICAL THERAPY	13,105,611					66
67						OCCUPATIONAL THERAPY	4,887,594					67
68						SPEECH PATHOLOGY	1,967,572					68
69						ELECTROCARDIOLOGY	14,112,311					69
71						MEDICAL SUPPLIES CHRGED TO P						71
72						IMPL. DEV. CHARGED TO PATIEN	63,396,154					72
73						DRUGS CHARGED TO PATIENTS	66,340,481					73
74						RENAL DIALYSIS	1,912,748					74
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY	1,612,308					76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90						CLINIC	1,554,654					90
90.01						HEALTHY FAMILY CENTER	1,467,891					90.01
90.02						MOBILE MEDICAL UNIT	265,355					90.02
90.03						FAMILY MEDICINE CENTER	3,262,700					90.03
90.04						WOUND HEALING CENTER	3,783,937					90.04
90.05						OUTPATIENT TREATMENT & INFUS	1,114,855					90.05
90.06						PEDIATRIC SPECIALTY CLINIC	500,184					90.06
90.07						SPORTS MED FELLOWSHIP CLINIC	472,412					90.07
90.08						PODIATRY RESIDENCY CLINIC	165,588					90.08
91						EMERGENCY	32,235,005	0.004852	0.004852			91
92						OBSERVATION BEDS	2,923,661					92
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	557,019,709					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.280742						50
51 RECOVERY ROOM	0.203448						51
52 DELIVERY ROOM & LABOR ROOM	0.100302						52
54 RADIOLOGY-DIAGNOSTIC	0.247863						54
55 RADIOLOGY-THERAPEUTIC	0.360506						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.052176						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.213610						58
59 CARDIAC CATHETERIZATION	0.245058						59
60 LABORATORY	0.238884						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.333657						65
66 PHYSICAL THERAPY	0.353225						66
67 OCCUPATIONAL THERAPY	0.258954						67
68 SPEECH PATHOLOGY	0.214707						68
69 ELECTROCARDIOLOGY	0.122932						69
71 MEDICAL SUPPLIES CHRGED TO PATI							71
72 IMPL. DEV. CHARGED TO PATIENT	0.361475						72
73 DRUGS CHARGED TO PATIENTS	0.240376						73
74 RENAL DIALYSIS	0.791714						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.293797						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.675505						90
90.01 HEALTHY FAMILY CENTER	1.136133						90.01
90.02 MOBILE MEDICAL UNIT	0.622909						90.02
90.03 FAMILY MEDICINE CENTER	0.797961						90.03
90.04 WOUND HEALING CENTER	0.373035						90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.707582						90.05
90.06 PEDIATRIC SPECIALTY CLINIC	1.456870						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	0.747993						90.07
90.08 PODIATRY RESIDENCY CLINIC	2.576370						90.08
91 EMERGENCY	0.363699						91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) 45,692 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) 45,692 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 45,692 4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) 22,832 9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) 10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) 14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 16
SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS) 58,923,261 21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17) 22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18) 23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19) 24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) 25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS) 26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST 58,923,261 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28) 31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) 32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) 33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) 35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36) 58,923,261 37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,289.58 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 29,443,691 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 29,443,691 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4,872,864	5,618	867.37	2,367	2,053,065	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE UNIT	2,736,891	1,563	1,751.05			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					36,984,929	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					68,481,685	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 8,907,563 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 4,123,553 51
 52 TOTAL PROGRAM EXCLUDABLE COST 13,031,116 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 55,450,569 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,289.58 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)	
	1	2	3	4	5	
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	6,568	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,568	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,568	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,261	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	5,570,914	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,570,914	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,570,914	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	848.19 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,614,138 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	3,614,138 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,648,752 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	5,262,890 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	184,459 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	119,257 51
52	TOTAL PROGRAM EXCLUDABLE COST	303,716 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,959,174 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	45,692	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	45,692	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	45,692	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,689	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,412	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	694	16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	58,923,261	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	58,923,261	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	58,923,261	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,289.58 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 12,494,741 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 12,494,741 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)	3,253,517	3,412	953.55	694	661,764	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4,872,864	5,618	867.37	183	158,729	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE UNIT	2,736,891	1,563	1,751.05	325	569,091	47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					6,234,045	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					20,118,370	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 3,767,340 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 828,657 51
 52 TOTAL PROGRAM EXCLUDABLE COST 4,595,997 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 15,522,373 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
90 CAPITAL-RELATED COST							90
91 NURSING SCHOOL COST							91
92 ALLIED HEALTH COST							92
93 ALL OTHER MEDICAL EDUCATION							93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	6,568	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,568	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,568	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	349	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	5,570,914	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,570,914	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,570,914	37

