

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: 11-22-2013 TIME: 10:58
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOSEPH'S REG MED CENTER S. BEND (15-0012) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2012 AND ENDING 06/30/2013, 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		-231,802	112,667	723,620	130,082	1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		121,399				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		-110,403	112,667	723,620	130,082	200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5215 HOLY CROSS PARKWAY
 2 CITY: MISHAWAKA

P.O.BOX:
 ZIP CODE: 46545

COUNTY: SAINT JOSEPH

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	N 9
3	HOSPITAL	15-0012	43780	1	07/01/1996	N	P	P	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF	15-T012	43780	5	06/01/1983	N	P	P	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2012			TO: 06/30/2013				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID UNPAID DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID UNPAID DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	1 2			
							Y	N		
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.						Y	N	22	
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	
24	IF THIS PROVIDER IS AN IPPS 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.						10,817			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 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.						550			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
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)									1 2 N N 39

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?				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.				46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.				47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.				48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
		Y/N	IME	DIRECT GME	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	N			61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME	UNWEIGHTED DIRECT GME	
	PROGRAM NAME 1	PROGRAM CODE 2	FTE COUNT 3	FTE COUNT 4	
					61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
					61.20
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)	30.34			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
64 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)			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.3+COL.4) 5
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

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

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)) 5
1	2	3	4	5

INPATIENT PSYCHIATRIC FACILITY PPS

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

INPATIENT REHABILITATION FACILITY PPS

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

LONG TERM CARE HOSPITAL PPS

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

		V	XIX	
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N		108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL N	RESPI- RATORY 109
MISCELLANEOUS COST REPORTING INFORMATION				
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.		N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 93,000 PAID LOSSES: 273,339 SELF INSURANCE: 639,000			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.		N	118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.		N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.		Y	121
TRANSPLANT CENTER INFORMATION				
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.		N	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ALL PROVIDERS

140 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1,
 CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS
 ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER. 1 2
 Y 15H034 140

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

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

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

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

MULTICAMPUS

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

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

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

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

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. Y 167
 168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),
 ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168
 169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH
 (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 1.00 169
 170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE
 FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS) 07/01/2012 06/30/2013 170

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS					
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 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	
APPROVED EDUCATIONAL ACTIVITIES					
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y/N	Y/N 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 Y	2 09/30/2013	3 Y	4 09/30/2013
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

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

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	75,952,060	-542,573	75,409,487	2,885,269.00	26.14	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING		1,317,073		1,317,073	12,440.00	105.87	4.01
5	PHYSICIAN-PART B		382,025		382,025	2,970.00	128.63	5
6	NON-PHYSICIAN-PART B		157,906		157,906	4,244.00	37.21	6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		2,890,921	-1,127,789	1,763,132	64,322.00	27.41	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		7,461,993	19,841	7,481,834	98,018.00	76.33	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		469,559		469,559	8,468.00	55.45	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES		125,216		125,216	2,080.00	60.20	12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		24,852,381		24,852,381	495,848.00	50.12	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING							16
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		23,246,812		23,246,812			17
18	WAGE-RELATED COSTS (OTHER)		3,022		3,022			18
19	EXCLUDED AREAS		2,387,975		2,387,975			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B		41,056		41,056			21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING		342,439		342,439			22.01
23	PHYSICIAN PART B		9,932		9,932			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		458,414		458,414			25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS DEPARTMENT		397,119		397,119	31,621.00	12.56	26
27	ADMINISTRATIVE & GENERAL		2,668,698	-562,414	2,106,284	127,637.00	16.50	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		189,965		189,965	565.00	336.22	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		1,730,814		1,730,814	72,471.00	23.88	30
31	LAUNDRY & LINEN SERVICE		155,526		155,526	11,712.00	13.28	31
32	HOUSEKEEPING		2,064,431		2,064,431	153,566.00	13.44	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		1,829,722	-603,808	1,225,914	83,557.00	14.67	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA			603,808	603,808	41,155.00	14.67	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,965,689		1,965,689	69,287.00	28.37	38
39	CENTRAL SERVICES AND SUPPLY		391,607		391,607	23,183.00	16.89	39
40	PHARMACY		2,753,891		2,753,891	71,202.00	38.68	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,424,874		1,424,874	70,553.00	20.20	41
42	SOCIAL SERVICE		1,610,864		1,610,864	51,671.00	31.18	42
43	OTHER GENERAL SERVICE		547,917		547,917	35,199.00	15.57	43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	71,394,100	585,216	71,979,316	2,801,858.00	25.69	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	7,461,993	19,841	7,481,834	98,018.00	76.33	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	63,932,107	565,375	64,497,482	2,703,840.00	23.85	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	25,447,156		25,447,156	506,396.00	50.25	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	23,249,834		23,249,834		36.05%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	112,629,097	565,375	113,194,472	3,210,236.00	35.26	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	17,731,117	-562,414	17,168,703	843,379.00	20.36	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	539,451	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)	7,840,093	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	8,094,994	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	814,781	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	149,150	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	714,283	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	144,016	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	46,091	16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	4,771,605	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	125,312	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	7,036	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	23,246,812	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	3,022	25

