

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: \_\_\_\_\_ TIME: \_\_\_\_\_  
 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. MARY MEDICAL CENTER, INC. (15-0034) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		-1,400,741	-236,063			1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		3,599				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		-1,397,142	-236,063			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: 1500 SOUTH LAKE AVENUE P.O. BOX: 1  
 2 CITY: HOBART STATE: IN ZIP CODE: 46342 COUNTY: LAKE 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			
							2	3	4	5
3	HOSPITAL	ST. MARY MEDICAL CENTER, INC.	15-0034	23844	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF	SMMC REHABILITATION UNIT	15-T034	23844	5	01/01/2001	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	ANCILLA HOME HEALTH OF SMMC	15-7313	23844		02/08/1996	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPIECE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2011 TO: 06/30/2012									20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

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 MEDICAID		OUT-OF-STATE MEDICAID		OTHER MEDICAID		
		PAID	UNPAID	PAID	UNPAID	HMO	MEDICAID	
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	2,327	419	76		2,460	578	24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.		194					25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:	ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER 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 ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

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.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			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, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
1	2	3	4	5	
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	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	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	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))
1	2	3	4	5
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>				
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
<b>INPATIENT REHABILITATION FACILITY PPS</b>				
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.			N N 76
<b>LONG TERM CARE HOSPITAL PPS</b>				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
<b>TEFRA PROVIDERS</b>				
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
<b>TITLE V AND XIX INPATIENT SERVICES</b>				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 2 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
<b>RURAL PROVIDERS</b>				
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- RESPI- SICAL ATIONAL SPEECH RATORY	N N N 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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1 PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 158054	140
-----	--	--------	-------------	-----

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: COMMUNITY FOUNDATION OF NW IN, CONTRACTOR'S NAME: NGS	CONTRACTOR'S NUMBER: 00450	141
142	STREET: STREET: STREET: 10010 DONA P.O. BOX: 201		142
143	CITY: MUNSTER STATE: IN	ZIP CODE: 46321	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

	TITLE XVIII	TITLE	TITLE	
	PART A	PART B	V	
	1	2	3	
			XIX	
			4	
155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC	N	N	161

MULTICAMPUS

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

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		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			169

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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	2	1
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	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

		Y/N	TYPE	DATE	
FINANCIAL DATA AND REPORTS					
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	3	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5

		Y/N	Y/N	
APPROVED EDUCATIONAL ACTIVITIES				
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.		N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N	14

BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N	15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
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	11/06/2012	Y	11/06/2012
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
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

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

COST REPORT PREPARER CONTACT INFORMATION

- 41 FIRST NAME: JANE LAST NAME: BACHMANN TITLE: CONSULTANT 41
- 42 EMPLOYER: BACHMANN ASSOCIATES 42
- 43 PHONE NUMBER: 7083831860 E-MAIL ADDRESS: 43





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	66,470,427		66,470,427	2,418,156.00	27.49	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		10,760,941		10,760,941	281,897.00	38.17	10
11		1,933,294		1,933,294	29,670.00	65.16	11
12							12
13		275,949		275,949	1,989.00	138.74	13
14		7,375,737		7,375,737	171,542.00	43.00	14
15							15
16							16
17		14,572,887		14,572,887			17
18							18
19		2,140,252		2,140,252			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
26		868,663		868,663	26,520.00	32.76	26
27		5,869,464		5,869,464	236,430.00	24.83	27
28		1,973,176		1,973,176	13,438.00	146.84	28
29		1,050,426		1,050,426	38,391.00	27.36	29
30		758,261		758,261	48,256.00	15.71	30
31		72,097		72,097	6,020.00	11.98	31
32		1,580,192		1,580,192	102,029.00	15.49	32
33							33
34		1,685,926	-1,025,550	660,376	39,431.00	16.75	34
35							35
36			1,025,550	1,025,550	61,235.00	16.75	36
37							37
38		1,408,910		1,408,910	34,627.00	40.69	38
39		353,292		353,292	16,832.00	20.99	39
40		2,000,095	-333,702	1,666,393	58,219.00	28.62	40
41		1,530,668		1,530,668	75,944.00	20.16	41
42		282,399		282,399	10,181.00	27.74	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	68,443,603		68,443,603	2,431,594.0	28.15	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	10,760,941		10,760,941	281,897.00	38.17	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	57,682,662		57,682,662	2,149,697.0	26.83	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	9,584,980		9,584,980	203,201.00	47.17	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	14,572,887		14,572,887		25.26%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	81,840,529		81,840,529	2,352,898.0	34.78	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	19,433,569	-333,702	19,099,867	767,553.00	24.88	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	407,820	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	2,700,723	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	195,562	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	7,823,738	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	62,577	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	382,227	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	457,369	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	3,627,939	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	887,848	18
19 UNEMPLOYMENT INSURANCE	107,640	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	59,696	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	16,713,139	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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	1,933,294	2
3	SUBPROVIDER - IPF	1,933,294	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 OLTIC		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-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 15-7313

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LAKE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2,474		565	3,039	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		487.00		189.00	676.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	0.93		0.93	4
5 OTHER ADMINISTRATIVE PERSONNEL	8.70		8.70	5
6 DIRECT NURSING SERVICE	5.37		5.37	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		3.10	3.10	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		0.62	0.62	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE		0.14	0.14	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	0.06		0.06	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	2.31		2.31	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.		1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).		23844	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	8,856	1,482	110	83	10,531	21
22 SKILLED NURSING VISIT CHARGES	1,408,104	235,638	17,490	13,197	1,674,429	22
23 PHYSICAL THERAPY VISITS	4,907	130	12	41	5,090	23
24 PHYSICAL THERAPY VISIT CHARGES	907,795	24,050	2,220	7,585	941,650	24
25 OCCUPATIONAL THERAPY VISITS	960	64	2	16	1,042	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	177,600	11,840	370	2,960	192,770	26
27 SPEECH PATHOLOGY VISITS	245		1		246	27
28 SPEECH PATHOLOGY VISIT CHARGES	45,325		185		45,510	28
29 MEDICAL SOCIAL SERVICE VISITS	13	9		4	26	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	2,743	1,899		844	5,486	30
31 HOME HEALTH AIDE VISITS	2,453	229	4	46	2,732	31
32 HOME HEALTH AIDE VISIT CHARGES	291,907	27,251	476	5,474	325,108	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	17,434	1,914	129	190	19,667	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	2,833,474	300,678	20,741	30,060	3,184,953	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	692		51	14	757	36
37 TOTAL NUMBER OF OUTLIER EPISODES		37			37	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	180,720	40,315	3,159	723	224,917	38

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)			0.297762	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			8,175,119	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			53,376,649	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			15,893,538	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.			7,718,419	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)					
9	NET REVENUE FROM STAND-ALONE SCHIP				9
10	STAND-ALONE SCHIP CHARGES				10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.				12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)					
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)				13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.				16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)					
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS			10,000	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)			7,718,419	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	15,135,724		15,135,724	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	4,506,843		4,506,843	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	141,584		141,584	22
23	COST OF CHARITY CARE	4,365,259		4,365,259	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				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)			12,112,548	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			476,344	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			11,636,204	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			3,464,819	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			7,830,078	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			15,548,497	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100				8,890,349	1
2	00200				6,501,535	2
3	00300					3
4	00400	62,999	44,167	107,166	16,487,374	4
4.01	00401	805,664	390,632	1,196,296	-1,331	4.01
5.01	00540	193,529	563	194,092	-128	5.01
5.02	00560	338,586	70,415	409,001	-41,149	5.02
5.03	00570					5.03
5.04	00580	1,568,632	59,171	1,627,803	-430	5.04
5.05	00590					5.05
6	00600	3,768,717	72,516,622	76,285,339	-33,659,327	6
7	00700	1,050,426	6,074,404	7,124,830	31,594	7
8	00800	758,261	200,148	958,409	496,896	8
9	00900	72,097	544,070	616,167	-45	9
10	01000	1,580,192	332,225	1,912,417	-4,078	10
11	01100	1,685,926	1,668,884	3,354,810	-2,038,454	11
12	01200				2,040,733	12
13	01300					13
14	01400	1,408,910	39,563	1,448,473	-842	14
15	01500	353,292	309,353	662,645	-142,089	15
16	01600	2,000,095	9,306,970	11,307,065	-7,943,784	16
17	01700	1,530,668	304,736	1,835,404	-500	17
19	01900	282,399	1,121	283,520	-670	19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	14,925,936	2,081,063	17,006,999	-1,491,670	30
31	03100	2,302,420	390,089	2,692,509	-332,466	31
41	04100	1,598,080	829,344	2,427,424	-148,332	41
43	04300		-126	-126	126	43
ANCILLARY SERVICE COST CENTERS						
50	05000	4,116,821	14,635,555	18,752,376	-12,271,425	50
51	05100	1,162,820	122,475	1,285,295	-106,458	51
53	05300		2,544,068	2,544,068	-457,051	53
54	05400	2,651,096	770,124	3,421,220	-533,733	54
54.01	03630	479,582	107,966	587,548	-85,919	54.01
56	05600	366,881	362,011	728,892	-350,136	56
57	05700	489,651	285,717	775,368	-152,847	57
59	05900	1,007,927	2,076,250	3,084,177	-2,193,977	59
60	06000	2,807,160	2,591,555	5,398,715	-1,270	60
62	06200	179,136	1,087,869	1,267,005		62
62.30	06250					62.30
65	06500	1,765,978	305,981	2,071,959	-262,242	65
66	06600		2,003,662	2,003,662	-48,998	66
67	06700	164,816	903,182	1,067,998	-16,822	67
68	06800		334,460	334,460	-4,399	68
70	07000	692,704	3,898,562	4,591,266	-3,808,336	70
71	07100				14,035,877	71
72	07200				12,371,233	72
73	07300				7,901,431	73
74	07400		555,166	555,166		74
76.97	07697	587,358	56,955	644,313	-13,115	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	1,336,067	449,524	1,785,591	-335,487	90
90.01	04950					90.01
91	09100	3,212,740	711,200	3,923,940	-594,550	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	1,158,753	728,286	1,887,039	-163,015	101
SPECIAL PURPOSE COST CENTERS						
118		58,466,319	129,693,982	188,160,301	1,552,073	118
NONREIMBURSABLE COST CENTERS						
192	19200	8,004,033	2,396,499	10,400,532	-761,405	192
194	07950	75	1,046,536	1,046,611	-790,668	194
194.01	07951					194.01
200		66,470,427	133,137,017	199,607,444		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	8,890,349	-41,021	8,849,328	1
2	00200	6,501,535	2,685,759	9,187,294	2
3	00300				3
4	00400	16,594,540	-5,535	16,589,005	4
4.01	00401	1,194,965		1,194,965	4.01
5.01	00540	193,964		193,964	5.01
5.02	00560	367,852		367,852	5.02
5.03	00570	1,627,373		1,627,373	5.03
5.04	00580				5.04
5.05	00590	42,626,012	-19,799,970	22,826,042	5.05
6	00600	7,156,424		7,156,424	6
7	00700	1,455,305		1,455,305	7
8	00800	616,122		616,122	8
9	00900	1,908,339		1,908,339	9
10	01000	1,316,356	-11,591	1,304,765	10
11	01100	2,040,733	-731,338	1,309,395	11
12	01200				12
13	01300	1,447,631	-236	1,447,395	13
14	01400	520,556		520,556	14
15	01500	3,363,281	-25,271	3,338,010	15
16	01600	1,834,904	-17,695	1,817,209	16
17	01700	282,850		282,850	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	15,515,329	-63,437	15,451,892	30
31	03100	2,360,043	-7,754	2,352,289	31
41	04100	2,279,092		2,279,092	41
43	04300				43
ANCILLARY SERVICE COST CENTERS					
50	05000	6,480,951		6,480,951	50
51	05100	1,178,837		1,178,837	51
53	05300	2,087,017	-2,059,747	27,270	53
54	05400	2,887,487	-6,556	2,880,931	54
54.01	03630	501,629		501,629	54.01
56	05600	378,756		378,756	56
57	05700	622,521		622,521	57
59	05900	890,200	-4,481	885,719	59
60	06000	5,397,445	-9,544	5,387,901	60
62	06200	1,267,005		1,267,005	62
62.30	06250				62.30
65	06500	1,809,717	-6,450	1,803,267	65
66	06600	1,954,664	-2,418	1,952,246	66
67	06700	1,051,176	-280	1,050,896	67
68	06800	330,061		330,061	68
70	07000	782,930	-102,100	680,830	70
71	07100	14,035,877		14,035,877	71
72	07200	12,371,233		12,371,233	72
73	07300	7,901,431		7,901,431	73
74	07400	555,166		555,166	74
76.97	07697	631,198	-76,957	554,241	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	1,450,104	-15,490	1,434,614	90
90.01	04950				90.01
91	09100	3,329,390	-121,798	3,207,592	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
101	10100	1,724,024	-1,156	1,722,868	101
SPECIAL PURPOSE COST CENTERS					
118		189,712,374	-20,425,066	169,287,308	118
NONREIMBURSABLE COST CENTERS					
192	19200	9,639,127		9,639,127	192
194	07950	255,943		255,943	194
194.01	07951				194.01
200		199,607,444	-20,425,066	179,182,378	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3		4	5	
1 MEDICAL SUPPLY RECLASS	A	MEDICAL SUPPLIES CHRGD TO PA	71			13,558,686	1
2		IMPL. DEV. CHARGED TO PATIENT	72			12,371,233	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
500 TOTAL RECLASSIFICATIONS						25,929,919	500
CODE LETTER - A							
1 RECLASS DEPRECIATION EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1			4,452,113	1
2		CAP REL COSTS-MVBLE EQUIP	2			4,602,145	2
500 TOTAL RECLASSIFICATIONS						9,054,258	500
CODE LETTER - B							
1 RECLASS MINOR NURSERY COSTS	C	NURSERY	43			126	1
500 TOTAL RECLASSIFICATIONS						126	500
CODE LETTER - C							
1 CAFETERIA EXPENSES RECLASS	F	CAFETERIA	11		1,025,550	1,015,183	1
500 TOTAL RECLASSIFICATIONS					1,025,550	1,015,183	500
CODE LETTER - F							
1 UNASSIGNED BENEFITS RECLASS	G	EMPLOYEE BENEFITS	4			16,495,206	1
2		EMPLOYEE BENEFITS	4			3,267	2
500 TOTAL RECLASSIFICATIONS						16,498,473	500
CODE LETTER - G							
1 UTILITIES EXPENSE RECLASS	H	OPERATION OF PLANT	7			497,577	1
2							2
3							3
4							4
5							5
6							6
7							7
500 TOTAL RECLASSIFICATIONS						497,577	500
CODE LETTER - H							
1 INTEREST EXPENSE RECLASS	I	CAP REL COSTS-BLDG & FIXT	1			2,484,167	1
2		CAP REL COSTS-MVBLE EQUIP	2			62,253	2
500 TOTAL RECLASSIFICATIONS						2,546,420	500
CODE LETTER - I							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 PHARMACY RECLASS EXPENSE	J	DRUGS CHARGED TO PATIENTS	73		7,901,431
2		DIETARY	10		13,372
3					
4					
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20					
21					
500 TOTAL RECLASSIFICATIONS					7,914,803
CODE LETTER - J					500
1 BUILDING RENT EXPENSE RECLASS	L	CAP REL COSTS-BLDG & FIXT	1		1,504,639
2					
3					
4					
5					
500 TOTAL RECLASSIFICATIONS					1,504,639
CODE LETTER - L					500
1 EQUIPMENT RENT EXPENSE RECLASS	M	CAP REL COSTS-MVBLE EQUIP	2		1,837,137
2		MAINTENANCE & REPAIRS	6		31,594
3		CARDIAC CATHETERIZATION	59		13,362
4					
5					
6					
7					
8					
9					
10					
11					
12					
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36					
37					
500 TOTAL RECLASSIFICATIONS					1,882,093
CODE LETTER - M					500

PROVIDER CCN: 15-0034 ST. MARY MEDICAL CENTER, INC.  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
 11/28/2012 09:54

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASS PROPERTY INSURANCE	O	CAP REL COSTS-BLDG & FIXT	1		449,430 1
500 TOTAL RECLASSIFICATIONS					449,430 500
1 RECLASS IV COSTS	P	MEDICAL SUPPLIES CHRGED TO PA	71	333,702	143,489 1
500 TOTAL RECLASSIFICATIONS				333,702	143,489 500
CODE LETTER - P					
GRAND TOTAL (INCREASES)				1,359,252	67,436,410

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	1	6	7	8	9	10
1 MEDICAL SUPPLY RECLASS	A	PHARMACY	15		124,989	1
2		ADMINISTRATIVE & GENERAL	5.05		3,541,461	2
3		CENTRAL SERVICES & SUPPLY	14		19,773	3
4		ADULTS & PEDIATRICS	30		1,488,192	4
5		INTENSIVE CARE UNIT	31		331,733	5
6		SUBPROVIDER - IRF	41		144,766	6
7		OPERATING ROOM	50		12,093,169	7
8		RECOVERY ROOM	51		105,090	8
9		ANESTHESIOLOGY	53		332,361	9
10		RADIOLOGY-DIAGNOSTIC	54		215,936	10
11		RADIOLOGY - ULTRASOUND	54.01		20,823	11
12		CARDIAC CATHETERIZATION	59		2,203,306	12
13		COMPUTED TOMOGRAPHY (CT) SCAN	57		77,017	13
14		RADIOISOTOPE	56		154,062	14
15		CARDIAC REHABILITATION	76.97		5,044	15
16		RESPIRATORY THERAPY	65		148,910	16
17		PHYSICAL THERAPY	66		43,325	17
18		OCCUPATIONAL THERAPY	67		16,591	18
19		SPEECH PATHOLOGY	68		4,283	19
20		ELECTROENCEPHALOGRAPHY	70		3,779,916	20
21		CLINIC	90		229,907	21
22		HOME HEALTH AGENCY	101		122,491	22
23		PHYSICIANS' PRIVATE OFFICES	192		135,728	23
24		OTHER NON-REIMBURSEABLE COST	194		1,271	24
25		EMERGENCY	91		589,775	25
500 TOTAL RECLASSIFICATIONS					25,929,919	500
CODE LETTER - A						
1 RECLASS DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	5.05		8,966,852	9 1
2		PHYSICIANS' PRIVATE OFFICES	192		87,406	9 2
500 TOTAL RECLASSIFICATIONS					9,054,258	500
CODE LETTER - B						
1 RECLASS MINOR NURSERY COSTS	C	ADULTS & PEDIATRICS	30		126	1
500 TOTAL RECLASSIFICATIONS					126	500
CODE LETTER - C						
1 CAFETERIA EXPENSES RECLASS	F	DIETARY	10	1,025,550	1,015,183	1
500 TOTAL RECLASSIFICATIONS				1,025,550	1,015,183	500
CODE LETTER - F						
1 UNASSIGNED BENEFITS RECLASS	G	ADMINISTRATIVE & GENERAL	5.05		16,495,206	1
2		CARDIAC REHABILITATION	76.97		3,267	2
500 TOTAL RECLASSIFICATIONS					16,498,473	500
CODE LETTER - G						
1 UTILITIES EXPENSE RECLASS	H	ADMINISTRATIVE & GENERAL	5.05		225,803	1
2		RADIOLOGY-DIAGNOSTIC	54		102,496	2
3		CARDIAC REHABILITATION	76.97		4,215	3
4		RESPIRATORY THERAPY	65		10,859	4
5		HOME HEALTH AGENCY	101		1,658	5
6		PHYSICIANS' PRIVATE OFFICES	192		16,944	6
7		OTHER NON-REIMBURSEABLE COST	194		135,602	7
500 TOTAL RECLASSIFICATIONS					497,577	500
CODE LETTER - H						
1 INTEREST EXPENSE RECLASS	I	ADMINISTRATIVE & GENERAL	5.05		2,546,420	11 1
2						11 2
500 TOTAL RECLASSIFICATIONS					2,546,420	500
CODE LETTER - I						