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	848.19 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	296,018 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	296,018 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	296,018 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	15,108 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	15,108 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	280,910 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		33,530,331		30
31 INTENSIVE CARE UNIT		7,381,343		31
35 NEONATAL INTENSIVE CARE UNIT				35
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.280873	27,525,175	7,731,078	50
51 RECOVERY ROOM	0.203448	2,789,596	567,538	51
52 DELIVERY ROOM & LABOR ROOM	0.100302	10,246	1,028	52
54 RADIOLOGY-DIAGNOSTIC	0.248448	6,089,259	1,512,864	54
55 RADIOLOGY-THERAPEUTIC	0.360506			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.052176	6,588,668	343,770	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.213610	1,031,108	220,255	58
59 CARDIAC CATHETERIZATION	0.245743	9,586,908	2,355,916	59
60 LABORATORY	0.238884	22,425,920	5,357,193	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.334634	4,409,682	1,475,630	65
66 PHYSICAL THERAPY	0.353225	1,838,398	649,368	66
67 OCCUPATIONAL THERAPY	0.258954	916,347	237,292	67
68 SPEECH PATHOLOGY	0.214707	377,411	81,033	68
69 ELECTROCARDIOLOGY	0.123686	3,648,589	451,279	69
71 MEDICAL SUPPLIES CHRGD TO PATI				71
72 IMPL. DEV. CHARGED TO PATIENT	0.361475	22,983,151	8,307,835	72
73 DRUGS CHARGED TO PATIENTS	0.240376	23,344,550	5,611,470	73
74 RENAL DIALYSIS	0.791714	532,641	421,699	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.293797	22,908	6,730	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.686443			90
90.01 HEALTHY FAMILY CENTER	1.136133			90.01
90.02 MOBILE MEDICAL UNIT	0.622909			90.02
90.03 FAMILY MEDICINE CENTER	0.797961			90.03
90.04 WOUND HEALING CENTER	0.373035	17,805	6,642	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.707582			90.05
90.06 PEDIATRIC SPECIALTY CLINIC	1.460035	183	267	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	0.747993			90.07
90.08 PODIATRY RESIDENCY CLINIC	2.576370			90.08
91 EMERGENCY	0.364685	4,513,599	1,646,042	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		138,652,144	36,984,929	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		138,652,144		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
35 NEONATAL INTENSIVE CARE UNIT				35
41 SUBPROVIDER - IRF		5,195,219		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.280873	22,353	6,278	50
51 RECOVERY ROOM	0.203448			51
52 DELIVERY ROOM & LABOR ROOM	0.100302			52
54 RADIOLOGY-DIAGNOSTIC	0.248448	116,705	28,995	54
55 RADIOLOGY-THERAPEUTIC	0.360506			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.052176	81,052	4,229	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.213610			58
59 CARDIAC CATHETERIZATION	0.245743			59
60 LABORATORY	0.238884	1,003,046	239,612	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.334634	8,480	2,838	65
66 PHYSICAL THERAPY	0.353225	1,491,508	526,838	66
67 OCCUPATIONAL THERAPY	0.258954	1,484,984	384,543	67
68 SPEECH PATHOLOGY	0.214707	509,734	109,443	68
69 ELECTROCARDIOLOGY	0.123686			69
71 MEDICAL SUPPLIES CHRGED TO PATI				71
72 IMPL. DEV. CHARGED TO PATIENT	0.361475			72
73 DRUGS CHARGED TO PATIENTS	0.240376	1,253,892	301,406	73
74 RENAL DIALYSIS	0.791714	46,404	36,739	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.293797			76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.686443			90
90.01 HEALTHY FAMILY CENTER	1.136133			90.01
90.02 MOBILE MEDICAL UNIT	0.622909			90.02
90.03 FAMILY MEDICINE CENTER	0.797961			90.03
90.04 WOUND HEALING CENTER	0.373035			90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.707582			90.05
90.06 PEDIATRIC SPECIALTY CLINIC	1.460035			90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	0.747993			90.07
90.08 PODIATRY RESIDENCY CLINIC	2.576370			90.08
91 EMERGENCY	0.364685	21,473	7,831	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		6,039,631	1,648,752	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		6,039,631		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		15,744,904		30
31 INTENSIVE CARE UNIT		2,138,478		31
35 NEONATAL INTENSIVE CARE UNIT		2,162,337		35
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.280873	6,175,712	1,734,591	50
51 RECOVERY ROOM	0.203448	402,046	81,795	51
52 DELIVERY ROOM & LABOR ROOM	0.100302			52
54 RADIOLOGY-DIAGNOSTIC	0.248448	960,367	238,601	54
55 RADIOLOGY-THERAPEUTIC	0.360506	18,274	6,588	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.052176	1,229,458	64,148	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.213610	229,012	48,919	58
59 CARDIAC CATHETERIZATION	0.245743	1,542,321	379,015	59
60 LABORATORY	0.238884	4,397,063	1,050,388	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.334634	1,011,758	338,569	65
66 PHYSICAL THERAPY	0.353225	230,157	81,297	66
67 OCCUPATIONAL THERAPY	0.258954	86,956	22,518	67
68 SPEECH PATHOLOGY	0.214707	49,839	10,701	68
69 ELECTROCARDIOLOGY	0.123686	513,450	63,507	69
71 MEDICAL SUPPLIES CHRGD TO PATI				71
72 IMPL. DEV. CHARGED TO PATIENT	0.361475			72
73 DRUGS CHARGED TO PATIENTS	0.240376	7,008,902	1,684,772	73