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/22/2013 10:58

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	778,559	1
2	HOSPITAL	469,559	2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF	309,000	4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.316440	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				33,397,363	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				90,525,426	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				28,645,866	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)					19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	19,019,795	1,021,790	20,041,585		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	6,018,624	323,335	6,341,959		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	119,015		119,015		22
23	COST OF CHARITY CARE	5,899,609	323,335	6,222,944		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				N	24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			13,323,563		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			405,925		27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			12,917,638		28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			4,087,657		29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			10,310,601		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			10,310,601		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				20,699,778	1
2	00200				11,395,802	2
3	00300					3
4	00400	397,119	-968,656	-571,537	968,656	4
5.01	00540	224,010	68,310	292,320		5.01
5.02	00550		35	35	-35	5.02
5.03	00560		3,747	3,747	-3,747	5.03
5.04	00570	1,193,601	568,719	1,762,320	-18,502	5.04
5.05	00580					5.05
5.06	00590	1,251,087	84,401,182	85,652,269	-22,587,030	5.06
6	00600		264	264	-264	6
7	00700	1,730,814	6,631,286	8,362,100	-996,037	7
8	00800	155,526	1,124,809	1,280,335		8
9	00900	2,064,431	896,775	2,961,206	-16,264	9
10	01000	1,829,722	2,968,706	4,798,428	-1,749,642	10
11	01100				1,583,481	11
12	01200					12
13	01300	1,965,689	762,934	2,728,623	-303	13
14	01400	391,607	551,826	943,433	-9,357	14
15	01500	2,753,891	9,854,145	12,608,036	-9,184,649	15
16	01600	1,424,874	2,882,410	4,307,284	-17,873	16
17	01700	1,610,864	858,747	2,469,611	-31	17
18	01850	547,917	1,464,120	2,012,037	-118,303	18
19	01900					19
20	02000					20
21	02100	2,890,921	1,289,655	4,180,576	-1,357,908	21
22	02200				1,515,575	22
23	02300	62,437	151,695	214,132		23
23.01	02301	196,885	56,247	253,132	24,744	23.01
23.02	02302	312,467	87,555	400,022		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	17,276,821	8,665,387	25,942,208	-3,065,676	30
31	03100	3,810,100	1,827,724	5,637,824	269,560	31
35	02060	982,390	395,525	1,377,915	-49,992	35
41	04100	1,948,288	3,467,432	5,415,720	-1,882,796	41
43	04300				2,185,033	43
ANCILLARY SERVICE COST CENTERS						
50	05000	6,375,088	30,024,629	36,399,717	-18,475,772	50
51	05100	917,059	400,354	1,317,413		51
52	05200				596,558	52
54	05400	2,918,150	3,112,124	6,030,274	-1,375,389	54
55	05500	84,724	96,478	181,202	-13,116	55
57	05700	550,604	568,789	1,119,393	-183,459	57
58	05800		363,202	363,202		58
59	05900	2,254,038	8,854,720	11,108,758	-4,658,607	59
60	06000		13,187,838	13,187,838	-504,735	60
62.30	06250					62.30
65	06500	1,427,965	1,506,576	2,934,541	-257,855	65
66	06600	2,300,002	1,230,709	3,530,711	-309,874	66
67	06700	646,200	291,521	937,721	-26,388	67
68	06800	294,921	121,936	416,857	-26,405	68
69	06900	700,861	565,563	1,266,424	-283,273	69
71	07100		-398,238	-398,238	398,238	71
72	07200	305,601	383,652	689,253	19,700,829	72
73	07300				8,816,111	73
74	07400		925,686	925,686		74
76.97	07697					76.97
76.98	07698				250,792	76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000		409	409		90
90.01	09001		47	351		90.01
90.02	09002	86,944	70,273	157,217	-29,150	90.02
90.03	09003	793,878	938,059	1,731,937	-220,372	90.03
90.04	09004	384,876	1,327,383	1,712,259	-374,934	90.04
90.05	09009	446,451	168,924	615,375	-23,637	90.05
90.06	09005	257,827	388,815	646,642	-87,493	90.06
90.07	09006	378,329	280,579	658,908	-125,184	90.07
90.08	09007	296,476	208,273	504,749	-273,937	90.08
90.09	09008	260,803	158,832	419,635	-38,257	90.09
91	09100	4,307,839	2,205,785	6,513,624	-58,911	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
SPECIAL PURPOSE COST CENTERS						
113	11300					113