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 PHARMACY RECLASS EXPENSE	J	PHARMACY	15		7,340,764	1
2		EMPLOYEE BENEFITS	4		11,054	2
3		MAINTENANCE OF PERSONNEL	4.01		4	3
4		CENTRAL SERVICES & SUPPLY	14		51	4
5		ADULTS & PEDIATRICS	30		2,054	5
6		INTENSIVE CARE UNIT	31		523	6
7		SUBPROVIDER - IRF	41		86	7
8		OPERATING ROOM	50		23,117	8
9		RECOVERY ROOM	51		523	9
10		ANESTHESIOLOGY	53		123,887	10
11		CARDIAC CATHETERIZATION	59		4,033	11
12		COMPUTED TOMOGRAPHY (CT) SCAN	57		1	12
13		RADIOISOTOPE	56		183,758	13
14		RADIOLOGY-DIAGNOSTIC	54		275	14
15						15
16		RESPIRATORY THERAPY	65		72,885	16
17		PHYSICAL THERAPY	66		7	17
18		ELECTROENCEPHALOGRAPHY	70		260	18
19		CLINIC	90		14,008	19
20		EMERGENCY	91		4,581	20
21		PHYSICIANS' PRIVATE OFFICES	192		132,932	21
500 TOTAL RECLASSIFICATIONS					7,914,803	500
CODE LETTER - J						
1 BUILDING RENT EXPENSE RECLASS	L	PHYSICIANS' PRIVATE OFFICES	192		383,726	10 1
2		OTHER NON-REIMBURSEABLE COST	194		653,729	2
3		HOME HEALTH AGENCY	101		38,508	3
4		RADIOLOGY-DIAGNOSTIC	54		4,500	4
5		ADMINISTRATIVE & GENERAL	5.05		424,176	5
500 TOTAL RECLASSIFICATIONS					1,504,639	500
CODE LETTER - L						
1 EQUIPMENT RENT EXPENSE RECLASS	M	MAINTENANCE OF PERSONNEL	4.01		1,327	10 1
2		EMPLOYEE BENEFITS	4		45	2
3		NON-PATIENT TELEPHONES	5.01		128	3
4		PURCHASING, RECEIVING & STORE	5.02		41,149	4
5		PATIENT REGISTRATION	5.03		430	5
6		ADMINISTRATIVE & GENERAL	5.05		1,009,979	6
7		OPERATION OF PLANT	7		681	7
8		LAUNDRY & LINEN SERVICE	8		45	8
9		HOUSEKEEPING	9		4,078	9
10		DIETARY	10		11,093	10
11		NURSING ADMINISTRATION	13		842	11
12		CENTRAL SERVICES & SUPPLY	14		122,265	12
13		PHARMACY	15		840	13
14		MEDICAL RECORDS & LIBRARY	16		500	14
15		SOCIAL SERVICE	17		670	15
16		ADULTS & PEDIATRICS	30		1,298	16
17		INTENSIVE CARE UNIT	31		210	17
18		SUBPROVIDER - IRF	41		3,480	18
19		OPERATING ROOM	50		155,139	19
20		RECOVERY ROOM	51		845	20
21		ANESTHESIOLOGY	53		803	21
22		RADIOLOGY-DIAGNOSTIC	54		210,526	22
23		RADIOLOGY - ULTRASOUND	54.01		65,096	23
24		COMPUTED TOMOGRAPHY (CT) SCAN	57		75,829	24
25		RADIOISOTOPE	56		12,316	25
26		LABORATORY	60		1,270	26
27		CARDIAC REHABILITATION	76.97		589	27
28		RESPIRATORY THERAPY	65		29,588	28
29		PHYSICAL THERAPY	66		5,666	29
30		OCCUPATIONAL THERAPY	67		231	30
31		SPEECH PATHOLOGY	68		116	31
32		ELECTROENCEPHALOGRAPHY	70		28,160	32
33		CLINIC	90		91,572	33
34		EMERGENCY	91		194	34
35		HOME HEALTH AGENCY	101		358	35
36		PHYSICIANS' PRIVATE OFFICES	192		4,669	36
37		OTHER NON-REIMBURSEABLE COST	194		66	37
500 TOTAL RECLASSIFICATIONS					1,882,093	500
CODE LETTER - M						

PROVIDER CCN: 15-0034 ST. MARY MEDICAL CENTER, INC.  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1 RECLASS PROPERTY INSURANCE	O	ADMINISTRATIVE & GENERAL	5.05		449,430	12 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O					449,430	500
1 RECLASS IV COSTS	P	PHARMACY	15	333,702	143,489	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - P				333,702	143,489	500
GRAND TOTAL (DECREASES)				1,359,252	67,436,410	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	1,025,911					1,025,911	1
2 LAND IMPROVEMENTS	5,443,213	6,570		6,570	2,725	5,447,058	2
3 BUILDINGS AND FIXTURES	93,723,392				424,643	93,298,749	3
4 BUILDING IMPROVEMENTS	16,299,609	385,773		385,773	317,372	16,368,010	4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	87,449,003	3,287,656		3,287,656	1,238,725	89,497,934	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	203,941,128	3,679,999		3,679,999	1,983,465	205,637,662	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	203,941,128	3,679,999		3,679,999	1,983,465	205,637,662	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 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 ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIOS		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4				
1 CAP REL COSTS-BLDG & FIXT	116,139,728		116,139,728	0.564778				1
2 CAP REL COSTS-MVBLE EQUIP	89,497,934		89,497,934	0.435222				2
3 TOTAL (SUM OF LINES 1-2)	205,637,662		205,637,662	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	4,528,471	1,504,639	2,366,788	449,430			8,849,328 1
2 CAP REL COSTS-MVBLE EQUIP	7,287,904	1,837,137	62,253				9,187,294 2
3 TOTAL	11,816,375	3,341,776	2,429,041	449,430			18,036,622 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)	B	-117,379	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-377	ADMINISTRATIVE & GENERAL	5.05	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	-9,630	CAP REL COSTS-MVBLE EQUIP	2	9 7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-12,295	CAP REL COSTS-MVBLE EQUIP	2	9 8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-136,876			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-2,156,366			12 13
13 LAUNDRY AND LINEN SERVICE					14
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-731,338	CAFETERIA	11	15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-17,695	MEDICAL RECORDS & LIBRARY	16	18 19
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					
20 VENDING MACHINES	B	-11,553	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		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES	A	-43,518	CAP REL COSTS-BLDG & FIXT	1	9 26
27 DEPRECIATION--MOVABLE EQUIPMENT	A	-66,661	CAP REL COSTS-MVBLE EQUIP	2	9 27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28 29
29 PHYSICIANS' ASSISTANT					
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31 32
32 CAH HIT ADJ FOR DEPRECIATION AND					
33 OFFSET CRNA/ANESTHESIOLOGIST FEES	A	-2,059,747	ANESTHESIOLOGY	53	33
33.07 1990 ASSETS-INSTALLMENTS	A	-1,416	CAP REL COSTS-MVBLE EQUIP	2	9 33.07
33.10 1991 AHA LIFE ADJ	A	5,750	CAP REL COSTS-MVBLE EQUIP	2	9 33.10
33.21 1993 AHA ASSETS < \$500 BLDG	A	-35	CAP REL COSTS-BLDG & FIXT	1	9 33.21
33.22 OFFSET LEGAL FEES	A	-33,142	ADMINISTRATIVE & GENERAL	5.05	33.22
34 PHOTOGRAPHIC FEES	B	-2,369	RADIOLOGY-DIAGNOSTIC	54	34
34.03 OFFSET OTHER OP REV	B	-121,798	EMERGENCY	91	34.03
34.04 OFFSET LAMAZE CLASS REVENUE	B	-2,880	ADULTS & PEDIATRICS	30	34.04
34.06 OFFSET OTHER REV	B	-7,798	ADMINISTRATIVE & GENERAL	5.05	34.06
35 ADVERTISING OFFSET	A	-668,210	ADMINISTRATIVE & GENERAL	5.05	35
36 OFFSET RECRUITING EXPENSE	A	-449,421	ADMINISTRATIVE & GENERAL	5.05	36
37 OTHER OP REV/EP	B	-6,208	ELECTROENCEPHALOGRAPHY	70	37
38 OFFSET LAB INCOME	B	-1,530	LABORATORY	60	38
39 OFFSET HHA PR COSTS	A	-1,156	HOME HEALTH AGENCY	101	39
40 OFFSET RENTAL INCOME	B	-1,460	ADMINISTRATIVE & GENERAL	5.05	40
41 OTHER REVENUE	B	-2,290	ADULTS & PEDIATRICS	30	41
41.01 OFFSET PAIN CLINIC INCOME	B	-684	CLINIC	90	41.01
41.03 OFFSET OTHER INCOME	B	-5,535	EMPLOYEE BENEFITS	4	41.03
42 OFFSET REV COMMERCE BANK	B	-104,286	ADMINISTRATIVE & GENERAL	5.05	42
42.01 OFFSET PHO REVENUE	B	-62,943	ADMINISTRATIVE & GENERAL	5.05	42.01
42.02 OFFSET MED STAFF REVENUE	B	-29,410	ADMINISTRATIVE & GENERAL	5.05	42.02
42.03 OTHER INCOME	B	-38,940	ADMINISTRATIVE & GENERAL	5.05	42.03
42.06 OFFSET OTHER OP REV	B	-280	OCCUPATIONAL THERAPY	67	42.06
42.08 OFFSET OTHER PT INCOME	B	-2,418	PHYSICAL THERAPY	66	42.08
43 OFFSET ADMINISTRATIVE CONTRIBUTION	A	-999,462	ADMINISTRATIVE & GENERAL	5.05	43
43.01 OFFSET CONTRIBUTION EXPENSE	A	-37	INTENSIVE CARE UNIT	31	43.01
43.02 OFFSET CONTRIBUTION EXPENSE	A	-57	ADULTS & PEDIATRICS	30	43.02
43.03 OFFSET CONTRIBUTION EXPENSE	A	-34,573	ADMINISTRATIVE & GENERAL	5.05	43.03
43.04 OFFSET CONTRIBUTION EXPENSE	A	-38	DIETARY	10	43.04

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 5
			COST CENTER 3	LINE NO. 4	
43.05 OFFSET CONTRIBUTION EXPENSE	A	-236	NURSING ADMINISTRATION	13	43.05
44 OFFSET CARDIAC REHAB REV	B	-61,017	CARDIAC REHABILITATION	76.97	44
44.01 OFFSET VARIOUS TAXES	A	-350,937	ADMINISTRATIVE & GENERAL	5.05	44.01
44.02 RELEASED TEMP RESTRICTED	B	-21,313	ADMINISTRATIVE & GENERAL	5.05	44.02
45 OFFSET PHO REVENUE	B	-12,566	ADMINISTRATIVE & GENERAL	5.05	45
45.08 OFFSET GOLF OUTING EXPENSES	A	-10,719	ADMINISTRATIVE & GENERAL	5.05	45.08
46 OFFSET ANEST COSTS	A	-60,210	ELECTROENCEPHALOGRAPHY	70	46
46.01 OFFSET CARDIAC COSTS	A	-15,940	CARDIAC REHABILITATION	76.97	46.01
47 OFFSET ANEST COSTS	A	-27,942	ELECTROENCEPHALOGRAPHY	70	47
48 OFFSET DUES	A	-2,617	ADMINISTRATIVE & GENERAL	5.05	48
48.01 OFFSET PHYSICIAN MALPRACTICE COSTS	A	-11,304	ADMINISTRATIVE & GENERAL	5.05	48.01
49 PROVIDER TAX	A	-11,914,204	ADMINISTRATIVE & GENERAL	5.05	49
50 TOTAL (SUM OF LINES 1 THRU 49)		-20,425,066			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	5.05	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE	15,294,100	20,340,388	-5,046,288	1
2	1	CAP REL COSTS-BLDG & FIXT	DEP INT	119,911		119,911	9 2
3	2	CAP REL COSTS-MVBLE EQUIP	EQ DEPR	2,770,011		2,770,011	9 3
4							4
5		TOTALS (SUM OF LINES 1-4)		18,184,022	20,340,388	-2,156,366	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	B	CFNI		100.00	
7					
8					
9					
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:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	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	30 ADULTS & PEDIATRICS	63,151	50,000	13,151	177,200	58	4,941	247	1
	2	31 INTENSIVE CARE UNIT	12,488		12,488	177,200	56	4,771	239	2
	3	54 RADIOLOGY-DIAGNOSTIC	7,168		7,168	200,000	31	2,981	149	3
	4	59 CARDIAC CATHETERIZATION	6,019	2,475	3,544	200,000	16	1,538	77	4
	5	15 PHARMACY	72,808		72,808	177,200	558	47,537	2,377	5
	6	65 RESPIRATORY THERAPY	17,440		17,440	177,200	129	10,990	550	6
	7	60 LABORATORY	24,399		24,399	215,700	158	16,385	819	7
	8	70 ELECTROENCEPHALOGRAPHY	18,730		18,730	177,200	129	10,990	550	8
	9	90 CLINIC	71,459		71,459	177,200	665	56,653	2,833	9
200		TOTAL	293,662	52,475	241,187		1,800	156,786	7,841	200

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1	30	ADULTS & PEDIATRICS	AGGREGATE				4,941	8,210	58,210	1
2	31	INTENSIVE CARE UNIT					4,771	7,717	7,717	2
3	54	RADIOLOGY-DIAGNOSTIC					2,981	4,187	4,187	3
4	59	CARDIAC CATHETERIZATION	AGGREGATE				1,538	2,006	4,481	4
5	15	PHARMACY					47,537	25,271	25,271	5
6	65	RESPIRATORY THERAPY					10,990	6,450	6,450	6
7	60	LABORATORY					16,385	8,014	8,014	7
8	70	ELECTROENCEPHALOGRAPHY					10,990	7,740	7,740	8
9	90	CLINIC					56,653	14,806	14,806	9
200		TOTAL					156,786	84,401	136,876	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL. 7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	MAINTENANCE OF PERSONNEL 4.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	8,849,328	8,849,328				1
2 CAP REL COSTS-MVBLE EQUIP	9,187,294		9,187,294			2
4 EMPLOYEE BENEFITS	16,589,005	7,122	7,394	16,603,521		4
4.01 MAINTENANCE OF PERSONNEL	1,194,965	89,484	92,902	201,436	1,578,787	4.01
5.01 NON-PATIENT TELEPHONES	193,964	35,448	36,802	48,387	8,856	5.01
5.02 PURCHASING, RECEIVING & STORES	367,852	78,321	81,312	84,655	13,284	5.02
5.03 PATIENT REGISTRATION	1,627,373	61,015	63,345	392,197	62,657	5.03
5.04 PATIENT ACCOUNTING						5.04
5.05 ADMINISTRATIVE & GENERAL	22,826,042	1,983,744	2,059,508	942,273	66,313	5.05
6 MAINTENANCE & REPAIRS	7,156,424	18,677	19,390	262,633	25,404	6
7 OPERATION OF PLANT	1,455,305	911,684	946,502	189,584	31,741	7
8 LAUNDRY & LINEN SERVICE	616,122	14,760	15,323	18,026	4,049	8
9 HOUSEKEEPING	1,908,339	17,341	18,004	395,088	67,369	9
10 DIETARY	1,304,765	232,399	241,274	165,111	66,313	10
11 CAFETERIA	1,309,395			256,413		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,447,395	40,505	42,052	352,263	22,967	13
14 CENTRAL SERVICES & SUPPLY	520,556			88,332	11,226	14
15 PHARMACY	3,338,010	64,861	67,338	416,640	38,445	15
16 MEDICAL RECORDS & LIBRARY	1,817,209	85,674	88,946	382,705	50,470	16
17 SOCIAL SERVICE	282,850	6,178	6,414	70,607	6,703	17
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
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	15,451,892	1,562,696	1,622,377	3,731,863	378,555	30
31 INTENSIVE CARE UNIT	2,352,289	127,122	131,977	575,663	50,808	31
41 SUBPROVIDER - IRF	2,279,092	189,686	196,931	399,560	42,155	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,480,951	519,047	538,870	1,029,308	94,656	50
51 RECOVERY ROOM	1,178,837	77,626	80,591	290,734	25,810	51
53 ANESTHESIOLOGY	27,270					53
54 RADIOLOGY-DIAGNOSTIC	2,880,931	532,186	552,511	662,840	65,758	54
54.01 RADIOLOGY - ULTRASOUND	501,629	7,674	7,967	119,907	7,367	54.01
56 RADIOISOTOPE	378,756	38,208	39,667	91,729	5,633	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	622,521	23,377	24,270	122,425	10,657	57
59 CARDIAC CATHETERIZATION	885,719	61,336	63,678	252,007	19,879	59
60 LABORATORY	5,387,901	234,589	243,548	701,860	83,240	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,267,005	18,427	19,131	44,788	3,792	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,803,267	59,609	61,885	441,539	39,758	65
66 PHYSICAL THERAPY	1,952,246	229,657	238,428			66
67 OCCUPATIONAL THERAPY	1,050,896	42,107	43,715	41,208	3,643	67
68 SPEECH PATHOLOGY	330,061					68
70 ELECTROENCEPHALOGRAPHY	680,830	63,330	65,748	173,193	15,681	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,035,877			83,434		71
72 IMPL. DEV. CHARGED TO PATIENT	12,371,233					72
73 DRUGS CHARGED TO PATIENTS	7,901,431					73
74 RENAL DIALYSIS	555,166					74
76.97 CARDIAC REHABILITATION	554,241	130,826	135,822	146,854	12,540	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,434,614	187,479	194,639	334,050	25,106	90
90.01 CARDIOVASCULAR OUTPATIENT UNIT						90.01
91 EMERGENCY	3,207,592	130,256	135,230	803,265	72,163	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,722,868	37,389	38,817	289,717	22,912	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	169,287,308	7,919,840	8,222,308	14,602,294	1,455,910	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	9,639,127	412,097	427,835	2,001,208	122,863	192
194 OTHER NON-REIMBURSEABLE COST CENTERS	255,943	517,391	537,151	19	14	194
194.01 COLLECTIVE IMAGE						194.01