74 RENAL DIALYSIS	0.791714	93,400	73,946	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.293797			76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.686443			90
90.01 HEALTHY FAMILY CENTER	1.136133			90.01
90.02 MOBILE MEDICAL UNIT	0.622909			90.02
90.03 FAMILY MEDICINE CENTER	0.797961			90.03
90.04 WOUND HEALING CENTER	0.373035	763	285	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.707582			90.05
90.06 PEDIATRIC SPECIALTY CLINIC	1.460035			90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	0.747993			90.07
90.08 PODIATRY RESIDENCY CLINIC	2.576370			90.08
91 EMERGENCY	0.364685	971,812	354,405	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		24,921,290	6,234,045	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		24,921,290		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
35 NEONATAL INTENSIVE CARE UNIT				35
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.280873			50
51 RECOVERY ROOM	0.203448			51
52 DELIVERY ROOM & LABOR ROOM	0.100302			52
54 RADIOLOGY-DIAGNOSTIC	0.248448			54
55 RADIOLOGY-THERAPEUTIC	0.360506			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.052176			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.213610			58
59 CARDIAC CATHETERIZATION	0.245743			59
60 LABORATORY	0.238884			60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.334634			65
66 PHYSICAL THERAPY	0.353225			66
67 OCCUPATIONAL THERAPY	0.258954			67
68 SPEECH PATHOLOGY	0.214707			68
69 ELECTROCARDIOLOGY	0.123686			69
71 MEDICAL SUPPLIES CHRGED TO PATI				71
72 IMPL. DEV. CHARGED TO PATIENT	0.361475			72
73 DRUGS CHARGED TO PATIENTS	0.240376			73
74 RENAL DIALYSIS	0.791714			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.293797			76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.686443			90
90.01 HEALTHY FAMILY CENTER	1.136133			90.01
90.02 MOBILE MEDICAL UNIT	0.622909			90.02
90.03 FAMILY MEDICINE CENTER	0.797961			90.03
90.04 WOUND HEALING CENTER	0.373035			90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.707582			90.05
90.06 PEDIATRIC SPECIALTY CLINIC	1.460035			90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	0.747993			90.07
90.08 PODIATRY RESIDENCY CLINIC	2.576370			90.08
91 EMERGENCY	0.364685			91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	45,956,941	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	920,887	2
3	MANAGED CARE SIMULATED PAYMENTS	10,191,489	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	245.00	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	25.29	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	25.29	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	25.00	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	3.00	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	28.00	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	26.51	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	26.19	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	26.90	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	26.90	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.109796	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.107300	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.107300	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	3,194,453	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	-0.29	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	3,194,453	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0394	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1867	31
32	SUM OF LINES 30 AND 31	0.2261	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0843	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,874,170	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	53,946,451	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	53,946,451	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,215,236	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	515,684	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	202,434	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	26,700	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	58,906,505	59
60	PRIMARY PAYER PAYMENTS	76,044	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	58,830,461	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,885,060	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	123,540	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,286,641	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	900,649	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	54,722,510	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	54,722,510	71
72	INTERIM PAYMENTS	56,153,899	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-1,431,389	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (15-T012)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		55,774,651		11,566,912
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
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			3.01
	.02			3.02
	PROGRAM .03	06/07/2011 357,405	06/07/2011	206,809
	TO .04	02/03/2011 21,843		
	PROVIDER .05			
	.06			
	.07			
	.08			
	.09			
	.50	NONE		NONE
	.51			
	PROVIDER .52			
	TO .53			
	PROGRAM .54			
	.55			
	.56			
	.57			
	.58			
	.59			
	.99			
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		379,248		206,809
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		56,153,899		11,773,721