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/22/2013 10:58

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS
		1	2	3	4
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	71,010,144	194,993,754	266,003,898	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
190.01	19001 ATHLETIC TRAINERS	186,858	60,702	247,560	190.01
190.10	19002 OUTREACH SERVICES	1,775,330	1,101,617	2,876,947	190.10
190.11	19003 KINDRED/OUR LADY OF PEACE	231,643	45,064	276,707	190.11
190.19	19004 KINDRED/OUR LADY OF PEACE ADMIN				190.19
190.20	19005 ADVANCED SPECIALTIES	9,706	150,118	159,824	190.20
192	19200 PHYSICIANS' PRIVATE OFFICES		2,670	2,670	192
192.01	19201 PERINATOLOGIST		27,218	27,218	192.01
192.02	19202 NEONATOLOGISTS	788,402	236,090	1,024,492	192.02
192.03	19203 HOSPITALISTS/INTENSIVISTS	1,949,977	3,766,456	5,716,433	192.03
200	TOTAL (SUM OF LINES 118-199)	75,952,060	200,383,689	276,335,749	200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	20,699,778	4,135,893	24,835,671	1
2	00200	CAP REL COSTS-MVBLE EQUIP	11,395,802		11,395,802	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	397,119	1,652,628	2,049,747	4
5.01	00540	NONPATIENT TELEPHONES	292,320	-22,259	270,061	5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING, RECEIVING & STORES				5.03
5.04	00570	ADMITTING	1,743,818	-2,599	1,741,219	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	63,065,239	-11,168,397	51,896,842	5.06
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	7,366,063	-54,539	7,311,524	7
8	00800	LAUNDRY & LINEN SERVICE	1,280,335		1,280,335	8
9	00900	HOUSEKEEPING	2,944,942	-203,878	2,741,064	9
10	01000	DIETARY	3,048,786	-213,559	2,835,227	10
11	01100	CAFETERIA	1,583,481	-1,420,208	163,273	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	2,728,320	-115	2,728,205	13
14	01400	CENTRAL SERVICES & SUPPLY	934,076	-149	933,927	14
15	01500	PHARMACY	3,423,387	-139,432	3,283,955	15
16	01600	MEDICAL RECORDS & LIBRARY	4,289,411	-2,703	4,286,708	16
17	01700	SOCIAL SERVICE	2,469,580	-70	2,469,510	17
18	01850	STERILE SUPPLY	1,893,734		1,893,734	18
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,822,668	-292,081	2,530,587	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,515,575		1,515,575	22
23	02300	PARAMED ED PRGM-(SPECIFY)	214,132	-67,434	146,698	23
23.01	02301	CLINICAL PASTORAL EDUCATION	277,876	-10,925	266,951	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	400,022		400,022	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	22,876,532	-144,826	22,731,706	30
31	03100	INTENSIVE CARE UNIT	5,907,384	-450,662	5,456,722	31
35	02060	NEONATAL INTENSIVE CARE UNIT	1,327,923	-3,139	1,324,784	35
41	04100	SUBPROVIDER - IRF	3,532,924	-219,212	3,313,712	41
43	04300	NURSERY	2,185,033		2,185,033	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	17,923,945	-1,012,486	16,911,459	50
51	05100	RECOVERY ROOM	1,317,413		1,317,413	51
52	05200	DELIVERY ROOM & LABOR ROOM	596,558		596,558	52
54	05400	RADIOLOGY-DIAGNOSTIC	4,654,885	-34,003	4,620,882	54
55	05500	RADIOLOGY-THERAPEUTIC	168,086	-17,867	150,219	55
57	05700	CT SCAN	935,934	-155,135	780,799	57
58	05800	MRI	363,202	-362,672	530	58
59	05900	CARDIAC CATHETERIZATION	6,450,151	-7,098	6,443,053	59
60	06000	LABORATORY	12,683,103		12,683,103	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	2,676,686	-4,364	2,672,322	65
66	06600	PHYSICAL THERAPY	3,220,837	-203	3,220,634	66
67	06700	OCCUPATIONAL THERAPY	911,333	-40	911,293	67
68	06800	SPEECH PATHOLOGY	390,452		390,452	68
69	06900	ELECTROCARDIOLOGY	983,151	-3,995	979,156	69
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	20,390,082		20,390,082	72
73	07300	DRUGS CHARGED TO PATIENTS	8,816,111		8,816,111	73
74	07400	RENAL DIALYSIS	925,686		925,686	74
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	250,792		250,792	76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	409		409	90
90.01	09001	HEALTHY FAMILY CENTER	351		351	90.01
90.02	09002	MOBILE MEDICAL UNIT	128,067	-17,290	110,777	90.02
90.03	09003	FAMILY MEDICINE CENTER	1,511,565	-41,428	1,470,137	90.03
90.04	09004	WOUND HEALING CENTER	1,337,325		1,337,325	90.04
90.05	09009	OUTPATIENT TREATMENT & INFUSION	591,738	-225	591,513	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINICS	559,149	-188,936	370,213	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	533,724	-15,158	518,566	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	230,812	-3,665	227,147	90.08
90.09	09008	FAMILY MEDICINE FACULTY PHYSICIANS	381,378		381,378	90.09
91	09100	EMERGENCY	6,454,713	-114,749	6,339,964	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS						
94	09400	HOME PROGRAM DIALYSIS				94
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE				113