PROVIDER CCN: 15-0034 ST. MARY MEDICAL CENTER, INC.  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
11/28/2012 09:54

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	MAINTENACE OF PERSONNEL 4.01	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	179,182,378	8,849,328	9,187,294	16,603,521	1,578,787	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES 5.01	PURCHASING RECEIVING & STORES 5.02	PATIENT REGISTRATN 5.03	SUBTOTAL (COLS.0-4) 4A	ADMINI- STRATIVE & GENERAL 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NON-PATIENT TELEPHONES	323,457					5.01
5.02 PURCHASING, RECEIVING & STORES	1,925	627,349				5.02
5.03 PATIENT REGISTRATION	7,701	9,277	2,223,565			5.03
5.04 PATIENT ACCOUNTING						5.04
5.05 ADMINISTRATIVE & GENERAL	28,495	46,439		27,952,814	27,952,814	5.05
6 MAINTENANCE & REPAIRS	3,466	78,299		7,564,293	1,398,161	6
7 OPERATION OF PLANT	10,397	32,280		3,577,493	661,253	7
8 LAUNDRY & LINEN SERVICE		7,344		675,624	124,880	8
9 HOUSEKEEPING	2,310	59,958		2,468,409	456,253	9
10 DIETARY	7,316	57,064		2,074,242	383,397	10
11 CAFETERIA				1,565,808	289,419	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,695	268		1,908,145	352,696	13
14 CENTRAL SERVICES & SUPPLY		48,239		668,353	123,536	14
15 PHARMACY	6,161	3,609		3,935,064	727,345	15
16 MEDICAL RECORDS & LIBRARY	13,477	3,823		2,442,304	451,428	16
17 SOCIAL SERVICE	1,925	14		374,691	69,257	17
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
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	55,837	63,812	182,375	23,049,407	4,260,380	30
31 INTENSIVE CARE UNIT	5,006	5,726	21,959	3,270,550	604,519	31
41 SUBPROVIDER - IRF	5,006	9,714	17,833	3,139,977	580,384	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	21,949	125,073	251,693	9,061,547	1,674,909	50
51 RECOVERY ROOM	1,925	2,044	25,456	1,683,023	311,085	51
53 ANESTHESIOLOGY		1,351	53,910	82,531	15,255	53
54 RADIOLOGY-DIAGNOSTIC	16,943	9,138	185,377	4,905,684	906,752	54
54.01 RADIOLOGY - ULTRASOUND	1,925	1,523	29,378	677,370	125,203	54.01
56 RADIOISOTOPE	3,466	742	26,021	584,222	107,986	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,466	634	169,957	977,307	180,642	57
59 CARDIAC CATHETERIZATION	4,621	6,343	102,901	1,396,484	258,122	59
60 LABORATORY	10,012	21,579	287,519	6,970,248	1,288,360	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,925	942	16,357	1,372,367	253,664	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,695	3,010	39,145	2,450,908	453,018	65
66 PHYSICAL THERAPY	15,788	3,289	47,259	2,486,667	459,628	66
67 OCCUPATIONAL THERAPY	2,695	786	18,698	1,203,748	222,497	67
68 SPEECH PATHOLOGY	385	632	3,996	335,074	61,934	68
70 ELECTROENCEPHALOGRAPHY	11,167	2,777	34,900	1,047,626	193,640	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			120,076	14,239,387	2,631,966	71
72 IMPL. DEV. CHARGED TO PATIENT			121,987	12,493,220	2,309,209	72
73 DRUGS CHARGED TO PATIENTS			256,374	8,157,805	1,507,864	73
74 RENAL DIALYSIS			9,527	564,693	104,376	74
76.97 CARDIAC REHABILITATION		1,365	4,779	986,427	182,328	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,701	2,670	20,478	2,206,737	407,887	90
90.01 CARDIOVASCULAR OUTPATIENT UNIT						90.01
91 EMERGENCY	8,857	11,794	162,167	4,531,324	837,556	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	7,701	2,968	13,443	2,135,815	394,778	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	274,938	624,526	2,223,565	165,217,388	25,371,567	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	43,513			12,646,643	2,337,568	192
194 OTHER NON-REIMBURSEABLE COST CENTERS	5,006	2,823		1,318,347	243,679	194
194.01 COLLECTIVE IMAGE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	323,457	627,349	2,223,565	179,182,378	27,952,814	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NON-PATIENT TELEPHONES						5.01
5.02 PURCHASING, RECEIVING & STORES						5.02
5.03 PATIENT REGISTRATION						5.03
5.04 PATIENT ACCOUNTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS	8,962,454					6
7 OPERATION OF PLANT	1,242,629	5,481,375				7
8 LAUNDRY & LINEN SERVICE	20,118	14,284	834,906			8
9 HOUSEKEEPING	23,636	16,783	4,019	2,969,100		9
10 DIETARY	316,760	224,912		122,523	3,121,834	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	55,208	39,200		21,354		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	88,406	62,771		34,195		15
16 MEDICAL RECORDS & LIBRARY	116,774	82,914		45,168		16
17 SOCIAL SERVICE	8,421	5,979		3,257		17
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
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,129,961	1,512,353	447,747	823,870	2,547,148	30
31 INTENSIVE CARE UNIT	173,268	123,027	14,656	67,020	108,855	31
41 SUBPROVIDER - IRF	258,543	183,576	64,874	100,004	317,393	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	707,463	502,326	78,570	273,646		50
51 RECOVERY ROOM	105,805	75,126	23,345	40,925		51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	725,372	515,043	47,426	280,574		54
54.01 RADIOLOGY - ULTRASOUND	10,459	7,426		4,046		54.01
56 RADIOISOTOPE	52,078	36,977	8,321	20,144		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	31,863	22,624		12,325		57
59 CARDIAC CATHETERIZATION	83,601	59,360	16,656	32,337		59
60 LABORATORY	319,745	227,032	1,246	123,677		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	25,117	17,834		9,715		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	81,247	57,688		31,426		65
66 PHYSICAL THERAPY	313,023	222,259	12,535	121,077		66
67 OCCUPATIONAL THERAPY	57,392	40,751	4,959	22,199		67
68 SPEECH PATHOLOGY			1,060			68
70 ELECTROENCEPHALOGRAPHY	86,319	61,290	12,128	33,388		70
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	178,316	126,611	2,302	68,972		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	255,534	181,439	7,082	98,840		90
90.01 CARDIOVASCULAR OUTPATIENT UNIT						90.01
91 EMERGENCY	177,539	126,060	87,278	68,672	148,438	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	50,961	36,184		19,712		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	7,695,558	4,581,829	834,204	2,479,066	3,121,834	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	561,690	398,822		217,261		192
194 OTHER NON-REIMBURSEABLE COST CENTERS	705,206	500,724	702	272,773		194
194.01 COLLECTIVE IMAGE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	8,962,454	5,481,375	834,906	2,969,100	3,121,834	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NON-PATIENT TELEPHONES						5.01
5.02 PURCHASING, RECEIVING & STORES						5.02
5.03 PATIENT REGISTRATION						5.03
5.04 PATIENT ACCOUNTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,855,227					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	34,562	2,411,165				13
14 CENTRAL SERVICES & SUPPLY	16,894		808,783			14
15 PHARMACY	57,855			4,905,636		15
16 MEDICAL RECORDS & LIBRARY	75,951				3,214,539	16
17 SOCIAL SERVICE	10,087					17
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
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	569,683	1,304,689			263,680	30
31 INTENSIVE CARE UNIT	76,461	175,110			31,748	31
41 SUBPROVIDER - IRF	63,439	145,286			25,783	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	142,446	326,230			363,901	50
51 RECOVERY ROOM	38,842	88,955			36,805	51
53 ANESTHESIOLOGY					77,943	53
54 RADIOLOGY-DIAGNOSTIC	98,958				268,020	54
54.01 RADIOLOGY - ULTRASOUND	11,086				42,475	54.01
56 RADIOISOTOPE	8,477				37,621	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	16,038				245,726	57
59 CARDIAC CATHETERIZATION	29,916				148,776	59
60 LABORATORY	125,267				415,384	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,706				23,648	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	59,832				56,597	65
66 PHYSICAL THERAPY					68,327	66
67 OCCUPATIONAL THERAPY	5,482				27,033	67
68 SPEECH PATHOLOGY					5,778	68
70 ELECTROENCEPHALOGRAPHY	23,598				50,459	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			422,912		173,607	71
72 IMPL. DEV. CHARGED TO PATIENT			385,871		176,370	72
73 DRUGS CHARGED TO PATIENTS				4,905,636	370,669	73
74 RENAL DIALYSIS					13,774	74
76.97 CARDIAC REHABILITATION	18,871	43,218			6,909	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	37,782				29,607	90
90.01 CARDIOVASCULAR OUTPATIENT UNIT						90.01
91 EMERGENCY	108,598	248,709			234,463	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	34,481	78,968			19,436	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,670,312	2,411,165	808,783	4,905,636	3,214,539	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	184,895					192
194 OTHER NON-REIMBURSEABLE COST CENTERS	20					194
194.01 COLLECTIVE IMAGE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,855,227	2,411,165	808,783	4,905,636	3,214,539	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
4.01 MAINTENANCE OF PERSONNEL					4.01
5.01 NON-PATIENT TELEPHONES					5.01
5.02 PURCHASING, RECEIVING & STORES					5.02
5.03 PATIENT REGISTRATION					5.03
5.04 PATIENT ACCOUNTING					5.04
5.05 ADMINISTRATIVE & GENERAL					5.05
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	471,692				17
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
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	339,619	37,248,537		37,248,537	30
31 INTENSIVE CARE UNIT	37,735	4,682,949		4,682,949	31
41 SUBPROVIDER - IRF		4,879,259		4,879,259	41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		13,131,038		13,131,038	50
51 RECOVERY ROOM		2,403,911		2,403,911	51
53 ANESTHESIOLOGY		175,729		175,729	53
54 RADIOLOGY-DIAGNOSTIC		7,747,829		7,747,829	54
54.01 RADIOLOGY - ULTRASOUND		878,065		878,065	54.01
56 RADIOISOTOPE		855,826		855,826	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,486,525		1,486,525	57
59 CARDIAC CATHETERIZATION		2,025,252		2,025,252	59
60 LABORATORY		9,470,959		9,470,959	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,708,051		1,708,051	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		3,190,716		3,190,716	65
66 PHYSICAL THERAPY		3,683,516		3,683,516	66
67 OCCUPATIONAL THERAPY		1,584,061		1,584,061	67
68 SPEECH PATHOLOGY		403,846		403,846	68
70 ELECTROENCEPHALOGRAPHY		1,508,448		1,508,448	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		17,467,872		17,467,872	71
72 IMPL. DEV. CHARGED TO PATIENT		15,364,670		15,364,670	72
73 DRUGS CHARGED TO PATIENTS		14,941,974		14,941,974	73
74 RENAL DIALYSIS		682,843		682,843	74
76.97 CARDIAC REHABILITATION		1,613,954		1,613,954	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		3,224,908		3,224,908	90
90.01 CARDIOVASCULAR OUTPATIENT UNIT					90.01
91 EMERGENCY	94,338	6,662,975		6,662,975	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY		2,770,335		2,770,335	101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	471,692	159,794,048		159,794,048	118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES		16,346,879		16,346,879	192
194 OTHER NON-REIMBURSEABLE COST CENTERS		3,041,451		3,041,451	194
194.01 COLLECTIVE IMAGE					194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	471,692	179,182,378		179,182,378	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		7,122	7,394	14,516	14,516	4
4.01 MAINTENANCE OF PERSONNEL		89,484	92,902	182,386	176	4.01
5.01 NON-PATIENT TELEPHONES		35,448	36,802	72,250	42	5.01
5.02 PURCHASING, RECEIVING & STORES		78,321	81,312	159,633	74	5.02
5.03 PATIENT REGISTRATION		61,015	63,345	124,360	344	5.03
5.04 PATIENT ACCOUNTING						5.04
5.05 ADMINISTRATIVE & GENERAL		1,983,744	2,059,508	4,043,252	825	5.05
6 MAINTENANCE & REPAIRS		18,677	19,390	38,067	230	6
7 OPERATION OF PLANT		911,684	946,502	1,858,186	166	7
8 LAUNDRY & LINEN SERVICE		14,760	15,323	30,083	16	8
9 HOUSEKEEPING		17,341	18,004	35,345	346	9
10 DIETARY		232,399	241,274	473,673	145	10
11 CAFETERIA					225	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		40,505	42,052	82,557	309	13
14 CENTRAL SERVICES & SUPPLY					77	14
15 PHARMACY		64,861	67,338	132,199	365	15
16 MEDICAL RECORDS & LIBRARY		85,674	88,946	174,620	335	16
17 SOCIAL SERVICE		6,178	6,414	12,592	62	17
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
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		1,562,696	1,622,377	3,185,073	3,239	30
31 INTENSIVE CARE UNIT		127,122	131,977	259,099	504	31
41 SUBPROVIDER - IRF		189,686	196,931	386,617	350	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		519,047	538,870	1,057,917	902	50
51 RECOVERY ROOM		77,626	80,591	158,217	255	51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC		532,186	552,511	1,084,697	581	54
54.01 RADIOLOGY - ULTRASOUND		7,674	7,967	15,641	105	54.01
56 RADIOISOTOPE		38,208	39,667	77,875	80	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		23,377	24,270	47,647	107	57
59 CARDIAC CATHETERIZATION		61,336	63,678	125,014	221	59
60 LABORATORY		234,589	243,548	478,137	615	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		18,427	19,131	37,558	39	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		59,609	61,885	121,494	387	65
66 PHYSICAL THERAPY		229,657	238,428	468,085		66
67 OCCUPATIONAL THERAPY		42,107	43,715	85,822	36	67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY		63,330	65,748	129,078	152	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					73	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION		130,826	135,822	266,648	129	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		187,479	194,639	382,118	293	90
90.01 CARDIOVASCULAR OUTPATIENT UNIT						90.01
91 EMERGENCY		130,256	135,230	265,486	704	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		37,389	38,817	76,206	254	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)		7,919,840	8,222,308	16,142,148	12,763	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES		412,097	427,835	839,932	1,753	192
194 OTHER NON-REIMBURSEABLE COST CENTERS		517,391	537,151	1,054,542		194
194.01 COLLECTIVE IMAGE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		8,849,328	9,187,294	18,036,622	14,516	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL 4.01	NONPATIENT TELEPHONES 5.01	PURCHASING RECEIVING & STORES 5.02	PATIENT REGISTRATN 5.03	ADMINI-STRATIVE & GENERAL 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL	182,562					4.01
5.01 NON-PATIENT TELEPHONES	1,024	73,316				5.01
5.02 PURCHASING, RECEIVING & STORES	1,536	436	161,679			5.02
5.03 PATIENT REGISTRATION	7,245	1,746	2,391	136,086		5.03
5.04 PATIENT ACCOUNTING						5.04
5.05 ADMINISTRATIVE & GENERAL	7,668	6,459	11,968		4,070,172	5.05
6 MAINTENANCE & REPAIRS	2,938	786	20,179		203,585	6
7 OPERATION OF PLANT	3,670	2,357	8,319		96,285	7
8 LAUNDRY & LINEN SERVICE	468		1,893		18,184	8
9 HOUSEKEEPING	7,790	524	15,452		66,435	9
10 DIETARY	7,668	1,658	14,706		55,826	10
11 CAFETERIA					42,142	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,656	611	69		51,356	13
14 CENTRAL SERVICES & SUPPLY	1,298		12,432		17,988	14
15 PHARMACY	4,446	1,396	930		105,908	15
16 MEDICAL RECORDS & LIBRARY	5,836	3,055	985		65,732	16
17 SOCIAL SERVICE	775	436	4		10,084	17
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
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	43,776	12,655	16,445	11,181	620,331	30
31 INTENSIVE CARE UNIT	5,875	1,135	1,476	1,346	88,024	31
41 SUBPROVIDER - IRF	4,875	1,135	2,503	1,093	84,509	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,945	4,975	32,233	15,431	243,882	50
51 RECOVERY ROOM	2,985	436	527	1,561	45,297	51
53 ANESTHESIOLOGY			348	3,305	2,221	53
54 RADIOLOGY-DIAGNOSTIC	7,604	3,840	2,355	11,365	132,032	54
54.01 RADIOLOGY - ULTRASOUND	852	436	393	1,801	18,231	54.01
56 RADIOISOTOPE	651	786	191	1,595	15,724	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,232	786	163	10,420	26,303	57
59 CARDIAC CATHETERIZATION	2,299	1,047	1,635	6,309	37,585	59
60 LABORATORY	9,625	2,269	5,561	17,391	187,597	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	438	436	243	1,003	36,936	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,597	611	776	2,400	65,964	65
66 PHYSICAL THERAPY		3,579	848	2,897	66,926	66
67 OCCUPATIONAL THERAPY	421	611	203	1,146	32,398	67
68 SPEECH PATHOLOGY		87	163	245	9,018	68
70 ELECTROENCEPHALOGRAPHY	1,813	2,531	716	2,140	28,196	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				7,362	383,239	71
72 IMPL. DEV. CHARGED TO PATIENT				7,479	336,243	72
73 DRUGS CHARGED TO PATIENTS				15,718	219,559	73
74 RENAL DIALYSIS				584	15,198	74
76.97 CARDIAC REHABILITATION	1,450		352	293	26,549	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,903	1,746	688	1,255	59,392	90
90.01 CARDIOVASCULAR OUTPATIENT UNIT						90.01
91 EMERGENCY	8,345	2,007	3,039	9,942	121,956	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	2,649	1,746	765	824	57,483	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	168,353	62,318	160,951	136,086	3,694,318	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	14,207	9,863			340,372	192
194 OTHER NON-REIMBURSEABLE COST CENTERS	2	1,135	728		35,482	194
194.01 COLLECTIVE IMAGE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	182,562	73,316	161,679	136,086	4,070,172	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NON-PATIENT TELEPHONES						5.01
5.02 PURCHASING, RECEIVING & STORES						5.02
5.03 PATIENT REGISTRATION						5.03
5.04 PATIENT ACCOUNTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS	265,785					6
7 OPERATION OF PLANT	36,851	2,005,834				7
8 LAUNDRY & LINEN SERVICE	597	5,227	56,468			8
9 HOUSEKEEPING	701	6,141	272	133,006		9
10 DIETARY	9,394	82,304		5,489	650,863	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,637	14,345		957		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	2,622	22,970		1,532		15
16 MEDICAL RECORDS & LIBRARY	3,463	30,341		2,023		16
17 SOCIAL SERVICE	250	2,188		146		17
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
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	63,165	553,426	30,282	36,907	531,048	30
31 INTENSIVE CARE UNIT	5,138	45,020	991	3,002	22,695	31
41 SUBPROVIDER - IRF	7,667	67,177	4,388	4,480	66,172	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,980	183,819	5,314	12,258		50
51 RECOVERY ROOM	3,138	27,491	1,579	1,833		51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	21,511	188,473	3,208	12,569		54
54.01 RADIOLOGY - ULTRASOUND	310	2,718		181		54.01
56 RADIOISOTOPE	1,544	13,531	563	902		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	945	8,279		552		57
59 CARDIAC CATHETERIZATION	2,479	21,722	1,127	1,449		59
60 LABORATORY	9,482	83,079	84	5,540		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	745	6,526		435		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,409	21,110		1,408		65
66 PHYSICAL THERAPY	9,283	81,333	848	5,424		66
67 OCCUPATIONAL THERAPY	1,702	14,912	335	994		67
68 SPEECH PATHOLOGY			72			68
70 ELECTROENCEPHALOGRAPHY	2,560	22,428	820	1,496		70
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	5,288	46,332	156	3,090		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,578	66,395	479	4,428		90
90.01 CARDIOVASCULAR OUTPATIENT UNIT						90.01