TO BE COMPLETED BY CONTRACTOR

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,443,247		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		5,443,247		4

TO BE COMPLETED BY CONTRACTOR

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

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

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/24/2012 11:00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (15-0012) CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	14,045 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	25,199 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	5,436 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	52,873 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	664,037,644 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	22,448,000 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	2,746,032 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	2,746,032 32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	5,072,804	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.027600	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	195,907	3
4	OUTLIER PAYMENTS	70,252	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	0.80	5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)	0.13	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	0.13	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	17.994521	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.004962	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	25,171	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	5,364,134	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	5,364,134	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	5,364,134	19
20	DEDUCTIBLES	25,780	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	5,338,354	21
22	COINSURANCE	21,933	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	5,316,421	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	5,316,421	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	29,173	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,345,594	32
33	INTERIM PAYMENTS	5,443,247	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-97,653	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	24,921,290 9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	24,921,290 12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	24,921,290 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	24,921,290 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	91,779 26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	91,779 27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	91,779 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	91,779 31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	91,779 36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	91,779 38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	91,779 40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	91,779 42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		36.30 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		36.30 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		26.66 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6		26.66 7
		PRIMARY CARE 1	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	25.66	0.50 26.16 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	25.66	0.50 26.16 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		2.50 10
11	TOTAL WEIGHTED FTE COUNT	25.66	3.00 11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	8.55	1.00 14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	8.55	1.00 17
18	PER RESIDENT AMOUNT	113,502.21	107,812.29 18
19	APPROVED AMOUNT FOR RESIDENT COSTS	970,444	107,812 1,078,256 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		23
24	MULTIPLY LINE 22 TIMES LINE 23		24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)		1,078,256 25
COMPUTATION OF PROGRAM PATIENT LOAD			
		INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS	29,460	5,436 26
27	TOTAL INPATIENT DAYS	59,441	59,441 27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.495618	0.091452 28
29	PROGRAM DIRECT GME AMOUNT	534,403	98,609 29
30	REDUCTION FOR NURSING/ALLIED HEALTH		13,933 30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
31	NET PROGRAM DIRECT GME AMOUNT		619,079 31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)		32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)		1,912,748 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)		34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)		35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)		36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)		73,744,575 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)		38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		76,044 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)		73,668,531 41
PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)		14,775,626 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		4,981 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)		14,770,645 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)		88,439,176 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)		0.832985 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)		0.167015 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)		619,079 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		515,684 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		103,395 50