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	
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	266,003,898	-10,606,980	255,396,918	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
190.01	19001 ATHLETIC TRAINERS	247,560		247,560	190.01
190.10	19002 OUTREACH SERVICES	2,876,947		2,876,947	190.10
190.11	19003 KINDRED/OUR LADY OF PEACE	276,707		276,707	190.11
190.19	19004 KINDRED/OUR LADY OF PEACE ADMIN				190.19
190.20	19005 ADVANCED SPECIALTIES	159,824		159,824	190.20
192	19200 PHYSICIANS' PRIVATE OFFICES	2,670		2,670	192
192.01	19201 PERINATOLOGIST	27,218		27,218	192.01
192.02	19202 NEONATOLOGISTS	1,024,492		1,024,492	192.02
192.03	19203 HOSPITALISTS/INTENSIVISTS	5,716,433		5,716,433	192.03
200	TOTAL (SUM OF LINES 118-199)	276,335,749	-10,606,980	265,728,769	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER		
		COST CENTER	LINE #				
	1	2	3	4	5		
1 WS A RECS NEGATIVE OTH EXP BALANCES	A	EMPLOYEE BENEFITS DEPARTMENT	4		968,656	1	
2		OTHER ADMINISTRATIVE & GENERA	5.06		35	2	
3		OTHER ADMINISTRATIVE & GENERA	5.06		3,747	3	
4		OPERATION OF PLANT	7		264	4	
5		MEDICAL SUPPLIES CHARGED TO P	71		398,238	5	
500 TOTAL RECLASSIFICATIONS						1,370,940	500
CODE LETTER - A							
1 DEPRECIATION RECLASSIFICATIONS	B	CAP REL COSTS-BLDG & FIXT	1		11,140	1	
2		CAP REL COSTS-MVBLE EQUIP	2		7,362	2	
3		CAP REL COSTS-BLDG & FIXT	1		4,320,049	3	
4		CAP REL COSTS-MVBLE EQUIP	2		4,124,482	4	
5		CAP REL COSTS-BLDG & FIXT	1		403,469	5	
6		CAP REL COSTS-MVBLE EQUIP	2		592,832	6	
7		CAP REL COSTS-MVBLE EQUIP	2		16,264	7	
8		DIETARY	10		928	8	
9		CAP REL COSTS-MVBLE EQUIP	2		167,089	9	
10		CAP REL COSTS-MVBLE EQUIP	2		303	10	
11		CAP REL COSTS-MVBLE EQUIP	2		9,357	11	
12		CAP REL COSTS-MVBLE EQUIP	2		364,858	12	
13		CAP REL COSTS-BLDG & FIXT	1		13,116	13	
14		CAP REL COSTS-MVBLE EQUIP	2		4,757	14	
15		CAP REL COSTS-MVBLE EQUIP	2		31	15	
16		CAP REL COSTS-BLDG & FIXT	1		7,548	16	
17		CAP REL COSTS-MVBLE EQUIP	2		109,860	17	
18		CAP REL COSTS-BLDG & FIXT	1		140,689	18	
19		CAP REL COSTS-MVBLE EQUIP	2		4,880	19	
20		CAP REL COSTS-BLDG & FIXT	1		1,257	20	
21		CAP REL COSTS-MVBLE EQUIP	2		356,877	21	
22		CAP REL COSTS-BLDG & FIXT	1		20,033	22	
23		CAP REL COSTS-MVBLE EQUIP	2		120,271	23	
24		CAP REL COSTS-MVBLE EQUIP	2		49,992	24	
25		CAP REL COSTS-BLDG & FIXT	1		3,079	25	
26		CAP REL COSTS-MVBLE EQUIP	2		261,287	26	
27		CAP REL COSTS-BLDG & FIXT	1		10,092	27	
28		CAP REL COSTS-MVBLE EQUIP	2		2,250,658	28	
29		CAP REL COSTS-BLDG & FIXT	1		225,577	29	
30		CAP REL COSTS-MVBLE EQUIP	2		1,149,812	30	
31		CAP REL COSTS-BLDG & FIXT	1		13,116	31	
32		CAP REL COSTS-BLDG & FIXT	1		343	32	
33		CAP REL COSTS-MVBLE EQUIP	2		183,116	33	
34		CAP REL COSTS-BLDG & FIXT	1		926,664	34	
35		CAP REL COSTS-BLDG & FIXT	1		18,840	35	
36		CAP REL COSTS-MVBLE EQUIP	2		1,157,795	36	
37		CAP REL COSTS-BLDG & FIXT	1		183,115	37	
38		CAP REL COSTS-MVBLE EQUIP	2		21,124	38	
39		CAP REL COSTS-BLDG & FIXT	1		141,785	39	
40		CAP REL COSTS-MVBLE EQUIP	2		116,070	40	
41		CAP REL COSTS-BLDG & FIXT	1		284,236	41	
42		CAP REL COSTS-MVBLE EQUIP	2		21,797	42	
43		CAP REL COSTS-BLDG & FIXT	1		26,152	43	
44		CAP REL COSTS-MVBLE EQUIP	2		236	44	
45		CAP REL COSTS-BLDG & FIXT	1		24,432	45	
46		CAP REL COSTS-MVBLE EQUIP	2		1,973	46	