91 EMERGENCY	5,265	46,130	5,903	3,076	30,948	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,511	13,241		883		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	228,215	1,676,658	56,421	111,054	650,863	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	16,657	145,943		9,733		192
194 OTHER NON-REIMBURSEABLE COST CENTERS	20,913	183,233	47	12,219		194
194.01 COLLECTIVE IMAGE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	265,785	2,005,834	56,468	133,006	650,863	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NON-PATIENT TELEPHONES						5.01
5.02 PURCHASING, RECEIVING & STORES						5.02
5.03 PATIENT REGISTRATION						5.03
5.04 PATIENT ACCOUNTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	42,367					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	789	155,286				13
14 CENTRAL SERVICES & SUPPLY	386		32,181			14
15 PHARMACY	1,321			273,689		15
16 MEDICAL RECORDS & LIBRARY	1,734				288,124	16
17 SOCIAL SERVICE	230					17
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
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	13,012	84,025			23,639	30
31 INTENSIVE CARE UNIT	1,746	11,278			2,846	31
41 SUBPROVIDER - IRF	1,449	9,357			2,311	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,253	21,010			32,624	50
51 RECOVERY ROOM	887	5,729			3,300	51
53 ANESTHESIOLOGY					6,988	53
54 RADIOLOGY-DIAGNOSTIC	2,260				24,028	54
54.01 RADIOLOGY - ULTRASOUND	253				3,808	54.01
56 RADIOISOTOPE	194				3,373	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	366				22,029	57
59 CARDIAC CATHETERIZATION	683				13,338	59
60 LABORATORY	2,861				37,180	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	130				2,120	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,366				5,074	65
66 PHYSICAL THERAPY					6,126	66
67 OCCUPATIONAL THERAPY	125				2,424	67
68 SPEECH PATHOLOGY					518	68
70 ELECTROENCEPHALOGRAPHY	539				4,524	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			16,828		15,564	71
72 IMPL. DEV. CHARGED TO PATIENT			15,353		15,811	72
73 DRUGS CHARGED TO PATIENTS				273,689	33,230	73
74 RENAL DIALYSIS					1,235	74
76.97 CARDIAC REHABILITATION	431	2,783			619	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	863				2,654	90
90.01 CARDIOVASCULAR OUTPATIENT UNIT						90.01
91 EMERGENCY	2,480	16,018			21,019	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	787	5,086			1,742	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	38,145	155,286	32,181	273,689	288,124	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	4,222					192
194 OTHER NON-REIMBURSEABLE COST CENTERS						194
194.01 COLLECTIVE IMAGE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	42,367	155,286	32,181	273,689	288,124	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
4.01 MAINTENANCE OF PERSONNEL					4.01
5.01 NON-PATIENT TELEPHONES					5.01
5.02 PURCHASING, RECEIVING & STORES					5.02
5.03 PATIENT REGISTRATION					5.03
5.04 PATIENT ACCOUNTING					5.04
5.05 ADMINISTRATIVE & GENERAL					5.05
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	26,767				17
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
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	19,273	5,247,477		5,247,477	30
31 INTENSIVE CARE UNIT	2,141	452,316		452,316	31
41 SUBPROVIDER - IRF		644,083		644,083	41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		1,645,543		1,645,543	50
51 RECOVERY ROOM		253,235		253,235	51
53 ANESTHESIOLOGY		12,862		12,862	53
54 RADIOLOGY-DIAGNOSTIC		1,494,523		1,494,523	54
54.01 RADIOLOGY - ULTRASOUND		44,729		44,729	54.01
56 RADIOISOTOPE		117,009		117,009	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		118,829		118,829	57
59 CARDIAC CATHETERIZATION		214,908		214,908	59
60 LABORATORY		839,421		839,421	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		86,609		86,609	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		227,596		227,596	65
66 PHYSICAL THERAPY		645,349		645,349	66
67 OCCUPATIONAL THERAPY		141,129		141,129	67
68 SPEECH PATHOLOGY		10,103		10,103	68
70 ELECTROENCEPHALOGRAPHY		196,993		196,993	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		423,066		423,066	71
72 IMPL. DEV. CHARGED TO PATIENT		374,886		374,886	72
73 DRUGS CHARGED TO PATIENTS		542,196		542,196	73
74 RENAL DIALYSIS		17,017		17,017	74
76.97 CARDIAC REHABILITATION		354,120		354,120	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		530,792		530,792	90
90.01 CARDIOVASCULAR OUTPATIENT UNIT					90.01
91 EMERGENCY	5,353	547,671		547,671	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY		163,177		163,177	101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	26,767	15,345,639		15,345,639	118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES		1,382,682		1,382,682	192
194 OTHER NON-REIMBURSEABLE COST CENTERS		1,308,301		1,308,301	194
194.01 COLLECTIVE IMAGE					194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	26,767	18,036,622		18,036,622	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	MAINTENANCE OF PERSONNEL NUMBER OF FTES	NONPATIENT TELEPHONES NUMBER OF PHONES	
	1	2	4	4.01	5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	497,035					1
2 CAP REL COSTS-MVBLE EQUIP		497,035				2
4 EMPLOYEE BENEFITS	400	400	66,407,428			4
4.01 MAINTENANCE OF PERSONNEL	5,026	5,026	805,664	116,588		4.01
5.01 NON-PATIENT TELEPHONES	1,991	1,991	193,529	654	840	5.01
5.02 PURCHASING, RECEIVING & STORES	4,399	4,399	338,586	981	5	5.02
5.03 PATIENT REGISTRATION	3,427	3,427	1,568,632	4,627	20	5.03
5.04 PATIENT ACCOUNTING						5.04
5.05 ADMINISTRATIVE & GENERAL	111,420	111,420	3,768,717	4,897	74	5.05
6 MAINTENANCE & REPAIRS	1,049	1,049	1,050,426	1,876	9	6
7 OPERATION OF PLANT	51,206	51,206	758,261	2,344	27	7
8 LAUNDRY & LINEN SERVICE	829	829	72,097	299		8
9 HOUSEKEEPING	974	974	1,580,192	4,975	6	9
10 DIETARY	13,053	13,053	660,376	4,897	19	10
11 CAFETERIA			1,025,550			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,275	2,275	1,408,910	1,696	7	13
14 CENTRAL SERVICES & SUPPLY			353,292	829		14
15 PHARMACY	3,643	3,643	1,666,393	2,839	16	15
16 MEDICAL RECORDS & LIBRARY	4,812	4,812	1,530,668	3,727	35	16
17 SOCIAL SERVICE	347	347	282,399	495	5	17
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
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	87,771	87,771	14,925,936	27,955	145	30
31 INTENSIVE CARE UNIT	7,140	7,140	2,302,420	3,752	13	31
41 SUBPROVIDER - IRF	10,654	10,654	1,598,080	3,113	13	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	29,153	29,153	4,116,821	6,990	57	50
51 RECOVERY ROOM	4,360	4,360	1,162,820	1,906	5	51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	29,891	29,891	2,651,096	4,856	44	54
54.01 RADIOLOGY - ULTRASOUND	431	431	479,582	544	5	54.01
56 RADIOISOTOPE	2,146	2,146	366,881	416	9	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,313	1,313	489,651	787	9	57
59 CARDIAC CATHETERIZATION	3,445	3,445	1,007,927	1,468	12	59
60 LABORATORY	13,176	13,176	2,807,160	6,147	26	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,035	1,035	179,136	280	5	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,348	3,348	1,765,978	2,936	7	65
66 PHYSICAL THERAPY	12,899	12,899			41	66
67 OCCUPATIONAL THERAPY	2,365	2,365	164,816	269	7	67
68 SPEECH PATHOLOGY					1	68
70 ELECTROENCEPHALOGRAPHY	3,557	3,557	692,704	1,158	29	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			333,702			71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION	7,348	7,348	587,358	926		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	10,530	10,530	1,336,067	1,854	20	90
90.01 CARDIOVASCULAR OUTPATIENT UNIT						90.01
91 EMERGENCY	7,316	7,316	3,212,740	5,329	23	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	2,100	2,100	1,158,753	1,692	20	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	444,829	444,829	58,403,320	107,514	714	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	23,146	23,146	8,004,033	9,073	113	192
194 OTHER NON-REIMBURSEABLE COST CENTERS	29,060	29,060	75	1	13	194
194.01 COLLECTIVE IMAGE						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIES 4	MAINTENACE OF PERSONNEL NUMBER OF FTES 4.01	NONPATIENT TELEPHONES NUMBER OF PHONES 5.01	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	8,849,328	9,187,294	16,603,521	1,578,787	323,457	202
203	UNIT COST MULT-WS B PT I	17.804235	18.484199	0.250025	13.541591	385.067857	203
204	COST TO BE ALLOC PER B PT II			14,516	182,562	73,316	204
205	UNIT COST MULT-WS B PT II			0.000219	1.565873	87.280952	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING RECEIVING & STORES SUPPLY EXPENSE 5.02	PATIENT REGISTRATN GROSS REVENUE 5.03	RECON-CILATION 5A.05	ADMINI-STRATIVE & GENERAL ACCUM COST 5.05	MAIN-TENANCE & REPAIRS SQUARE FEET 6	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NON-PATIENT TELEPHONES						5.01
5.02 PURCHASING, RECEIVING & STORES	2,117,215					5.02
5.03 PATIENT REGISTRATION	31,307	536,650,131				5.03
5.04 PATIENT ACCOUNTING						5.04
5.05 ADMINISTRATIVE & GENERAL	156,724		-27,952,814	151,229,564		5.05
6 MAINTENANCE & REPAIRS	264,249			7,564,293	369,323	6
7 OPERATION OF PLANT	108,942			3,577,493	51,206	7
8 LAUNDRY & LINEN SERVICE	24,785			675,624	829	8
9 HOUSEKEEPING	202,350			2,468,409	974	9
10 DIETARY	192,583			2,074,242	13,053	10
11 CAFETERIA				1,565,808		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	904			1,908,145	2,275	13
14 CENTRAL SERVICES & SUPPLY	162,799			668,353		14
15 PHARMACY	12,181			3,935,064	3,643	15
16 MEDICAL RECORDS & LIBRARY	12,902			2,442,304	4,812	16
17 SOCIAL SERVICE	48			374,691	347	17
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
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	215,356	44,020,003		23,049,407	87,771	30
31 INTENSIVE CARE UNIT	19,323	5,300,241		3,270,550	7,140	31
41 SUBPROVIDER - IRF	32,783	4,304,335		3,139,977	10,654	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	422,106	60,751,398		9,061,547	29,153	50
51 RECOVERY ROOM	6,899	6,144,376		1,683,023	4,360	51
53 ANESTHESIOLOGY	4,560	13,012,232		82,531		53
54 RADIOLOGY-DIAGNOSTIC	30,841	44,744,529		4,905,684	29,891	54
54.01 RADIOLOGY - ULTRASOUND	5,140	7,091,054		677,370	431	54.01
56 RADIOISOTOPE	2,503	6,280,711		584,222	2,146	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,140	41,022,670		977,307	1,313	57
59 CARDIAC CATHETERIZATION	21,406	24,837,435		1,396,484	3,445	59
60 LABORATORY	72,826	69,345,336		6,970,248	13,176	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,180	3,947,990		1,372,367	1,035	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	10,158	9,448,545		2,450,908	3,348	65
66 PHYSICAL THERAPY	11,099	11,406,923		2,486,667	12,899	66
67 OCCUPATIONAL THERAPY	2,653	4,513,046		1,203,748	2,365	67
68 SPEECH PATHOLOGY	2,134	964,537		335,074		68
70 ELECTROENCEPHALOGRAPHY	9,371	8,423,790		1,047,626	3,557	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		28,982,882		14,239,387		71
72 IMPL. DEV. CHARGED TO PATIENT		29,444,132		12,493,220		72
73 DRUGS CHARGED TO PATIENTS		61,881,271		8,157,805		73
74 RENAL DIALYSIS		2,299,503		564,693		74
76.97 CARDIAC REHABILITATION	4,606	1,153,398		986,427	7,348	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,011	4,942,768		2,206,737	10,530	90
90.01 CARDIOVASCULAR OUTPATIENT UNIT						90.01
91 EMERGENCY	39,802	39,142,330		4,531,324	7,316	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	10,016	3,244,696		2,135,815	2,100	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,107,687	536,650,131	-27,952,814	137,264,574	317,117	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES				12,646,643	23,146	192
194 OTHER NON-REIMBURSEABLE COST CENTERS	9,528			1,318,347	29,060	194
194.01 COLLECTIVE IMAGE						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		PURCHASING RECEIVING & STORES SUPPLY EXPENSE 5.02	PATIENT REGISTRATN GROSS REVENUE 5.03	RECON- CILIATION 5A.05	ADMINI- STRATIVE & GENERAL ACCUM COST 5.05	MAIN- TENANCE & REPAIRS SQUARE FEET 6	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	627,349	2,223,565		27,952,814	8,962,454	202
203	UNIT COST MULT-WS B PT I	0.296309	0.004143		0.184837	24.267251	203
204	COST TO BE ALLOC PER B PT II	161,679	136,086		4,070,172	265,785	204
205	UNIT COST MULT-WS B PT II	0.076364	0.000254		0.026914	0.719655	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	OF PLANT	& LINEN	KEEPING		
	SQUARE	SERVICE	SQUARE	MEALS	NUMBER OF
	FEET	POUNDS OF	FEET	SERVED	FTES
	7	LAUNDRY	9	10	11
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
4.01 MAINTENANCE OF PERSONNEL					4.01
5.01 NON-PATIENT TELEPHONES					5.01
5.02 PURCHASING, RECEIVING & STORES					5.02
5.03 PATIENT REGISTRATION					5.03
5.04 PATIENT ACCOUNTING					5.04
5.05 ADMINISTRATIVE & GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	318,117				7
8 LAUNDRY & LINEN SERVICE	829	1,105,691			8
9 HOUSEKEEPING	974	5,322	316,314		9
10 DIETARY	13,053		13,053	254,267	10
11 CAFETERIA					91,038
12 MAINTENANCE OF PERSONNEL					11
13 NURSING ADMINISTRATION	2,275		2,275		1,696
14 CENTRAL SERVICES & SUPPLY					829
15 PHARMACY	3,643		3,643		2,839
16 MEDICAL RECORDS & LIBRARY	4,812		4,812		3,727
17 SOCIAL SERVICE	347		347		495
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
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	87,771	592,964	87,771	207,460	27,955
31 INTENSIVE CARE UNIT	7,140	19,410	7,140	8,866	3,752
41 SUBPROVIDER - IRF	10,654	85,915	10,654	25,851	3,113
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	29,153	104,052	29,153		6,990
51 RECOVERY ROOM	4,360	30,917	4,360		1,906
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	29,891	62,807	29,891		4,856
54.01 RADIOLOGY - ULTRASOUND	431		431		544
56 RADIOISOTOPE	2,146	11,020	2,146		416
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,313		1,313		787
59 CARDIAC CATHETERIZATION	3,445	22,058	3,445		1,468
60 LABORATORY	13,176	1,650	13,176		6,147
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,035		1,035		280
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	3,348		3,348		2,936
66 PHYSICAL THERAPY	12,899	16,600	12,899		66
67 OCCUPATIONAL THERAPY	2,365	6,568	2,365		269
68 SPEECH PATHOLOGY		1,404			68
70 ELECTROENCEPHALOGRAPHY	3,557	16,062	3,557		1,158
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION	7,348	3,048	7,348		926
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	10,530	9,379	10,530		1,854
90.01 CARDIOVASCULAR OUTPATIENT UNIT					90.01
91 EMERGENCY	7,316	115,585	7,316	12,090	5,329
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY	2,100		2,100		1,692
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	265,911	1,104,761	264,108	254,267	81,964
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES	23,146		23,146		9,073
194 OTHER NON-REIMBURSEABLE COST CENTERS	29,060	930	29,060		1
194.01 COLLECTIVE IMAGE					194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	NUMBER OF FTES	
		7	8	9	10	11	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	5,481,375	834,906	2,969,100	3,121,834	1,855,227	202
203	UNIT COST MULT-WS B PT I	17.230689	0.755099	9.386559	12.277779	20.378600	203
204	COST TO BE ALLOC PER B PT II	2,005,834	56,468	133,006	650,863	42,367	204
205	UNIT COST MULT-WS B PT II	6.305334	0.051070	0.420487	2.559762	0.465377	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION NURSING HOURS 13	CENTRAL SERVICES & SUPPLY SUPPLY EXPENSE 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NON-PATIENT TELEPHONES						5.01
5.02 PURCHASING, RECEIVING & STORES						5.02
5.03 PATIENT REGISTRATION						5.03
5.04 PATIENT ACCOUNTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
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	1,074,591					13
14 CENTRAL SERVICES & SUPPLY		25,929,919				14
15 PHARMACY			100			15
16 MEDICAL RECORDS & LIBRARY				536,650,131		16
17 SOCIAL SERVICE					100	17
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
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	581,464			44,020,003	72	30
31 INTENSIVE CARE UNIT	78,042			5,300,241	8	31
41 SUBPROVIDER - IRF	64,750			4,304,335		41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	145,392			60,751,398		50
51 RECOVERY ROOM	39,645			6,144,376		51
53 ANESTHESIOLOGY				13,012,232		53
54 RADIOLOGY-DIAGNOSTIC				44,744,529		54
54.01 RADIOLOGY - ULTRASOUND				7,091,054		54.01
56 RADIOISOTOPE				6,280,711		56
57 COMPUTED TOMOGRAPHY (CT) SCAN				41,022,670		57
59 CARDIAC CATHETERIZATION				24,837,435		59
60 LABORATORY				69,345,336		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				3,947,990		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY				9,448,545		65
66 PHYSICAL THERAPY				11,406,923		66
67 OCCUPATIONAL THERAPY				4,513,046		67
68 SPEECH PATHOLOGY				964,537		68
70 ELECTROENCEPHALOGRAPHY				8,423,790		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		13,558,686		28,982,882		71
72 IMPL. DEV. CHARGED TO PATIENT		12,371,233		29,444,132		72
73 DRUGS CHARGED TO PATIENTS			100	61,881,271		73
74 RENAL DIALYSIS				2,299,503		74
76.97 CARDIAC REHABILITATION	19,261			1,153,398		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				4,942,768		90
90.01 CARDIOVASCULAR OUTPATIENT UNIT						90.01
91 EMERGENCY	110,843			39,142,330	20	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	35,194			3,244,696		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,074,591	25,929,919	100	536,650,131	100	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
194 OTHER NON-REIMBURSEABLE COST CENTERS						194
194.01 COLLECTIVE IMAGE						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NURSING ADMINIS- TRATION NURSING HOURS 13	CENTRAL SERVICES & SUPPLY EXPENSE 14	PHARMACY  COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE  TIME SPENT 17	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,411,165	808,783	4,905,636	3,214,539	471,692	202
203	UNIT COST MULT-WS B PT I	2.243798	0.031191	49,056.360000	0.005990	4,716.920000	203
204	COST TO BE ALLOC PER B PT II	155,286	32,181	273,689	288,124	26,767	204
205	UNIT COST MULT-WS B PT II	0.144507	0.001241	2,736.890000	0.000537	267.670000	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
4.01	MAINTENANCE OF PERSONNEL	4.01
5.01	NON-PATIENT TELEPHONES	5.01
5.02	PURCHASING, RECEIVING & STORES	5.02
5.03	PATIENT REGISTRATION	5.03
5.04	PATIENT ACCOUNTING	5.04
5.05	ADMINISTRATIVE & GENERAL	5.05
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SRVCES-SALARY & FRINGES APPRVD	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
41	SUBPROVIDER - IRF	41
43	NURSERY	43
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
51	RECOVERY ROOM	51
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
54.01	RADIOLOGY - ULTRASOUND	54.01
56	RADIOISOTOPE	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	57
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHRGED 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	CARDIOVASCULAR OUTPATIENT UNIT	90.01
91	EMERGENCY	91
92	OBSERVATION BEDS	92
OTHER REIMBURSABLE COST CENTERS		
99.10	CORF	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	99.40
101	HOME HEALTH AGENCY	101
SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS		
192	PHYSICIANS' PRIVATE OFFICES	192
194	OTHER NON-REIMBURSEABLE COST CENTERS	194
194.01	COLLECTIVE IMAGE	194.01