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

WORKSHEET E-4

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

1	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996				1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)				5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)				6
7	ENTER THE LESSER OF LINE 5 OR LINE 6				7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR				8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6				9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT				11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)				12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)				13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)				14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS				15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				16
17	ADJUSTED ROLLING AVERAGE FTE COUNT				17
18	PER RESIDENT AMOUNT				18
19	APPROVED AMOUNT FOR RESIDENT COSTS				19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)				21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)				25
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT	MANAGED		
		PART A	CARE		
26	INPATIENT DAYS	10,546			26
27	TOTAL INPATIENT DAYS	59,441			27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.177420			28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR NURSING/ALLIED HEALTH				30
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT				31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)				37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)				41
	PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)				42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)				44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)				46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)				47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)				48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	23,027,000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	37,625,000			4
5	OTHER RECEIVABLES	673,000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-7,749,000			6
7	INVENTORY	6,104,000			7
8	PREPAID EXPENSES	875,000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	60,555,000			11
FIXED ASSETS					
12	LAND	3,539,000			12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	233,004,000			15
16	ACCUMULATED DEPRECIATION	-19,194,000			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	176,809,000			23
24	ACCUMULATED DEPRECIATION	-37,574,000			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	356,584,000			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	3,914,000			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	3,914,000			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	421,053,000			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	12,094,000			37
38	SALARIES, WAGES & FEES PAYABLE	6,939,000			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	7,878,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	4,549,000			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	31,460,000			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	336,257,000			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	3,303,000			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	339,560,000			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	371,020,000			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	50,033,000			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	50,033,000			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	421,053,000			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		50,454,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-421,000							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		50,033,000							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		50,033,000							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		50,033,000							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	412,518,000		412,518,000	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY				8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	412,518,000		412,518,000	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 NEONATAL INTENSIVE CARE UNIT				16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	412,518,000		412,518,000	17
18 ANCILLARY SERVICES				18
19 OUTPATIENT SERVICES		260,476,000	260,476,000	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	412,518,000	260,476,000	672,994,000	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		260,802,934	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		260,802,934	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	672,994,000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	418,010,000	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	254,984,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	260,802,934	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-5,818,934	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,489,000	6
7	INCOME FROM INVESTMENTS	-172,066	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,566,000	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	388,000	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (GRANTS)	867,000	24.01
24.02	OTHER (SCHOOL NURSE REVENUE)	673,000	24.02
24.03	OTHER (OTHER REVENUE)	587,000	24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	5,397,934	25
26	TOTAL (LINE 5 PLUS LINE 25)	-421,000	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-421,000	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	3,744,105	1
2	CAPITAL DRG OUTLIER PAYMENTS	94,474	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	144.86	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	26.90	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0538	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	201,433	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0394	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1867	8
9	SUM OF LINES 7 AND 8	0.2261	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0468	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	175,224	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,215,236	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

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

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST &	TOTAL 26
	NARY CAP- REL COSTS 0			POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING, RECEIVING & STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 STERILE SUPPLY					18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 CLINICAL PASTORAL EDUCATION					23.01
23.02 PHARMACY RESIDENCY PROGRAM					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
35 NEONATAL INTENSIVE CARE UNIT					35
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FACTORS ADMIN C					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 HEALTHY FAMILY CENTER					90.01
90.02 MOBILE MEDICAL UNIT					90.02
90.03 FAMILY MEDICINE CENTER					90.03
90.04 WOUND HEALING CENTER					90.04
90.05 OUTPATIENT TREATMENT & INFUSIO					90.05
90.06 PEDIATRIC SPECIALTY CLINIC					90.06
90.07 SPORTS MED FELLOWSHIP CLINIC					90.07
90.08 PODIATRY RESIDENCY CLINIC					90.08
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/24/2012 11:00

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL	I&R COST &	TOTAL	
	NARY CAP- REL COSTS	(COLS.0-4)	POST STEP- DOWN ADJS		
	0	2A	24	25	26
190.01 SPORTS MED-ATHLETIC TRAINERS					190.01
190.04 CHILD DAY CARE					190.04
190.10 OUTREACH SERVICES					190.10
190.11 SJRMC, INC					190.11
190.18 VNA PHARMACY INFUSION					190.18
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 PERINATOLOGIST					192.01
192.02 NEONATOLOGISTS					192.02
192.03 HOSPITALIST/INTENSIVIST					192.03
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203 TOTAL STATISTICAL BASIS					203
204 UNIT COST MULTIPLIER					204
204 UNIT COST MULTIPLIER					204