47		CAP REL COSTS-BLDG & FIXT	1		90,136	47	
48		CAP REL COSTS-MVBLE EQUIP	2		163,437	48	
49		CAP REL COSTS-MVBLE EQUIP	2		3,680	49	
50		CAP REL COSTS-MVBLE EQUIP	2		29,150	50	
51		CAP REL COSTS-BLDG & FIXT	1		176,347	51	
52		CAP REL COSTS-MVBLE EQUIP	2		44,025	52	
53		CAP REL COSTS-BLDG & FIXT	1		107,666	53	
54		CAP REL COSTS-MVBLE EQUIP	2		17,232	54	
55		CAP REL COSTS-BLDG & FIXT	1		20,310	55	
56		CAP REL COSTS-MVBLE EQUIP	2		3,327	56	
57		CAP REL COSTS-BLDG & FIXT	1		83,444	57	
58		CAP REL COSTS-MVBLE EQUIP	2		4,049	58	
59		CAP REL COSTS-BLDG & FIXT	1		53,100	59	
60		CAP REL COSTS-MVBLE EQUIP	2		5,188	60	
61		CAP REL COSTS-BLDG & FIXT	1		37,597	61	
62		CAP REL COSTS-BLDG & FIXT	1		38,257	62	
63		CAP REL COSTS-BLDG & FIXT	1		26,280	63	
64		CAP REL COSTS-MVBLE EQUIP	2		32,631	64	
500 TOTAL RECLASSIFICATIONS						18,804,599	500
CODE LETTER - B							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 CHAPLAINCY TO CPE RECLASS	C	CLINICAL PASTORAL EDUCATION	23.01	19,841	4,903	1
500 TOTAL RECLASSIFICATIONS				19,841	4,903	500
CODE LETTER - C						
1 DIETARY TO CAFETERIA RECLASS	D	CAFETERIA	11	603,808	979,673	1
500 TOTAL RECLASSIFICATIONS				603,808	979,673	500
CODE LETTER - D						
1 PHARM TO DRUGS CHGD TO PTS RECLS	E	DRUGS CHARGED TO PATIENTS	73		8,819,791	1
500 TOTAL RECLASSIFICATIONS					8,819,791	500
CODE LETTER - E						
1 INTEREST EXPENSE RECLASS	F	INTEREST EXPENSE	113		695,607	1
2		INTEREST EXPENSE	113		12,296,734	2
3		CAP REL COSTS-BLDG & FIXT	1		695,607	3
4		CAP REL COSTS-BLDG & FIXT	1		12,296,734	4
500 TOTAL RECLASSIFICATIONS					25,984,682	500
CODE LETTER - F						
1 NO PROPERTY INSURANCE RECLASS FY 13	G					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - G						
1 OBSTETRICS RECLASS TO L&D & NUR	H	DELIVERY ROOM & LABOR ROOM	52	323,470	273,088	1
2		NURSERY	43	1,184,786	1,000,247	2
500 TOTAL RECLASSIFICATIONS				1,508,256	1,273,335	500
CODE LETTER - H						
1 SO BEND MED FOUND CAPITAL RECLASS	I	CAP REL COSTS-BLDG & FIXT	1		300,496	1
500 TOTAL RECLASSIFICATIONS					300,496	500
CODE LETTER - I						
1 IMPLANTS RECLASS	J	IMPL. DEV. CHARGED TO PATIENT	72		895	1
2		IMPL. DEV. CHARGED TO PATIENT	72		3,696	2
3		IMPL. DEV. CHARGED TO PATIENT	72		16,215,022	3
4		IMPL. DEV. CHARGED TO PATIENT	72		3,481,972	4
5		WOUND HEALING CENTER	90.04		756	5
500 TOTAL RECLASSIFICATIONS					19,702,341	500
CODE LETTER - J						
1 RECLASS WHC TO HYPERBARIC	K	HYPERBARIC OXYGEN THERAPY	76.98	71,797	178,995	1
500 TOTAL RECLASSIFICATIONS				71,797	178,995	500
CODE LETTER - K						
1 MEDICAL DIRECTOR RECLASSIFICATIONS	L	INTENSIVE CARE UNIT	31		29,700	1
2		INTENSIVE CARE UNIT	31		380,164	2
3		ADULTS & PEDIATRICS	30		77,745	3
4		SUBPROVIDER - IRF	41		3,841	4
500 TOTAL RECLASSIFICATIONS					491,450	500
CODE LETTER - L						
1 RESIDENT TO OTHER MEDICAL EDUCATION	M	I&R SERVICES-OTHER PRGM COSTS	22	31,257	8,127	1
2		I&R SERVICES-OTHER PRGM COSTS	22	1,265,909	268,392	2
3		I&R SERVICES-OTHER PRGM COSTS	22	7,642	1,412	3
4		I&R SERVICES-OTHER PRGM COSTS	22	63,644	14,761	4
500 TOTAL RECLASSIFICATIONS				1,368,452	292,692	500
CODE LETTER - M						
1 SPORTS MED FELLOW CLINIC TO I & R	N	I&R SERVICES-SALARY & FRINGES	21	53,092	13,804	1
500 TOTAL RECLASSIFICATIONS				53,092	13,804	500
CODE LETTER - N						