PROVIDER CCN: 15-0034 ST. MARY MEDICAL CENTER, INC.  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	37,248,537		37,248,537	8,210	37,256,747	30
31 INTENSIVE CARE UNIT	4,682,949		4,682,949	7,717	4,690,666	31
41 SUBPROVIDER - IRF	4,879,259		4,879,259		4,879,259	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	13,131,038		13,131,038		13,131,038	50
51 RECOVERY ROOM	2,403,911		2,403,911		2,403,911	51
53 ANESTHESIOLOGY	175,729		175,729		175,729	53
54 RADIOLOGY-DIAGNOSTIC	7,747,829		7,747,829	4,187	7,752,016	54
54.01 RADIOLOGY - ULTRASOUND	878,065		878,065		878,065	54.01
56 RADIOISOTOPE	855,826		855,826		855,826	56
57 COMPUTED TOMOGRAPHY (CT) SC	1,486,525		1,486,525		1,486,525	57
59 CARDIAC CATHETERIZATION	2,025,252		2,025,252	2,006	2,027,258	59
60 LABORATORY	9,470,959		9,470,959	8,014	9,478,973	60
62 WHOLE BLOOD & PACKED RED BL	1,708,051		1,708,051		1,708,051	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	3,190,716		3,190,716	6,450	3,197,166	65
66 PHYSICAL THERAPY	3,683,516		3,683,516		3,683,516	66
67 OCCUPATIONAL THERAPY	1,584,061		1,584,061		1,584,061	67
68 SPEECH PATHOLOGY	403,846		403,846		403,846	68
70 ELECTROENCEPHALOGRAPHY	1,508,448		1,508,448	7,740	1,516,188	70
71 MEDICAL SUPPLIES CHRGED TO	17,467,872		17,467,872		17,467,872	71
72 IMPL. DEV. CHARGED TO PATIE	15,364,670		15,364,670		15,364,670	72
73 DRUGS CHARGED TO PATIENTS	14,941,974		14,941,974		14,941,974	73
74 RENAL DIALYSIS	682,843		682,843		682,843	74
76.97 CARDIAC REHABILITATION	1,613,954		1,613,954		1,613,954	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,224,908		3,224,908	14,806	3,239,714	90
90.01 CARDIOVASCULAR OUTPATIENT U						90.01
91 EMERGENCY	6,662,975		6,662,975		6,662,975	91
92 OBSERVATION BEDS	1,774,088		1,774,088		1,774,088	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	2,770,335		2,770,335		2,770,335	101
200 SUBTOTAL (SEE INSTRUCTIONS)	161,568,136		161,568,136	59,130	161,627,266	200
201 LESS OBSERVATION BEDS	1,774,088		1,774,088		1,774,088	201
202 TOTAL (SEE INSTRUCTIONS)	159,794,048		159,794,048		159,853,178	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	40,998,147		40,998,147			30
31 INTENSIVE CARE UNIT	5,300,241		5,300,241			31
41 SUBPROVIDER - IRF	4,304,335		4,304,335			41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	21,953,118	38,798,280	60,751,398	0.216144	0.216144	0.216144 50
51 RECOVERY ROOM	2,741,482	3,402,894	6,144,376	0.391238	0.391238	0.391238 51
53 ANESTHESIOLOGY	4,559,312	8,452,920	13,012,232	0.013505	0.013505	0.013505 53
54 RADIOLOGY-DIAGNOSTIC	12,637,153	32,107,376	44,744,529	0.173157	0.173157	0.173251 54
54.01 RADIOLOGY - ULTRASOUND	2,115,535	4,975,519	7,091,054	0.123827	0.123827	0.123827 54.01
56 RADIOISOTOPE	2,919,939	3,360,772	6,280,711	0.136263	0.136263	0.136263 56
57 COMPUTED TOMOGRAPHY (CT) SC	15,543,106	25,479,564	41,022,670	0.036237	0.036237	0.036237 57
59 CARDIAC CATHETERIZATION	14,666,189	10,171,246	24,837,435	0.081540	0.081540	0.081621 59
60 LABORATORY	30,008,400	39,336,936	69,345,336	0.136577	0.136577	0.136692 60
62 WHOLE BLOOD & PACKED RED BL	2,925,001	1,022,989	3,947,990	0.432638	0.432638	0.432638 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	8,644,557	803,988	9,448,545	0.337694	0.337694	0.338377 65
66 PHYSICAL THERAPY	6,028,020	5,378,903	11,406,923	0.322919	0.322919	0.322919 66
67 OCCUPATIONAL THERAPY	3,677,305	835,741	4,513,046	0.350996	0.350996	0.350996 67
68 SPEECH PATHOLOGY	735,913	228,624	964,537	0.418694	0.418694	0.418694 68
70 ELECTROENCEPHALOGRAPHY	4,011,780	4,412,010	8,423,790	0.179070	0.179070	0.179989 70
71 MEDICAL SUPPLIES CHRGED TO	18,352,384	10,630,498	28,982,882	0.602696	0.602696	0.602696 71
72 IMPL. DEV. CHARGED TO PATIE	22,614,261	6,829,871	29,444,132	0.521825	0.521825	0.521825 72
73 DRUGS CHARGED TO PATIENTS	38,005,375	23,875,896	61,881,271	0.241462	0.241462	0.241462 73
74 RENAL DIALYSIS	2,236,122	63,381	2,299,503	0.296952	0.296952	0.296952 74
76.97 CARDIAC REHABILITATION	392,659	760,739	1,153,398	1.399304	1.399304	1.399304 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	359,038	4,583,730	4,942,768	0.652450	0.652450	0.655445 90
90.01 CARDIOVASCULAR OUTPATIENT U						90.01
91 EMERGENCY	14,109,121	25,033,209	39,142,330	0.170224	0.170224	0.170224 91
92 OBSERVATION BEDS	230,447	2,791,409	3,021,856	0.587086	0.587086	0.587086 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		3,244,696	3,244,696			101
200 SUBTOTAL (SEE INSTRUCTIONS)	280,068,940	256,581,191	536,650,131			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	280,068,940	256,581,191	536,650,131			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	5,247,477		5,247,477	49,897	105.17	29,663	3,119,658 30
31 INTENSIVE CARE UNIT	452,316		452,316	3,745	120.78	1,863	225,013 31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	644,083		644,083	6,661	96.69	5,447	526,670 41
42 SUBPROVIDER I							42
43 NURSERY				1,112			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	6,343,876		6,343,876	61,415		36,973	3,871,341 200

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 (15-0034) [ ] 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	1,645,543	60,751,398	0.027087	12,816,436	347,159	50
51	RECOVERY ROOM	253,235	6,144,376	0.041214	1,488,643	61,353	51
53	ANESTHESIOLOGY	12,862	13,012,232	0.000988	2,193,935	2,168	53
54	RADIOLOGY-DIAGNOSTIC	1,494,523	44,744,529	0.033401	7,244,340	241,968	54
54.01	RADIOLOGY - ULTRASOUND	44,729	7,091,054	0.006308	584,570	3,687	54.01
56	RADIOISOTOPE	117,009	6,280,711	0.018630	1,641,800	30,587	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	118,829	41,022,670	0.002897	8,347,246	24,182	57
59	CARDIAC CATHETERIZATION	214,908	24,837,435	0.008653	10,020,190	86,705	59
60	LABORATORY	839,421	69,345,336	0.012105	18,107,394	219,190	60
62	WHOLE BLOOD & PACKED RED BLOO	86,609	3,947,990	0.021937	1,969,299	43,201	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	227,596	9,448,545	0.024088	4,513,910	108,731	65
66	PHYSICAL THERAPY	645,349	11,406,923	0.056575	2,168,255	122,669	66
67	OCCUPATIONAL THERAPY	141,129	4,513,046	0.031271	639,708	20,004	67
68	SPEECH PATHOLOGY	10,103	964,537	0.010474	218,976	2,294	68
70	ELECTROENCEPHALOGRAPHY	196,993	8,423,790	0.023385	412,937	9,657	70
71	MEDICAL SUPPLIES CHRGED TO PA	423,066	28,982,882	0.014597	10,096,645	147,381	71
72	IMPL. DEV. CHARGED TO PATIENT	374,886	29,444,132	0.012732	12,727,762	162,050	72
73	DRUGS CHARGED TO PATIENTS	542,196	61,881,271	0.008762	22,582,273	197,866	73
74	RENAL DIALYSIS	17,017	2,299,503	0.007400	1,413,556	10,460	74
76.97	CARDIAC REHABILITATION	354,120	1,153,398	0.307023	282,276	86,665	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	530,792	4,942,768	0.107388	5,699	612	90
90.01	CARDIOVASCULAR OUTPATIENT UNI						90.01
91	EMERGENCY	547,671	39,142,330	0.013992	7,147,615	100,009	91
92	OBSERVATION BEDS	249,873	3,021,856	0.082689	207,232	17,136	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	9,088,459	482,802,712		126,830,697	2,045,734	200

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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
30 ADULTS & PEDIATRICS					31
31 INTENSIVE CARE UNIT					32
32 CORONARY CARE UNIT					33
33 BURN INTENSIVE CARE UNIT					34
34 SURGICAL INTENSIVE CARE UNIT					35
35 OTHER SPECIAL CARE (SPECIFY)					40
40 SUBPROVIDER - IPF					41
41 SUBPROVIDER - IRF					42
42 SUBPROVIDER I					43
43 NURSERY					44
44 SKILLED NURSING FACILITY					45
45 NURSING FACILITY					200
200 TOTAL (SUM OF LINES 30-199)					

PROVIDER CCN: 15-0034 ST. MARY MEDICAL CENTER, INC.  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
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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	49,897		29,663		30
31 INTENSIVE CARE UNIT	3,745		1,863		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	6,661		5,447		41
42 SUBPROVIDER I					42
43 NURSERY	1,112				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	61,415		36,973		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

  

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN					
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.01	RADIOLOGY - ULTRASOUND					54.01
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
62	WHOLE BLOOD & PACKED RED BLOO					62
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED 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	CARDIOVASCULAR OUTPATIENT UNI					90.01
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (15-0034)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA	
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF			
COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM PASS-THRU COSTS	
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 ÷ COL. 7)	(COL. 6 ÷ COL. 7)	INPAT PGM CHARGES (COL. 8 x COL. 10)	O/P PGM CHARGES (COL. 9 x COL. 12)	
	7	8	9	10	11	
					12	
					13	
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	60,751,398		12,816,436	12,488,543	50
51	RECOVERY ROOM	6,144,376		1,488,643	3,276,435	51
53	ANESTHESIOLOGY	13,012,232		2,193,935	2,976,047	53
54	RADIOLOGY-DIAGNOSTIC	44,744,529		7,244,340	10,699,786	54
54.01	RADIOLOGY - ULTRASOUND	7,091,054		584,570	577,371	54.01
56	RADIOISOTOPE	6,280,711		1,641,800	1,437,655	56
57	COMPUTED TOMOGRAPHY (CT) SCA	41,022,670		8,347,246	8,661,097	57
59	CARDIAC CATHETERIZATION	24,837,435		10,020,190	6,074,625	59
60	LABORATORY	69,345,336		18,107,394	1,612,181	60
62	WHOLE BLOOD & PACKED RED BLO	3,947,990		1,969,299	300,324	62
62.30	BLOOD CLOTTING FOR HEMOPHILI					62.30
65	RESPIRATORY THERAPY	9,448,545		4,513,910	483,853	65
66	PHYSICAL THERAPY	11,406,923		2,168,255	4,087	66
67	OCCUPATIONAL THERAPY	4,513,046		639,708		67
68	SPEECH PATHOLOGY	964,537		218,976		68
70	ELECTROENCEPHALOGRAPHY	8,423,790		412,937	362,330	70
71	MEDICAL SUPPLIES CHRGED TO P	28,982,882		10,096,645	3,600,517	71
72	IMPL. DEV. CHARGED TO PATIEN	29,444,132		12,727,762	3,530,578	72
73	DRUGS CHARGED TO PATIENTS	61,881,271		22,582,273	11,617,168	73
74	RENAL DIALYSIS	2,299,503		1,413,556		74
76.97	CARDIAC REHABILITATION	1,153,398		282,276	253,770	76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	4,942,768		5,699	788,514	90
90.01	CARDIOVASCULAR OUTPATIENT UN					90.01
91	EMERGENCY	39,142,330		7,147,615	3,961,165	91
92	OBSERVATION BEDS	3,021,856		207,232	574,852	92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	482,802,712		126,830,697	73,280,898	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0034) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO	PPS	COST REIMB.	COST REIMB.	COST	COST		
	CHARGE RATIO	REIMBURSED	SERVICES	SVCES NOT	SERVICES	SVCES NOT		
FROM WKST C,	SERVICES	SUBJECT TO	SUBJECT TO	SUBJECT TO	SUBJECT TO			
PT I, COL. 9	DED & COINS	DED & COINS	DED & COINS	DED & COINS	DED & COINS			
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.216144	12,488,543			2,699,324			50
51 RECOVERY ROOM	0.391238	3,276,435			1,281,866			51
53 ANESTHESIOLOGY	0.013505	2,976,047			40,192			53
54 RADIOLOGY-DIAGNOSTIC	0.173157	10,699,786			1,852,743			54
54.01 RADIOLOGY - ULTRASOUND	0.123827	577,371			71,494			54.01
56 RADIOISOTOPE	0.136263	1,437,655			195,899			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.036237	8,661,097			313,852			57
59 CARDIAC CATHETERIZATION	0.081540	6,074,625			495,325			59
60 LABORATORY	0.136577	1,612,181			220,187			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.432638	300,324			129,932			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.337694	483,853			163,394			65
66 PHYSICAL THERAPY	0.322919	4,087			1,320			66
67 OCCUPATIONAL THERAPY	0.350996							67
68 SPEECH PATHOLOGY	0.418694							68
70 ELECTROENCEPHALOGRAPHY	0.179070	362,330			64,882			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.602696	3,600,517			2,170,017			71
72 IMPL. DEV. CHARGED TO PATIENT	0.521825	3,530,578			1,842,344			72
73 DRUGS CHARGED TO PATIENTS	0.241462	11,617,168		114,940	2,805,105		27,754	73
74 RENAL DIALYSIS	0.296952							74
76.97 CARDIAC REHABILITATION	1.399304	253,770			355,101			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.652450	788,514			514,466			90
90.01 CARDIOVASCULAR OUTPATIENT UNIT								90.01
91 EMERGENCY	0.170224	3,961,165			674,285			91
92 OBSERVATION BEDS	0.587086	574,852			337,488			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		73,280,898		114,940	16,229,216		27,754	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		73,280,898		114,940	16,229,216		27,754	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-T034)	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA				
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
	COST CENTER DESCRIPTION	1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,645,543	60,751,398	0.027087	104,428	2,829		50
51	RECOVERY ROOM	253,235	6,144,376	0.041214	9,885	407		51
53	ANESTHESIOLOGY	12,862	13,012,232	0.000988	12,971	13		53
54	RADIOLOGY-DIAGNOSTIC	1,494,523	44,744,529	0.033401	240,009	8,017		54
54.01	RADIOLOGY - ULTRASOUND	44,729	7,091,054	0.006308	13,464	85		54.01
56	RADIOISOTOPE	117,009	6,280,711	0.018630	9,749	182		56
57	COMPUTED TOMOGRAPHY (CT) SCAN	118,829	41,022,670	0.002897	203,328	589		57
59	CARDIAC CATHETERIZATION	214,908	24,837,435	0.008653	103,049	892		59
60	LABORATORY	839,421	69,345,336	0.012105	903,997	10,943		60
62	WHOLE BLOOD & PACKED RED BLOO	86,609	3,947,990	0.021937	75,709	1,661		62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	227,596	9,448,545	0.024088	398,682	9,603		65
66	PHYSICAL THERAPY	645,349	11,406,923	0.056575	2,272,940	128,592		66
67	OCCUPATIONAL THERAPY	141,129	4,513,046	0.031271	2,251,926	70,420		67
68	SPEECH PATHOLOGY	10,103	964,537	0.010474	320,324	3,355		68
70	ELECTROENCEPHALOGRAPHY	196,993	8,423,790	0.023385	6,711	157		70
71	MEDICAL SUPPLIES CHRGED TO PA	423,066	28,982,882	0.014597	524,097	7,650		71
72	IMPL. DEV. CHARGED TO PATIENT	374,886	29,444,132	0.012732	2,418	31		72
73	DRUGS CHARGED TO PATIENTS	542,196	61,881,271	0.008762	2,024,830	17,742		73
74	RENAL DIALYSIS	17,017	2,299,503	0.007400	344,552	2,550		74
76.97	CARDIAC REHABILITATION	354,120	1,153,398	0.307023				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	530,792	4,942,768	0.107388				90
90.01	CARDIOVASCULAR OUTPATIENT UNI							90.01
91	EMERGENCY	547,671	39,142,330	0.013992	1,153	16		91
92	OBSERVATION BEDS	249,873	3,021,856	0.082689				92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	9,088,459	482,802,712		9,824,222	265,734		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS	<input checked="" type="checkbox"/>
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>			TEFRA	<input type="checkbox"/>
BOXES	<input type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	IRF (15-T034)	<input type="checkbox"/>	NF	<input type="checkbox"/>				