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VERSION: 2013.11
 11/22/2013 10:58

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 2	INCREASE LINE # 3	-----	
				SALARY 4	OTHER 5
1 PODIATRY RES CLINIC TO I & R	O	I&R SERVICES-SALARY & FRINGES	21	187,571	48,769 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O				187,571	48,769 500
1 NO RECLS NEG COST CTR AFTER RECLS	P				1
500 TOTAL RECLASSIFICATIONS CODE LETTER - P					500
1 SHORT TERM DISABILITIY RECLS TO OTH	Q	OTHER ADMINISTRATIVE & GENERA	5.06		542,573 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q					542,573 500
GRAND TOTAL (INCREASES)				3,812,817	78,809,043

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 WS A RECS NEGATIVE OTH EXP BALANCES	A	OTHER ADMINISTRATIVE & GENERA	5.06		968,656	1
2		DATA PROCESSING	5.02		35	2
3		PURCHASING, RECEIVING & STORE	5.03		3,747	3
4		MAINTENANCE & REPAIRS	6		264	4
5		OTHER ADMINISTRATIVE & GENERA	5.06		398,238	5
500 TOTAL RECLASSIFICATIONS					1,370,940	500
CODE LETTER - A						
1 DEPRECIATION RECLASSIFICATIONS	B	ADMITTING	5.04		11,140	10 1
2		ADMITTING	5.04		7,362	9 2
3		OTHER ADMINISTRATIVE & GENERA	5.06		4,320,049	10 3
4		OTHER ADMINISTRATIVE & GENERA	5.06		4,124,482	9 4
5		OPERATION OF PLANT	7		403,469	10 5
6		OPERATION OF PLANT	7		592,832	9 6
7		HOUSEKEEPING	9		16,264	9 7
8		CAP REL COSTS-BLDG & FIXT	1		928	10 8
9		DIETARY	10		167,089	9 9
10		NURSING ADMINISTRATION	13		303	9 10
11		CENTRAL SERVICES & SUPPLY	14		9,357	9 11
12		PHARMACY	15		364,858	9 12
13		MEDICAL RECORDS & LIBRARY	16		13,116	10 13
14		MEDICAL RECORDS & LIBRARY	16		4,757	9 14
15		SOCIAL SERVICE	17		31	9 15
16		STERILE SUPPLY	18		7,548	10 16
17		STERILE SUPPLY	18		109,860	9 17
18		I&R SERVICES-OTHER PRGM COSTS	22		140,689	10 18
19		I&R SERVICES-OTHER PRGM COSTS	22		4,880	9 19
20		ADULTS & PEDIATRICS	30		1,257	10 20
21		ADULTS & PEDIATRICS	30		356,877	9 21
22		INTENSIVE CARE UNIT	31		20,033	10 22
23		INTENSIVE CARE UNIT	31		120,271	9 23
24		NEONATAL INTENSIVE CARE UNIT	35		49,992	9 24
25		SUBPROVIDER - IRF	41		3,079	10 25
26		SUBPROVIDER - IRF	41		261,287	9 26
27		OPERATING ROOM	50		10,092	10 27
28		OPERATING ROOM	50		2,250,658	9 28
29		RADIOLOGY-DIAGNOSTIC	54		225,577	10 29
30		RADIOLOGY-DIAGNOSTIC	54		1,149,812	9 30
31		RADIOLOGY-THERAPEUTIC	55		13,116	10 31
32		CT SCAN	57		343	10 32
33		CT SCAN	57		183,116	9 33
34		SUBPROVIDER - IRF	41		926,664	14 34
35		CARDIAC CATHETERIZATION	59		18,840	10 35
36		CARDIAC CATHETERIZATION	59		1,157,795	9 36
37		LABORATORY	60		183,115	10 37
38		LABORATORY	60		21,124	9 38
39		RESPIRATORY THERAPY	65		141,785	10 39
40		RESPIRATORY THERAPY	65		116,070	9 40
41		PHYSICAL THERAPY	66		284,236	10 41
42		PHYSICAL THERAPY	66		21,797	9 42
43		OCCUPATIONAL THERAPY	67		26,152	10 43
44		OCCUPATIONAL THERAPY	67		236	9 44
45		SPEECH PATHOLOGY	68		24,432	10 45
46		SPEECH PATHOLOGY	68		1,973	9 46
47		ELECTROCARDIOLOGY	69		90,136	10 47
48		ELECTROCARDIOLOGY	69		163,437	9 48
49		DRUGS CHARGED TO PATIENTS	73		3,680	9 49
50		MOBILE MEDICAL UNIT	90.02		29,150	9 50
51		FAMILY MEDICINE CENTER	90.03		176,347	10 51
52		FAMILY MEDICINE CENTER	90.03		44,025	9 52
53		WOUND HEALING CENTER	90.04		107,666	10 53
54		WOUND HEALING CENTER	90.04		17,232	9 54
55		OUTPATIENT TREATMENT & INFUSI	90.05		20,310	10 55
56		OUTPATIENT TREATMENT & INFUSI	90.05		3,327	9 56
57		PEDIATRIC SPECIALTY CLINICS	90.06		83,444	10 57
58		PEDIATRIC SPECIALTY CLINICS	90.06		4,049	9 58
59		SPORTS MED FELLOWSHIP CLINIC	90.07		53,100	10 59
60		SPORTS MED FELLOWSHIP CLINIC	90.07		5,188	9 60
61		PODIATRY RESIDENCY CLINIC	90.08		37,597	10 61
62		FAMILY MEDICINE FACULTY PHYSI	90.09		38,257	10 62
63		EMERGENCY	91		26,280	10 63
64		EMERGENCY	91		32,631	9 64
500 TOTAL RECLASSIFICATIONS					18,804,599	500
CODE LETTER - B						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CHAPLAINCY TO CPE RECLASS	C	OTHER ADMINISTRATIVE & GENERA	5.06	19,841	4,903	1
500 TOTAL RECLASSIFICATIONS				19,841	4,903	500
CODE LETTER - C						
1 DIETARY TO CAFETERIA RECLASS	D	DIETARY	10	603,808	979,673	1
500 TOTAL RECLASSIFICATIONS				603,808	979,673	500
CODE LETTER - D						
1 PHARM TO DRUGS CHGD TO PTS RECLS	E	PHARMACY	15		8,819,791	1
500 TOTAL RECLASSIFICATIONS					8,819,791	500
CODE LETTER - E						
1 INTEREST EXPENSE RECLASS	F	SUBPROVIDER - IRF	41		695,607	11 1
2		OTHER ADMINISTRATIVE & GENERA	5.06		12,296,734	11 2
3		INTEREST EXPENSE	113		695,607	11 3
4		INTEREST EXPENSE	113		12,296,734	11 4
500 TOTAL RECLASSIFICATIONS					25,984,682	500
CODE LETTER - F						
1 NO PROPERTY INSURANCE RECLASS FY 13	G					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - G						
1 OBSTETRICS RECLASS TO L&D & NUR	H	ADULTS & PEDIATRICS	30	323,470	273,088	1
2		ADULTS & PEDIATRICS	30	1,184,786	1,000,247	2
500 TOTAL RECLASSIFICATIONS				1,508,256	1,273,335	500
CODE LETTER - H						
1 SO BEND MED FOUND CAPITAL RECLASS	I	LABORATORY	60		300,496	9 1
500 TOTAL RECLASSIFICATIONS					300,496	500
CODE LETTER - I						
1 IMPLANTS RECLASS	J	STERILE SUPPLY	18		895	1
2		ADULTS & PEDIATRICS	30		3,696	2
3		OPERATING ROOM	50		16,215,022	3
4		CARDIAC CATHETERIZATION	59		3,481,972	4
5		IMPL. DEV. CHARGED TO PATIENT	72		756	5
500 TOTAL RECLASSIFICATIONS					19,702,341	500
CODE LETTER - J						
1 RECLASS WHC TO HYPERBARIC	K	WOUND HEALING CENTER	90.04	71,797	178,995	1
500 TOTAL RECLASSIFICATIONS				71,797	178,995	500
CODE LETTER - K						
1 MEDICAL DIRECTOR RECLASSIFICATIONS	L	ELECTROCARDIOLOGY	69		29,700	1
2		OTHER ADMINISTRATIVE & GENERA	5.06		380,164	2
3		OTHER ADMINISTRATIVE & GENERA	5.06		77,745	3
4		PHYSICAL THERAPY	66		3,841	4
500 TOTAL RECLASSIFICATIONS					491,450	500
CODE LETTER - L						
1 RESIDENT TO OTHER MEDICAL EDUCATION	M	I&R SERVICES-SALARY & FRINGES	21	31,257	8,127	1
2		I&R SERVICES-SALARY & FRINGES	21	1,265,909	268,392	2
3		I&R SERVICES-SALARY & FRINGES	21	7,642	1,412	3
4		I&R SERVICES-SALARY & FRINGES	21	63,644	14,761	4
500 TOTAL RECLASSIFICATIONS				1,368,452	292,692	500
CODE LETTER - M						
1 SPORTS MED FELLOW CLINIC TO I & R	N	SPORTS MED FELLOWSHIP CLINIC	90.07	53,092	13,804	1
500 TOTAL RECLASSIFICATIONS				53,092	13,804	500
CODE LETTER - N						

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VERSION: 2013.11
 11/22/2013 10:58

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1 PODIATRY RES CLINIC TO I & R	O	PODIATRY RESIDENCY CLINIC	90.08	187,571	48,769	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O				187,571	48,769	500
1 NO RECLS NEG COST CTR AFTER RECLS	P					1
500 TOTAL RECLASSIFICATIONS CODE LETTER - P						500
1 SHORT TERM DISABILITIY RECLS TO OTH	Q	OTHER ADMINISTRATIVE & GENERA	5.06	542,573		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q				542,573		500
GRAND TOTAL (DECREASES)				4,355,390	78,266,470	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	3,538,880					3,538,880		1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES	230,767,680	1,250,691		1,250,691		232,018,371	2,091,119	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	178,828,603	5,631,166		5,631,166	1,143,086	183,316,683	17,295,021	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	413,135,163	6,881,857		6,881,857	1,143,086	418,873,934	19,386,140	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	413,135,163	6,881,857		6,881,857	1,143,086	418,873,934	19,386,140	10

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

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

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

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)	
							(SUM OF COLS. 9-14)	
1 CAP REL COSTS-BLDG & FIXT	5,937,958	6,480,277	11,490,771			926,664	24,835,671	1
2 CAP REL COSTS-MVBLE EQUIP	11,395,802						11,395,802	2
3 TOTAL	17,333,760	6,480,277	11,490,771			926,664	36,231,473	3