  

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN					
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50						50
51						51
53						53
54						54
54.01						54.01
56						56
57						57
59						59
60						60
62						62
62.30						62.30
65						65
66						66
67						67
68						68
70						70
71						71
72						72
73						73
74						74
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90						90
90.01						90.01
91						91
92						92
200						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-T034)	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	60,751,398			104,428		50
51	RECOVERY ROOM	6,144,376			9,885		51
53	ANESTHESIOLOGY	13,012,232			12,971		53
54	RADIOLOGY-DIAGNOSTIC	44,744,529			240,009		54
54.01	RADIOLOGY - ULTRASOUND	7,091,054			13,464		54.01
56	RADIOISOTOPE	6,280,711			9,749		56
57	COMPUTED TOMOGRAPHY (CT) SCA	41,022,670			203,328		57
59	CARDIAC CATHETERIZATION	24,837,435			103,049		59
60	LABORATORY	69,345,336			903,997		60
62	WHOLE BLOOD & PACKED RED BLO	3,947,990			75,709		62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	9,448,545			398,682		65
66	PHYSICAL THERAPY	11,406,923			2,272,940		66
67	OCCUPATIONAL THERAPY	4,513,046			2,251,926		67
68	SPEECH PATHOLOGY	964,537			320,324		68
70	ELECTROENCEPHALOGRAPHY	8,423,790			6,711		70
71	MEDICAL SUPPLIES CHRGD TO P	28,982,882			524,097		71
72	IMPL. DEV. CHARGED TO PATIEN	29,444,132			2,418		72
73	DRUGS CHARGED TO PATIENTS	61,881,271			2,024,830		73
74	RENAL DIALYSIS	2,299,503			344,552		74
76.97	CARDIAC REHABILITATION	1,153,398					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	4,942,768					90
90.01	CARDIOVASCULAR OUTPATIENT UN						90.01
91	EMERGENCY	39,142,330			1,153		91
92	OBSERVATION BEDS	3,021,856					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	482,802,712			9,824,222		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-T034) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.216144						50
51 RECOVERY ROOM	0.391238						51
53 ANESTHESIOLOGY	0.013505						53
54 RADIOLOGY-DIAGNOSTIC	0.173157						54
54.01 RADIOLOGY - ULTRASOUND	0.123827						54.01
56 RADIOISOTOPE	0.136263						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.036237						57
59 CARDIAC CATHETERIZATION	0.081540						59
60 LABORATORY	0.136577						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.432638						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.337694						65
66 PHYSICAL THERAPY	0.322919						66
67 OCCUPATIONAL THERAPY	0.350996						67
68 SPEECH PATHOLOGY	0.418694						68
70 ELECTROENCEPHALOGRAPHY	0.179070						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.602696						71
72 IMPL. DEV. CHARGED TO PATIENT	0.521825						72
73 DRUGS CHARGED TO PATIENTS	0.241462						73
74 RENAL DIALYSIS	0.296952						74
76.97 CARDIAC REHABILITATION	1.399304						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.652450						90
90.01 CARDIOVASCULAR OUTPATIENT UNIT							90.01
91 EMERGENCY	0.170224						91
92 OBSERVATION BEDS	0.587086						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	5,247,477		5,247,477	49,897	105.17	2,108	221,698	30
31 INTENSIVE CARE UNIT	452,316		452,316	3,745	120.78	154	18,600	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF	644,083		644,083	6,661	96.69	194	18,758	41
42 SUBPROVIDER I								42
43 NURSERY				1,112		65		43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	6,343,876		6,343,876	61,415		2,521	259,056	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 (15-0034) [ ] 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	1,645,543	60,751,398	0.027087	1,068,371	28,939	50
51	RECOVERY ROOM	253,235	6,144,376	0.041214	133,551	5,504	51
53	ANESTHESIOLOGY	12,862	13,012,232	0.000988	221,404	219	53
54	RADIOLOGY-DIAGNOSTIC	1,494,523	44,744,529	0.033401	1,016,966	33,968	54
54.01	RADIOLOGY - ULTRASOUND	44,729	7,091,054	0.006308	76,714	484	54.01
56	RADIOISOTOPE	117,009	6,280,711	0.018630	197,025	3,671	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	118,829	41,022,670	0.002897	965,125	2,796	57
59	CARDIAC CATHETERIZATION	214,908	24,837,435	0.008653	856,493	7,411	59
60	LABORATORY	839,421	69,345,336	0.012105	2,146,255	25,980	60
62	WHOLE BLOOD & PACKED RED BLOO	86,609	3,947,990	0.021937	240,002	5,265	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	227,596	9,448,545	0.024088	485,287	11,690	65
66	PHYSICAL THERAPY	645,349	11,406,923	0.056575	235,725	13,336	66
67	OCCUPATIONAL THERAPY	141,129	4,513,046	0.031271	110,705	3,462	67
68	SPEECH PATHOLOGY	10,103	964,537	0.010474	34,415	360	68
70	ELECTROENCEPHALOGRAPHY	196,993	8,423,790	0.023385	41,968	981	70
71	MEDICAL SUPPLIES CHRGED TO PA	423,066	28,982,882	0.014597	857,347	12,515	71
72	IMPL. DEV. CHARGED TO PATIENT	374,886	29,444,132	0.012732	432,358	5,505	72
73	DRUGS CHARGED TO PATIENTS	542,196	61,881,271	0.008762	3,281,999	28,757	73
74	RENAL DIALYSIS	17,017	2,299,503	0.007400	176,914	1,309	74
76.97	CARDIAC REHABILITATION	354,120	1,153,398	0.307023	21,035	6,458	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	530,792	4,942,768	0.107388	486	52	90
90.01	CARDIOVASCULAR OUTPATIENT UNI						90.01
91	EMERGENCY	547,671	39,142,330	0.013992	839,243	11,743	91
92	OBSERVATION BEDS	249,873	3,021,856	0.082689	7,326	606	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	9,088,459	482,802,712		13,446,714	211,011	200

PROVIDER CCN: 15-0034 ST. MARY MEDICAL CENTER, INC.  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
 11/28/2012 09:54

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

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

PROVIDER CCN: 15-0034 ST. MARY MEDICAL CENTER, INC.  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
 11/28/2012 09:54

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	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU
	DAYS	COL.6)	DAYS	COSTS
	6	7	8	(COL.7 x
				COL.8)
				9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	49,897		2,108	30
31 INTENSIVE CARE UNIT	3,745		154	31
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
35 OTHER SPECIAL CARE (SPECIFY)				35
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF	6,661		194	41
42 SUBPROVIDER I				42
43 NURSERY	1,112		65	43
44 SKILLED NURSING FACILITY				44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	61,415		2,521	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0034) [ ] 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	HEALTH 3	MEDICAL EDUCATION COST 4
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 RADIOLOGY - ULTRASOUND						54.01
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED 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 CARDIOVASCULAR OUTPATIENT UNI						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM	INPAT PGM PASS-THRU COSTS	O/P PGM	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 + COL. 7)	(COL. 6 + COL. 7)	CHARGES PGM	(COL. 8 x COL. 10)	CHARGES	(COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	60,751,398			1,068,371			50
51 RECOVERY ROOM	6,144,376			133,551			51
53 ANESTHESIOLOGY	13,012,232			221,404			53
54 RADIOLOGY-DIAGNOSTIC	44,744,529			1,016,966			54
54.01 RADIOLOGY - ULTRASOUND	7,091,054			76,714			54.01
56 RADIOISOTOPE	6,280,711			197,025			56
57 COMPUTED TOMOGRAPHY (CT) SCA	41,022,670			965,125			57
59 CARDIAC CATHETERIZATION	24,837,435			856,493			59
60 LABORATORY	69,345,336			2,146,255			60
62 WHOLE BLOOD & PACKED RED BLO	3,947,990			240,002			62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	9,448,545			485,287			65
66 PHYSICAL THERAPY	11,406,923			235,725			66
67 OCCUPATIONAL THERAPY	4,513,046			110,705			67
68 SPEECH PATHOLOGY	964,537			34,415			68
70 ELECTROENCEPHALOGRAPHY	8,423,790			41,968			70
71 MEDICAL SUPPLIES CHRGD TO P	28,982,882			857,347			71
72 IMPL. DEV. CHARGED TO PATIEN	29,444,132			432,358			72
73 DRUGS CHARGED TO PATIENTS	61,881,271			3,281,999			73
74 RENAL DIALYSIS	2,299,503			176,914			74
76.97 CARDIAC REHABILITATION	1,153,398			21,035			76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	4,942,768			486			90
90.01 CARDIOVASCULAR OUTPATIENT UN							90.01
91 EMERGENCY	39,142,330			839,243			91
92 OBSERVATION BEDS	3,021,856			7,326			92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	482,802,712			13,446,714			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0034) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST SERVICES	COST SVCES NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.216144						50
51 RECOVERY ROOM	0.391238						51
53 ANESTHESIOLOGY	0.013505						53
54 RADIOLOGY-DIAGNOSTIC	0.173157						54
54.01 RADIOLOGY - ULTRASOUND	0.123827						54.01
56 RADIOISOTOPE	0.136263						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.036237						57
59 CARDIAC CATHETERIZATION	0.081540						59
60 LABORATORY	0.136577						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.432638						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.337694						65
66 PHYSICAL THERAPY	0.322919						66
67 OCCUPATIONAL THERAPY	0.350996						67
68 SPEECH PATHOLOGY	0.418694						68
70 ELECTROENCEPHALOGRAPHY	0.179070						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.602696						71
72 IMPL. DEV. CHARGED TO PATIENT	0.521825						72
73 DRUGS CHARGED TO PATIENTS	0.241462						73
74 RENAL DIALYSIS	0.296952						74
76.97 CARDIAC REHABILITATION	1.399304						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.652450						90
90.01 CARDIOVASCULAR OUTPATIENT UNIT							90.01
91 EMERGENCY	0.170224						91
92 OBSERVATION BEDS	0.587086						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-T034)	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA [ ] OTHER	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					1,645,543	60,751,398	0.027087	4,082	111	50
51					253,235	6,144,376	0.041214			51
53					12,862	13,012,232	0.000988			53
54					1,494,523	44,744,529	0.033401	9,906	331	54
54.01					44,729	7,091,054	0.006308			54.01
56					117,009	6,280,711	0.018630	1,774	33	56
57					118,829	41,022,670	0.002897	6,066	18	57
59					214,908	24,837,435	0.008653	822	7	59
60					839,421	69,345,336	0.012105	25,494	309	60
62					86,609	3,947,990	0.021937			62
62.30										62.30
65					227,596	9,448,545	0.024088	17,165	413	65
66					645,349	11,406,923	0.056575	163,550	9,253	66
67					141,129	4,513,046	0.031271			67
68					10,103	964,537	0.010474			68
70					196,993	8,423,790	0.023385	1,186	28	70
71					423,066	28,982,882	0.014597			71
72					374,886	29,444,132	0.012732			72
73					542,196	61,881,271	0.008762	67,145	588	73
74					17,017	2,299,503	0.007400			74
76.97					354,120	1,153,398	0.307023			76.97
76.98										76.98
76.99										76.99
OUTPATIENT SERVICE COST CENTERS										
90					530,792	4,942,768	0.107388			90
90.01										90.01
91					547,671	39,142,330	0.013992			91
92					249,873	3,021,856	0.082689			92
OTHER REIMBURSABLE COST CENTERS										
200					9,088,459	482,802,712		297,190	11,091	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-T034) [ ] NF [ ] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 RADIOLOGY - ULTRASOUND						54.01
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED 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 CARDIOVASCULAR OUTPATIENT UNI						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						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-T034)	[ ] NF		[ ] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 ÷ COL. 7)	(COL. 6 ÷ COL. 7)	PGM	(COL. 8 x COL. 10)	PGM	(COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	60,751,398			4,082			50
51 RECOVERY ROOM	6,144,376						51
53 ANESTHESIOLOGY	13,012,232						53
54 RADIOLOGY-DIAGNOSTIC	44,744,529			9,906			54
54.01 RADIOLOGY - ULTRASOUND	7,091,054						54.01
56 RADIOISOTOPE	6,280,711			1,774			56
57 COMPUTED TOMOGRAPHY (CT) SCA	41,022,670			6,066			57
59 CARDIAC CATHETERIZATION	24,837,435			822			59
60 LABORATORY	69,345,336			25,494			60
62 WHOLE BLOOD & PACKED RED BLO	3,947,990						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	9,448,545			17,165			65
66 PHYSICAL THERAPY	11,406,923			163,550			66
67 OCCUPATIONAL THERAPY	4,513,046						67
68 SPEECH PATHOLOGY	964,537						68
70 ELECTROENCEPHALOGRAPHY	8,423,790			1,186			70
71 MEDICAL SUPPLIES CHRGED TO P	28,982,882						71
72 IMPL. DEV. CHARGED TO PATIEN	29,444,132						72
73 DRUGS CHARGED TO PATIENTS	61,881,271			67,145			73
74 RENAL DIALYSIS	2,299,503						74
76.97 CARDIAC REHABILITATION	1,153,398						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	4,942,768						90
90.01 CARDIOVASCULAR OUTPATIENT UN							90.01
91 EMERGENCY	39,142,330						91
92 OBSERVATION BEDS	3,021,856						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	482,802,712			297,190			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-T034) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.216144						50
51 RECOVERY ROOM	0.391238						51
53 ANESTHESIOLOGY	0.013505						53
54 RADIOLOGY-DIAGNOSTIC	0.173157						54
54.01 RADIOLOGY - ULTRASOUND	0.123827						54.01
56 RADIOISOTOPE	0.136263						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.036237						57
59 CARDIAC CATHETERIZATION	0.081540						59
60 LABORATORY	0.136577						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.432638						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.337694						65
66 PHYSICAL THERAPY	0.322919						66
67 OCCUPATIONAL THERAPY	0.350996						67
68 SPEECH PATHOLOGY	0.418694						68
70 ELECTROENCEPHALOGRAPHY	0.179070						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.602696						71
72 IMPL. DEV. CHARGED TO PATIENT	0.521825						72
73 DRUGS CHARGED TO PATIENTS	0.241462						73
74 RENAL DIALYSIS	0.296952						74
76.97 CARDIAC REHABILITATION	1.399304						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.652450						90
90.01 CARDIOVASCULAR OUTPATIENT UNIT							90.01
91 EMERGENCY	0.170224						91
92 OBSERVATION BEDS	0.587086						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 (15-0034) [ ] 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)	49,897	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	49,897	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	47,521	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)	29,663	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)	37,256,747	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	37,256,747	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	29,707,590	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29,707,590	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.254115	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)	625.15	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)	37,256,747	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (15-0034) [ ] 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) 746.67 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 22,148,472 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) 22,148,472 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	4,690,666	3,745	1,252.51	1,863	2,333,426	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					32,335,490	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					56,817,388	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 3,344,671 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,045,734 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 5,390,405 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 51,426,983 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,376 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 746.67 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,774,088 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	5,247,477	37,256,747	0.140846	1,774,088	249,873	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
BOXES [ ] TITLE XIX-INPT [XX] IRF (15-T034) [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	6,661	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,661	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,661	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)	5,447	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)	4,879,259	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	4,879,259	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,210,474	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,210,474	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.519794	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)	481.98	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)	4,879,259	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK  TITLE V-INPT  HOSPITAL  SUB (OTHER)  PPS  
 APPLICABLE  TITLE XVIII-PT A  IPF  TEFRA  
 BOXES  TITLE XIX-INPT  IRF (15-T034)  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)	732.51 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,989,982 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)	3,989,982 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	2,946,481 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	6,936,463 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	526,670 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	265,734 51
52	TOTAL PROGRAM EXCLUDABLE COST	792,404 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	6,144,059 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (15-0034) [ ] 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)	49,897	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	49,897	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	47,521	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)	2,108	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)	1,112	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	65	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)	37,256,747	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	37,256,747	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	29,707,590	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29,707,590	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.254115	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)	625.15	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)	37,256,747	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (15-0034) [ ] 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) 746.67 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 1,573,980 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) 1,573,980 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)		1,112		65		42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4,690,666	3,745	1,252.51	154	192,887	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					3,066,200	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					4,833,067	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 240,298 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 211,011 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 451,309 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 4,381,758 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,376 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [XX] IRF (15-T034) [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	6,661	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,661	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,661	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)	194	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (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)	4,879,259	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	4,879,259	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,210,474	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,210,474	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.519794	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)	481.98	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)	4,879,259	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
BOXES [XX] TITLE XIX-INPT [XX] IRF (15-T034) [ ] 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)	732.51 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	142,107 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)	142,107 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	81,659 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	223,766 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	18,758 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	11,091 51
52	TOTAL PROGRAM EXCLUDABLE COST	29,849 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	193,917 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (15-0034) [ ] 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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		23,906,190		30
31 INTENSIVE CARE UNIT		2,517,684		31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.216144	12,816,436	2,770,196	50
51 RECOVERY ROOM	0.391238	1,488,643	582,414	51
53 ANESTHESIOLOGY	0.013505	2,193,935	29,629	53
54 RADIOLOGY-DIAGNOSTIC	0.173251	7,244,340	1,255,089	54
54.01 RADIOLOGY - ULTRASOUND	0.123827	584,570	72,386	54.01
56 RADIOISOTOPE	0.136263	1,641,800	223,717	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.036237	8,347,246	302,479	57
59 CARDIAC CATHETERIZATION	0.081621	10,020,190	817,858	59
60 LABORATORY	0.136692	18,107,394	2,475,136	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.432638	1,969,299	851,994	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.338377	4,513,910	1,527,403	65
66 PHYSICAL THERAPY	0.322919	2,168,255	700,171	66
67 OCCUPATIONAL THERAPY	0.350996	639,708	224,535	67
68 SPEECH PATHOLOGY	0.418694	218,976	91,684	68
70 ELECTROENCEPHALOGRAPHY	0.179989	412,937	74,324	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.602696	10,096,645	6,085,208	71
72 IMPL. DEV. CHARGED TO PATIENT	0.521825	12,727,762	6,641,664	72
73 DRUGS CHARGED TO PATIENTS	0.241462	22,582,273	5,452,761	73
74 RENAL DIALYSIS	0.296952	1,413,556	419,758	74
76.97 CARDIAC REHABILITATION	1.399304	282,276	394,990	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.655445	5,699	3,735	90
90.01 CARDIOVASCULAR OUTPATIENT UNIT				90.01
91 EMERGENCY	0.170224	7,147,615	1,216,696	91
92 OBSERVATION BEDS	0.587086	207,232	121,663	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		126,830,697	32,335,490	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		126,830,697		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-T034) [ ] 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
41 SUBPROVIDER - IRF		3,365,493		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.216144	104,428	22,571	50
51 RECOVERY ROOM	0.391238	9,885	3,867	51
53 ANESTHESIOLOGY	0.013505	12,971	175	53
54 RADIOLOGY-DIAGNOSTIC	0.173251	240,009	41,582	54
54.01 RADIOLOGY - ULTRASOUND	0.123827	13,464	1,667	54.01
56 RADIOISOTOPE	0.136263	9,749	1,328	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.036237	203,328	7,368	57
59 CARDIAC CATHETERIZATION	0.081621	103,049	8,411	59
60 LABORATORY	0.136692	903,997	123,569	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.432638	75,709	32,755	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.338377	398,682	134,905	65
66 PHYSICAL THERAPY	0.322919	2,272,940	733,976	66
67 OCCUPATIONAL THERAPY	0.350996	2,251,926	790,417	67
68 SPEECH PATHOLOGY	0.418694	320,324	134,118	68
70 ELECTROENCEPHALOGRAPHY	0.179989	6,711	1,208	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.602696	524,097	315,871	71
72 IMPL. DEV. CHARGED TO PATIENT	0.521825	2,418	1,262	72
73 DRUGS CHARGED TO PATIENTS	0.241462	2,024,830	488,920	73
74 RENAL DIALYSIS	0.296952	344,552	102,315	74
76.97 CARDIAC REHABILITATION	1.399304			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.655445			90
90.01 CARDIOVASCULAR OUTPATIENT UNIT				90.01
91 EMERGENCY	0.170224	1,153	196	91
92 OBSERVATION BEDS	0.587086			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		9,824,222	2,946,481	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		9,824,222		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (15-0034) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		2,694,582		30
31 INTENSIVE CARE UNIT		311,740		31
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.216144	1,068,371	230,922	50
51 RECOVERY ROOM	0.391238	133,551	52,250	51
53 ANESTHESIOLOGY	0.013505	221,404	2,990	53
54 RADIOLOGY-DIAGNOSTIC	0.173251	1,016,966	176,190	54
54.01 RADIOLOGY - ULTRASOUND	0.123827	76,714	9,499	54.01
56 RADIOISOTOPE	0.136263	197,025	26,847	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.036237	965,125	34,973	57
59 CARDIAC CATHETERIZATION	0.081621	856,493	69,908	59
60 LABORATORY	0.136692	2,146,255	293,376	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.432638	240,002	103,834	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.338377	485,287	164,210	65
66 PHYSICAL THERAPY	0.322919	235,725	76,120	66
67 OCCUPATIONAL THERAPY	0.350996	110,705	38,857	67
68 SPEECH PATHOLOGY	0.418694	34,415	14,409	68
70 ELECTROENCEPHALOGRAPHY	0.179989	41,968	7,554	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.602696	857,347	516,720	71
72 IMPL. DEV. CHARGED TO PATIENT	0.521825	432,358	225,615	72
73 DRUGS CHARGED TO PATIENTS	0.241462	3,281,999	792,478	73
74 RENAL DIALYSIS	0.296952	176,914	52,535	74
76.97 CARDIAC REHABILITATION	1.399304	21,035	29,434	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.655445	486	319	90
90.01 CARDIOVASCULAR OUTPATIENT UNIT				90.01
91 EMERGENCY	0.170224	839,243	142,859	91
92 OBSERVATION BEDS	0.587086	7,326	4,301	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		13,446,714	3,066,200	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		13,446,714		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  S/B SNF  PPS  
 APPLICABLE  TITLE XVIII-PT A  IPF  SNF  S/B NF  TEFRA  
 BOXES  TITLE XIX  IRF (15-T034)  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
41 SUBPROVIDER - IRF		107,282		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.216144	4,082	882	50
51 RECOVERY ROOM	0.391238			51
53 ANESTHESIOLOGY	0.013505			53
54 RADIOLOGY-DIAGNOSTIC	0.173251	9,906	1,716	54
54.01 RADIOLOGY - ULTRASOUND	0.123827			54.01
56 RADIOISOTOPE	0.136263	1,774	242	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.036237	6,066	220	57
59 CARDIAC CATHETERIZATION	0.081621	822	67	59
60 LABORATORY	0.136692	25,494	3,485	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.432638			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.338377	17,165	5,808	65
66 PHYSICAL THERAPY	0.322919	163,550	52,813	66
67 OCCUPATIONAL THERAPY	0.350996			67
68 SPEECH PATHOLOGY	0.418694			68
70 ELECTROENCEPHALOGRAPHY	0.179989	1,186	213	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.602696			71
72 IMPL. DEV. CHARGED TO PATIENT	0.521825			72
73 DRUGS CHARGED TO PATIENTS	0.241462	67,145	16,213	73
74 RENAL DIALYSIS	0.296952			74
76.97 CARDIAC REHABILITATION	1.399304			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.655445			90
90.01 CARDIOVASCULAR OUTPATIENT UNIT				90.01
91 EMERGENCY	0.170224			91
92 OBSERVATION BEDS	0.587086			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		297,190	81,659	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		297,190		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (15-0034)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	44,582,526	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	658,353	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	163.51	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0430	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1119	31
32	SUM OF LINES 30 AND 31	0.1549	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0282	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,257,227	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)	46,498,106	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)	46,498,106	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,831,028	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (15-0034)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		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		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	50,329,134	59
60	PRIMARY PAYER PAYMENTS	84,072	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	50,245,062	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,426,580	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	549,935	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	369,750	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	258,825	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	33,632	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	45,527,372	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (ADD BACK GME REIMBURSEMENT)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	45,527,372	71
72	INTERIM PAYMENTS	46,928,113	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-1,400,741	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	40,000	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 (15-0034)                     IPF                     IRF  
    SUB (OTHER)     SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	27,754	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	16,229,216	2
3	PPS PAYMENTS	17,433,381	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	24,349	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)	27,754	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	114,940	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)	114,940	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)	114,940	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	87,186	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)	27,754	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)	17,457,730	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	4,019,243	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	13,466,241	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)	13,466,241	30
31	PRIMARY PAYER PAYMENTS	1,592	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	13,464,649	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)	300,185	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	210,130	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	46,861	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	13,674,779	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	26	38
39	OTHER ADJUSTMENTS (FDO LOSS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	13,674,753	40
41	INTERIM PAYMENTS	13,910,816	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-236,063	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:         HOSPITAL                                 IPF                                 IRF (15-T034)  
                                   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 (15-0034) [ ] 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		46,366,889		13,468,087
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.		490,219		370,431
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 03/23/2012	177,803	03/23/2012	72,298
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	2.69			5.68
	2.70			5.69
	2.71			5.70
	2.72			5.71
	2.73			5.72
	2.74			5.73
	2.75			5.74
	2.76			5.75
	2.77			5.76
	2.78			5.77
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [XX] IRF (15-T034) [ ] 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		7,866,428		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.		NONE		3.01
				3.02
				3.03
				3.04
				3.05
				3.06
				3.07
				3.08
				3.09
	03/23/2012	9,187		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)		-9,187		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		7,857,241		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.				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				6.01
				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ NPR DATE: \_\_\_\_\_ 8

PROVIDER CCN: 15-0034 ST. MARY MEDICAL CENTER, INC.  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
11/28/2012 09:54

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (15-0034) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	10,825	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	31,526	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,708	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	51,266	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	536,650,131	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	15,135,724	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)		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)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART III

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IRF (15-T034)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	7,630,507	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.018900	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	166,910	3
4	OUTLIER PAYMENTS	211,341	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)		5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		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)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	18.199454	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	8,008,758	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)	8,008,758	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	8,008,758	19
20	DEDUCTIBLES	75,552	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	7,933,206	21
22	COINSURANCE	79,755	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	7,853,451	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	10,556	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	7,389	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	7,885	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	7,860,840	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	7,860,840	32
33	INTERIM PAYMENTS	7,857,241	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	3,599	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 (15-0034) [ ] SNF [XX] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [ ] OTHER  
 [ ] SUB (OTHER)

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

		INPATIENT	OUTPATIENT
		TITLE V OR	TITLE V OR
		TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES			1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)			4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)			7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES		5,661,016	8
9 ANCILLARY SERVICE CHARGES		13,446,714	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)		19,107,730	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)		19,107,730	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		19,107,730	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 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 (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (TO ZERO OUT SETTLEMENT, SINCE NO ADD)			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

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-T034) [ ] ICF/MR [ ] OTHER  
 [ ] SUB (OTHER)

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

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES		1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)		4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)		7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES	107,282	8
9 ANCILLARY SERVICE CHARGES	297,190	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)	404,472	12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	404,472	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	404,472	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 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 (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM 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

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	3,151,000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	29,550,000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	5,216,000			7
8	PREPAID EXPENSES	3,536,000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	4,749,000			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	46,202,000			11
FIXED ASSETS					
12	LAND				12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	96,557,000			15
16	ACCUMULATED DEPRECIATION				16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT				23
24	ACCUMULATED DEPRECIATION				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)	96,557,000			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	1,490,000			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	1,490,000			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	144,249,000			36
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	3,552,000			37
38	SALARIES, WAGES & FEES PAYABLE	7,538,000			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	1,068,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	6,874,000			43
44	OTHER CURRENT LIABILITIES	7,227,000			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	26,259,000			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	1,056,000			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	4,976,000			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	6,032,000			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	32,291,000			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	111,958,000			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)	111,958,000			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	144,249,000			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		109,417,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		15,275,513							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		124,692,513							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFER OF FUNDS		109,000							5
6									6
7 RELEASE RESTRICTED ASSETS		127,000							7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		236,000							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		124,928,513							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)		12,840,000							12
13									13
14		130,513							14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		12,970,513							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		111,958,000							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	40,998,147		40,998,147	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF	4,304,335		4,304,335	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)	45,302,482		45,302,482	
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	5,300,241		5,300,241	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	5,300,241		5,300,241	
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	50,602,723		50,602,723	17
18 ANCILLARY SERVICES	224,787,995		224,787,995	18
19 OUTPATIENT SERVICES		245,012,267	245,012,267	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		3,244,696	3,244,696	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
27.01 PHYSICIAN SERVICES	4,558,647	27,421,497	31,980,144	27.01
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	279,949,365	275,678,460	555,627,825	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		199,607,444	29
30 ADD (SPECIFY)			30
31 BAD DEBTS			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)		199,607,444	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	555,627,825	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	343,187,037	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	212,440,788	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	199,607,444	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	12,833,344	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	100	6
7	INCOME FROM INVESTMENTS	179,508	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	104,663	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	731,338	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	17,695	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	11,553	21
22	RENTAL OF HOSPITAL SPACE	578,031	22
23	GOVERNMENTAL APPROPRIATIONS	621,879	23
24	OTHER (OTHER OPERATING INCOME)	236,688	24
24.01	OTHER (CARDIO INCOME)	61,017	24.01
24.02	OTHER (RELEASED TEMP ASSETS)	21,313	24.02
24.03	OTHER (POB REVENUES)		24.03
24.04	OTHER (THERAPY INCOME)	2,698	24.04
24.05	OTHER (LAMAZE CLASSES)	124,678	24.05
24.06	OTHER (PHOTOGRAPHIC FEES)	3,179	24.06
24.07	OTHER (GAIN ON SALE OF ASSETS)		24.07
24.08	OTHER (ROUNDING)		24.08
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	2,694,340	25
26	TOTAL (LINE 5 PLUS LINE 25)	15,527,684	26
27	OTHER EXPENSES (ROUNDING)	2	27
27.01	OTHER EXPENSES (LOSS ON SALE OF ASSETS)	252,169	27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	252,171	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	15,275,513	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7313

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 ADMINISTRATIVE AND GENERAL	460,626				73,847	534,473
6 HHA REIMBURSABLE SERVICES						
7 SKILLED NURSING CARE	637,282		41,917			679,199
8 PHYSICAL THERAPY				386,510		386,510
9 OCCUPATIONAL THERAPY				76,883		76,883
10 SPEECH PATHOLOGY				17,393		17,393
11 MEDICAL SOCIAL SERVICES						
12 HOME HEALTH AIDE	60,845		9,245			70,090
13 SUPPLIES (SEE INSTRUCTIONS)					122,491	122,491
14 DRUGS						
15 DME						
16 HHA NONREIMBURSABLE SERVICES						
17 HOME DIALYSIS AIDE SERVICES						
18 RESPIRATORY THERAPY						
19 PRIVATE DUTY NURSING						
20 CLINIC						
21 HEALTH PROMOTION ACTIVITIES						
22 DAY CARE PROGRAM						
23 HOME DELIVERED MEALS PROGRAM						
24 HOMEMAKER SERVICE						
25 ALL OTHERS						
26 TOTAL (SUM OF LINES 1-23)	1,158,753		51,162	480,786	196,338	1,887,039

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7313

WORKSHEET H  
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-43,665	490,808	-1,156	489,652	5
6		679,199		679,199	6
7		386,510		386,510	7
8		76,883		76,883	8
9		17,393		17,393	9
10	3,141	3,141		3,141	10
11		70,090		70,090	11
12	-122,491				12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-163,015	1,724,024	-1,156	1,722,868	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 15-7313

WORKSHEET H-1  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS. 0-4) 4A	ADMIN & GENERAL	TOTAL (COLS. 4A+5) 6	
	0	1	2	3	4		5	6	
1									1
2									2
3									3
4									4
5	489,652					489,652	489,652		5
6	679,199					679,199	267,968	947,167	6
7	386,510					386,510	152,492	539,002	7
8	76,883					76,883	30,333	107,216	8
9	17,393					17,393	6,862	24,255	9
10	3,141					3,141	1,239	4,380	10
11	70,090					70,090	27,653	97,743	11
12							3,105	3,105	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24	1,722,868					1,722,868		1,722,868	24

PROVIDER CCN: 15-0034 ST. MARY MEDICAL CENTER, INC.  
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7313

WORKSHEET H-1  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-489,652	1,241,086	5
6 SKILLED NURSING CARE						679,199	6
7 PHYSICAL THERAPY						386,510	7
8 OCCUPATIONAL THERAPY						76,883	8
9 SPEECH PATHOLOGY						17,393	9
10 MEDICAL SOCIAL SERVICES						3,141	10
11 HOME HEALTH AIDE						70,090	11
12 SUPPLIES (SEE INSTRUCTIONS)					7,870	7,870	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-481,782	1,241,086	24
25 COST TO BE ALLOC (PER W/S H)						489,652	25
26 UNIT COST MULTIPLIER						0.394535	26









ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 15-7313

WORKSHEET H-2  
 PART I

HHA COST CENTER	ALLOCATED		
	HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL			1
2 SKILLED NURSING CARE	400,785	1,523,023	2
3 PHYSICAL THERAPY	228,075	866,705	3
4 OCCUPATIONAL THERAPY	45,367	172,400	4
5 SPEECH PATHOLOGY	10,263	39,001	5
6 MEDICAL SOCIAL SERVICES	1,854	7,044	6
7 HOME HEALTH AIDE	41,359	157,169	7
8 SUPPLIES	1,314	4,993	8
9 DRUGS			9
10 DME			10
11 HOME DIALYSIS AIDE SERVICES			11
12 RESPIRATORY THERAPY			12
13 PRIVATE DUTY NURSING			13
14 CLINIC			14
15 HEALTH PROMOTION ACTIVITIES			15
16 DAY CARE PROGRAM			16
17 HOME DELIVERED MEALS PROGRAM			17
18 HOMEMAKER SERVICE			18
19 ALL OTHERS			19
20 TOTAL (SUM OF LINES 1-19)	729,017	2,770,335	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.	0.357131		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7313

WORKSHEET H-2  
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS GROSS SALARIES 4	MAINTENACE OF PERSONNEL NUMBER OF FTES 4.01	NONPATIENT TELEPHONES NUMBER OF PHONES 5.01	PURCHASING RECEIVING & STORES SUPPLY EXPENSE 5.02	PATIENT REGISTRATN GROSS REVENUE 5.03	
1 ADMINISTRATIVE AND GENERAL	2,100	2,100		1,158,753	1,692	20	10,016	3,244,696	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	2,100	2,100		1,158,753	1,692	20	10,016	3,244,696	20
21 TOTAL COST TO BE ALLOCATED	37,389	38,817		289,717	22,912	7,701	2,968	13,443	21
22 UNIT COST MULTIPLIER	17.804286				13.541371		0.296326		22
22 UNIT COST MULTIPLIER		18.484286		0.250025		385.050000		0.004143	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7313

WORKSHEET H-2  
 PART II

HHA COST CENTER	PATIENT ACCOUNTING	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED
	5.04	4A.05	5.05	6	7	8	9	10
1 ADMINISTRATIVE AND GENERAL			412,947		2,100		2,100	1
2 SKILLED NURSING CARE			947,167					2
3 PHYSICAL THERAPY			539,002					3
4 OCCUPATIONAL THERAPY			107,216					4
5 SPEECH PATHOLOGY			24,255					5
6 MEDICAL SOCIAL SERVICES			4,380					6
7 HOME HEALTH AIDE			97,743					7
8 SUPPLIES			3,105					8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)			2,135,815	2,100	2,100		2,100	20
21 TOTAL COST TO BE ALLOCATED			394,778	50,961	36,184		19,712	21
22 UNIT COST MULTIPLIER			0.184837		17.230476		9.386667	22
22 UNIT COST MULTIPLIER				24.267143				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7313

WORKSHEET H-2  
 PART II

HHA COST CENTER	CAFETERIA NUMBER OF FTES 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS- TRATION NURSING HOURS 13	CENTRAL SERVICES & SUPPLY EXPENSE 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19
1 ADMINISTRATIVE AND GENERAL	1,692		35,194			3,244,696		1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)	1,692		35,194			3,244,696		20
21 TOTAL COST TO BE ALLOCATED	34,481		78,968			19,436		21
22 UNIT COST MULTIPLIER	20.378842		2.243792					22
22 UNIT COST MULTIPLIER						0.005990		22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7313

WORKSHEET H-2  
 PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7313

WORKSHEET H-3  
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	4	(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1,523,023		1,523,023	13,778	110.54	1
2	PHYSICAL THERAPY	3	866,705		866,705	6,482	133.71	2
3	OCCUPATIONAL THERAPY	4	172,400		172,400	1,274	135.32	3
4	SPEECH PATHOLOGY	5	39,001		39,001	298	130.88	4
5	MEDICAL SOCIAL SERVICES	6	7,044		7,044	34	207.18	5
6	HOME HEALTH AIDE	7	157,169		157,169	3,039	51.72	6
7	TOTAL (SUM OF LINES 1-6)		2,765,342		2,765,342	24,905		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERVICES							12
13	HOME HEALTH AIDE							13
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	(FROM HHA RECORD)	(COL.3 ÷ COL.4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	4,993	143,592	148,585	238,250	0.623652	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7313

WORKSHEET H-3  
 PARTS I & II  
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	5,665	4,866		626,209	537,888		1,164,097
2 PHYSICAL THERAPY	2,880	2,210		385,085	295,499		680,584
3 OCCUPATIONAL THERAPY	680	362		92,018	48,986		141,004
4 SPEECH PATHOLOGY	86	160		11,256	20,941		32,197
5 MEDICAL SOCIAL SERVICES	13	13		2,693	2,693		5,386
6 HOME HEALTH AIDE	1,077	1,655		55,702	85,597		141,299
7 TOTAL (SUM OF LINES 1-6)	10,401	9,266		1,172,963	991,604		2,164,567

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		3	4	
8 SKILLED NURSING CARE	1	2	3	8
9 PHYSICAL THERAPY	23844	5,665	4,866	9
10 OCCUPATIONAL THERAPY	23844	2,880	2,210	10
11 SPEECH PATHOLOGY	23844	680	362	11
12 MEDICAL SOCIAL SERVICES	23844	86	160	12
13 HOME HEALTH AIDE	23844	13	13	13
14 TOTAL (SUM OF LINES 8-13)	23844	1,077	1,655	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES							15
16 COST OF DRUGS							16

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED
			2	3	
1 PHYSICAL THERAPY	66	0.322919			COL 2, LINE 2
2 OCCUPATIONAL THERAPY	67	0.350996			COL 2, LINE 3
3 SPEECH PATHOLOGY	68	0.418694			COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.602696	238,250	143,592	COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	73	0.241462			COL 2, LINE 16

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 15-7313

WORKSHEET H-4  
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES				3
4 CUSTOMARY CHARGES				4
5 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				5
6 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				6
7 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				7
8 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)				8
9 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)				9
10 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				10
11 PRIMARY PAYER PAYMENTS				11

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,201,789	999,055	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	48,288	52,471	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	7,072	8,499	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	9,435	2,736	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	12,478	19,188	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	1,279,062	1,081,949	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	1,279,062	1,081,949	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	1,279,062	1,081,949	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	1,279,062	1,081,949	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	-1,502	-1,832	30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,277,560	1,080,117	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,277,560	1,080,117	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

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

HHA NO.: 15-7313

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,277,560		1,080,117	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99				3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		1,277,560		1,080,117	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99				5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .01				6.01
	PROVIDER .01				6.01
	TO .02				6.02
	PROGRAM .01				6.01
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8 NAME OF CONTRACTOR:			CONTRACTOR NUMBER:	NPR DATE:	8

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((15-003) [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	3,610,069	1
2	CAPITAL DRG OUTLIER PAYMENTS	105,798	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	140.07	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)	0.0430	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1119	8
9	SUM OF LINES 7 AND 8	0.1549	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0319	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	115,161	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,831,028	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 ((15-003) [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- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NON-PATIENT TELEPHONES						5.01
5.02 PURCHASING, RECEIVING & STORES						5.02
5.03 PATIENT REGISTRATION						5.03
5.04 PATIENT ACCOUNTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES AP						21
22 I&R SRVCES-OTHER PRGM COSTS AP						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
41 SUBPROVIDER - IRF						41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 RADIOLOGY - ULTRASOUND						54.01
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOOD						62
62.30 BLOOD CLOTTING FOR HEMOPHILIAC						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
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 CARDIOVASCULAR OUTPATIENT UNIT						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
194 OTHER NON-REIMBURSEABLE COST C						194
194.01 COLLECTIVE IMAGE						194.01

PROVIDER CCN: 15-0034 ST. MARY MEDICAL CENTER, INC.  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
11/28/2012 09:54

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	59.45		4.22				63.67 30
31 INTENSIVE CARE UNIT	49.75		4.11				53.86 31
43 NURSERY			5.85				5.85 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	21.10	20.56	1.76				43.42 50
51 RECOVERY ROOM	24.23	53.32	2.17				79.72 51
53 ANESTHESIOLOGY	16.86	22.87	1.70				41.43 53
54 RADIOLOGY-DIAGNOSTIC	16.19	23.91	2.27				42.37 54
54.01 RADIOLOGY - ULTRASOUND	8.24	8.14	1.08				17.46 54.01
56 RADIOISOTOPE	26.14	22.89	3.14				52.17 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	20.35	21.11	2.35				43.81 57
59 CARDIAC CATHETERIZATION	40.34	24.46	3.45				68.25 59
60 LABORATORY	26.11	2.32	3.10				31.53 60
62 WHOLE BLOOD & PACKED RED BLOOD	49.88	7.61	6.08				63.57 62
65 RESPIRATORY THERAPY	47.77	5.12	5.14				58.03 65
66 PHYSICAL THERAPY	19.01	0.04	2.07				21.12 66
67 OCCUPATIONAL THERAPY	14.17		2.45				16.62 67
68 SPEECH PATHOLOGY	22.70		3.57				26.27 68
70 ELECTROENCEPHALOGRAPHY	4.90	4.30	0.50				9.70 70
71 MEDICAL SUPPLIES CHRGED TO PATI	34.84	12.42	2.96				50.22 71
72 IMPL. DEV. CHARGED TO PATIENT	43.23	11.99	1.47				56.69 72
73 DRUGS CHARGED TO PATIENTS	36.49	18.96	5.30				60.75 73
74 RENAL DIALYSIS	61.47		7.69				69.16 74
76.97 CARDIAC REHABILITATION	24.47	22.00	1.82				48.29 76.97
90 CLINIC	0.12	15.95	0.01				16.08 90
91 EMERGENCY	18.26	10.12	2.14				30.52 91
92 OBSERVATION BEDS	6.86	19.02	0.24				26.12 92
200 TOTAL CHARGES	26.27	15.20	2.79				44.26 200

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

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
41 SUBPROVIDER - IRF	81.77		2.91				84.68 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.17		0.01				0.18 50
51 RECOVERY ROOM	0.16						0.16 51
53 ANESTHESIOLOGY	0.10						0.10 53
54 RADIOLOGY-DIAGNOSTIC	0.54		0.02				0.56 54
54.01 RADIOLOGY - ULTRASOUND	0.19						0.19 54.01
56 RADIOISOTOPE	0.16		0.03				0.19 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.50		0.01				0.51 57
59 CARDIAC CATHETERIZATION	0.41						0.41 59
60 LABORATORY	1.30		0.04				1.34 60
62 WHOLE BLOOD & PACKED RED BLOOD	1.92						1.92 62
65 RESPIRATORY THERAPY	4.22		0.18				4.40 65
66 PHYSICAL THERAPY	19.93		1.43				21.36 66
67 OCCUPATIONAL THERAPY	49.90						49.90 67
68 SPEECH PATHOLOGY	33.21						33.21 68
70 ELECTROENCEPHALOGRAPHY	0.08		0.01				0.09 70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.81						1.81 71
72 IMPL. DEV. CHARGED TO PATIENT	0.01						0.01 72
73 DRUGS CHARGED TO PATIENTS	3.27		0.11				3.38 73
74 RENAL DIALYSIS	14.98						14.98 74
200 TOTAL CHARGES	2.03		0.06				2.09 200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	8,849,328	4.94	-8,849,328	-10.79			1
2	CAP REL COSTS-MVBLE EQUIP	9,187,294	5.13	-9,187,294	-11.21			2
3	OTHER CAPITAL RELATED COSTS							3
4	EMPLOYEE BENEFITS	16,589,005	9.26	-16,589,005	-20.23			4
4.01	MAINTENANCE OF PERSONNEL	1,194,965	0.67	-1,194,965	-1.46			4.01
5.01	NON-PATIENT TELEPHONES	193,964	0.11	-193,964	-0.24			5.01
5.02	PURCHASING, RECEIVING & STORES	367,852	0.21	-367,852	-0.45			5.02
5.03	PATIENT REGISTRATION	1,627,373	0.91	-1,627,373	-1.98			5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL	22,826,042	12.74	-22,826,042	-27.84			5.05
6	MAINTENANCE & REPAIRS	7,156,424	3.99	-7,156,424	-8.73			6
7	OPERATION OF PLANT	1,455,305	0.81	-1,455,305	-1.77			7
8	LAUNDRY & LINEN SERVICE	616,122	0.34	-616,122	-0.75			8
9	HOUSEKEEPING	1,908,339	1.07	-1,908,339	-2.33			9
10	DIETARY	1,304,765	0.73	-1,304,765	-1.59			10
11	CAFETERIA	1,309,395	0.73	-1,309,395	-1.60			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,447,395	0.81	-1,447,395	-1.77			13
14	CENTRAL SERVICES & SUPPLY	520,556	0.29	-520,556	-0.63			14
15	PHARMACY	3,338,010	1.86	-3,338,010	-4.07			15
16	MEDICAL RECORDS & LIBRARY	1,817,209	1.01	-1,817,209	-2.22			16
17	SOCIAL SERVICE	282,850	0.16	-282,850	-0.34			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SRVCES-SALARY & FRINGES APP							21
22	I&R SRVCES-OTHER PRGM COSTS APP							22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	15,451,892	8.62	21,796,645	26.58	37,248,537	20.79	30
31	INTENSIVE CARE UNIT	2,352,289	1.31	2,330,660	2.84	4,682,949	2.61	31
41	SUBPROVIDER - IRF	2,279,092	1.27	2,600,167	3.17	4,879,259	2.72	41
43	NURSERY							43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	6,480,951	3.62	6,650,087	8.11	13,131,038	7.33	50
51	RECOVERY ROOM	1,178,837	0.66	1,225,074	1.49	2,403,911	1.34	51
53	ANESTHESIOLOGY	27,270	0.02	148,459	0.18	175,729	0.10	53
54	RADIOLOGY-DIAGNOSTIC	2,880,931	1.61	4,866,898	5.94	7,747,829	4.32	54
54.01	RADIOLOGY - ULTRASOUND	501,629	0.28	376,436	0.46	878,065	0.49	54.01
56	RADIOISOTOPE	378,756	0.21	477,070	0.58	855,826	0.48	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	622,521	0.35	864,004	1.05	1,486,525	0.83	57
59	CARDIAC CATHETERIZATION	885,719	0.49	1,139,533	1.39	2,025,252	1.13	59
60	LABORATORY	5,387,901	3.01	4,083,058	4.98	9,470,959	5.29	60
62	WHOLE BLOOD & PACKED RED BLOOD	1,267,005	0.71	441,046	0.54	1,708,051	0.95	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	1,803,267	1.01	1,387,449	1.69	3,190,716	1.78	65
66	PHYSICAL THERAPY	1,952,246	1.09	1,731,270	2.11	3,683,516	2.06	66
67	OCCUPATIONAL THERAPY	1,050,896	0.59	533,165	0.65	1,584,061	0.88	67
68	SPEECH PATHOLOGY	330,061	0.18	73,785	0.09	403,846	0.23	68
70	ELECTROENCEPHALOGRAPHY	680,830	0.38	827,618	1.01	1,508,448	0.84	70
71	MEDICAL SUPPLIES CHRGED TO PATI	14,035,877	7.83	3,431,995	4.19	17,467,872	9.75	71
72	IMPL. DEV. CHARGED TO PATIENT	12,371,233	6.90	2,993,437	3.65	15,364,670	8.57	72
73	DRUGS CHARGED TO PATIENTS	7,901,431	4.41	7,040,543	8.59	14,941,974	8.34	73
74	RENAL DIALYSIS	555,166	0.31	127,677	0.16	682,843	0.38	74
76.97	CARDIAC REHABILITATION	554,241	0.31	1,059,713	1.29	1,613,954	0.90	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	CLINIC	1,434,614	0.80	1,790,294	2.18	3,224,908	1.80	90
90.01	CARDIOVASCULAR OUTPATIENT UNIT							90.01
91	EMERGENCY	3,207,592	1.79	3,455,383	4.21	6,662,975	3.72	91
92	OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS								
OUTPATIENT SERVICE COST CENTERS								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	1,722,868	0.96	1,047,467	1.28	2,770,335	1.55	101
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
192	PHYSICIANS' PRIVATE OFFICES	9,639,127	5.38	6,707,752	8.18	16,346,879	9.12	192
194	OTHER NON-REIMBURSEABLE COST CE	255,943	0.14	2,785,508	3.40	3,041,451	1.70	194
194.01	COLLECTIVE IMAGE							194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	179,182,378	100.00			179,182,378	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,645,543	60,751,398	0.027087	12,816,436	347,159	50
51 RECOVERY ROOM	253,235	6,144,376	0.041214	1,488,643	61,353	51
53 ANESTHESIOLOGY	12,862	13,012,232	0.000988	2,193,935	2,168	53
54 RADIOLOGY-DIAGNOSTIC	1,494,523	44,744,529	0.033401	7,244,340	241,968	54
54.01 RADIOLOGY - ULTRASOUND	44,729	7,091,054	0.006308	584,570	3,687	54.01
56 RADIOISOTOPE	117,009	6,280,711	0.018630	1,641,800	30,587	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	118,829	41,022,670	0.002897	8,347,246	24,182	57
59 CARDIAC CATHETERIZATION	214,908	24,837,435	0.008653	10,020,190	86,705	59
60 LABORATORY	839,421	69,345,336	0.012105	18,107,394	219,190	60
62 WHOLE BLOOD & PACKED RED BLOOD	86,609	3,947,990	0.021937	1,969,299	43,201	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	227,596	9,448,545	0.024088	4,513,910	108,731	65
66 PHYSICAL THERAPY	645,349	11,406,923	0.056575	2,168,255	122,669	66
67 OCCUPATIONAL THERAPY	141,129	4,513,046	0.031271	639,708	20,004	67
68 SPEECH PATHOLOGY	10,103	964,537	0.010474	218,976	2,294	68
70 ELECTROENCEPHALOGRAPHY	196,993	8,423,790	0.023385	412,937	9,657	70
71 MEDICAL SUPPLIES CHRGED TO PATI	423,066	28,982,882	0.014597	10,096,645	147,381	71
72 IMPL. DEV. CHARGED TO PATIENT	374,886	29,444,132	0.012732	12,727,762	162,050	72
73 DRUGS CHARGED TO PATIENTS	542,196	61,881,271	0.008762	22,582,273	197,866	73
74 RENAL DIALYSIS	17,017	2,299,503	0.007400	1,413,556	10,460	74
76.97 CARDIAC REHABILITATION	354,120	1,153,398	0.307023	282,276	86,665	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	530,792	4,942,768	0.107388	5,699	612	90
90.01 CARDIOVASCULAR OUTPATIENT UNIT						90.01
91 EMERGENCY	547,671	39,142,330	0.013992	7,147,615	100,009	91
92 OBSERVATION BEDS	249,873	3,021,856	0.082689	207,232	17,136	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	9,088,459	482,802,712		126,830,697	2,045,734	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
INPATIENT ROUTINE SERVICE COST CENTERS									
30	ADULTS & PEDIATRICS	5,247,477		5,247,477	49,897	105.17	29,663	3,119,658	30
31	INTENSIVE CARE UNIT	452,316		452,316	3,745	120.78	1,863	225,013	31
200	TOTAL	5,699,793		5,699,793	53,642		31,526	3,344,671	200
							MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	3,344,671	
							MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	2,045,734	
							TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	5,390,405	
							MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)	5,918	
							MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)	31,526	
							PER DISCHARGE CAPITAL COSTS	910.85	
							PER DIEM CAPITAL COSTS	170.98	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	51,426,983
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	153,254,571
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.336

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	6,936,463
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	13,344,062
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.520

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	5,390,405
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.035

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	16,227,896
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	73,276,811
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.221