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		
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-1,501,570	CAP REL COSTS-BLDG & FIXT	1	11	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2		2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)						3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)						4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)						5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)						6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-18,659	NONPATIENT TELEPHONES	5.01		7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-30,686	OPERATION OF PLANT	7		8
9 PARKING LOT (CHAPTER 21)						9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,194,584				10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)						11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	10,646,610				12
13 LAUNDRY AND LINEN SERVICE						13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,401,841	CAFETERIA	11		14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						16
17 SALE OF DRUGS TO OTHER THAN PATIENTS						17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2,703	MEDICAL RECORDS & LIBRARY	16		18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						19
20 VENDING MACHINES	B	-18,367	CAFETERIA	11		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)						25
26 DEPRECIATION--BUILDINGS & FIXTURES			UTILIZATION REVIEW-SNF	114		26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-BLDG & FIXT	1		27
28 NON-PHYSICIAN ANESTHETIST			CAP REL COSTS-MVBLE EQUIP	2		28
29 PHYSICIANS' ASSISTANT			NONPHYSICIAN ANESTHETISTS	19		29
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 CAH HIT ADJ FOR DEPRECIATION AND						32
33 TELEPHONE OTHER REVENUE	B	-3,600	NONPATIENT TELEPHONES	5.01		33
34 MISCELLANEOUS A & G OTHER REVENUE	B	-105,536	OTHER ADMINISTRATIVE & GENERAL	5.06		34
35 PLANT OPERATIONS OTHER REVENUE	B	-23,853	OPERATION OF PLANT	7		35
36 HOUSEKEEPING OTHER REVENUE	B	-203,878	HOUSEKEEPING	9		36
37 DIETARY PURCHASE DISCOUNTS	B	-484	DIETARY	10		37
38 DIETARY OTHER REVENUE	B	-213,075	DIETARY	10		38
39 NURSING ADMIN OTHER REVENUE	B	-115	NURSING ADMINISTRATION	13		39
40 CENTRAL SERVICES OTHER REVENUE	B	-2,599	ADMITTING	5.04		40
41 PHARMACY OTHER REVENUE	B	-139,432	PHARMACY	15		41
42						42
43 SOCIAL SERVICE OTHER REVENUE	B	-70	SOCIAL SERVICE	17		43
44						44
45 I&R SERVICES OTHER REVENUE	B	-292,081	I&R SERVICES-SALARY & FRINGES A	21		45
46 PARAMED ED PROGRAM OTHER REVENUE	B	-20,333	PARAMED ED PRGM-(SPECIFY)	23		46
47 CLINICAL PASTORAL ED OTHER REVENUE	B	-10,925	CLINICAL PASTORAL EDUCATION	23.01		47
48 ADULTS & PEDS OTHER REVENUE	B	-67,081	ADULTS & PEDIATRICS	30		48
48.01 NICU OTHER REVENUE	B	-3,139	NEONATAL INTENSIVE CARE UNIT	35		48.01
48.02 REHAB CAFETERIA CASH RECEIPTS	B	-108	SUBPROVIDER - IRF	41		48.02
49 SURGERY OTHER REVENUE	B	-8,654	OPERATING ROOM	50		49
49.01 RADIOLOGY DIAG OTHER REVENUE	B	-19,836	RADIOLOGY-DIAGNOSTIC	54		49.01
49.02 RADIOLOGY THERAPEUTIC OTHER REVENUE	B	-17,867	RADIOLOGY-THERAPEUTIC	55		49.02
49.03 CT SCAN OTHER REVENUE	B	-155,135	CT SCAN	57		49.03
49.04 PHYSICAL THERAPY OTHER REVENUE	B	-203	PHYSICAL THERAPY	66		49.04
49.05 ELECTROCARDIOLOGY OTHER REVENUE	B	-664	ELECTROCARDIOLOGY	69		49.05
49.08 MOBILE MEDICAL UNIT OTHER REVENUE	B	-17,290	MOBILE MEDICAL UNIT	90.02		49.08
49.09 FAMILY MED CTR OTHER REVENUE	B	-41,428	FAMILY MEDICINE CENTER	90.03		49.09
49.10 OUTPAT TRMNT & INFUSION OTHER REVENUE	B	-225	OUTPATIENT TREATMENT & INFUSION	90.05		49.10
49.11 PED SPEC CLINIC OTHER REVENUE	B	-61,354	PEDIATRIC SPECIALTY CLINICS	90.06		49.11
49.12 SPORTS MED FELLOW CLINIC OTHER REV	B	-15,158	SPORTS MED FELLOWSHIP CLINIC	90.07		49.12

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 11/22/2013 10:58

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
49.13	B	-3,665	PODIATRY RESIDENCY CLINIC	90.08	49.13
49.14	B	-57,587	EMERGENCY	91	49.14
49.15	B	-4,364	RESPIRATORY THERAPY	65	49.15
49.16	B	-40	OCCUPATIONAL THERAPY	67	49.16
49.51	A	-1,424,020	OTHER ADMINISTRATIVE & GENERAL	5.06	49.51
49.52	A	-149	CENTRAL SERVICES & SUPPLY	14	49.52
49.53	A	-175,872	SUBPROVIDER - IRF	41	49.53
49.54	A	-12,991,135	OTHER ADMINISTRATIVE & GENERAL	5.06	49.54
49.55	A	-9,021	OTHER ADMINISTRATIVE & GENERAL	5.06	49.55
49.56	A	4,796	OTHER ADMINISTRATIVE & GENERAL	5.06	49.56
50		-10,606,980			50
TOTAL (SUM OF LINES 1 THRU 49)					
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	5.06	OTHER ADMINISTRATIVE & GENERAL	42,500,100	42,261,650	238,450	1
2						2
3	4	EMPLOYEE BENEFITS DEPARTMENT	144,016	-187,593	331,609	3
3.01	5.06	OTHER ADMINISTRATIVE & GENERAL	1,438,584	1,762,040	-323,456	4.01
3.02	5.06	OTHER ADMINISTRATIVE & GENERAL	8,433,649	4,992,127	3,441,522	4.02
3.03	4	EMPLOYEE BENEFITS DEPARTMENT	46,091	-1,274,927	1,321,018	4.03
3.04	1	CAP REL COSTS-BLDG & FIXT	5,637,461		5,637,461	9 4.04
4	1	CAP REL COSTS-BLDG & FIXT		2	1	12 4
4.01	5.06	OTHER ADMINISTRATIVE & GENERAL		2	1	4.01
4.02	5.06	OTHER ADMINISTRATIVE & GENERAL		2	1	4.02
4.03	5.06	OTHER ADMINISTRATIVE & GENERAL		2	1	4.03
4.04	4	EMPLOYEE BENEFITS DEPARTMENT		2	1	4.04
4.05	1	CAP REL COSTS-BLDG & FIXT		2	1	9 4.05
5		TOTALS (SUM OF LINES 1-4)	58,199,913	47,553,303	10,646,610	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP	
1	2	3	4	5
6	G		TRINTIY HEALTH	HO OF PARENT COMPANY
7	G		SJRMCM-INC	PARENT COMPANY
8	G			HOSPITAL
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: FINANCIAL

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	59 CARDIAC CATHETERIZATION DR A	10,181		10,181	142,500	45	3,083	154	1
2	69 ELECTROCARDIOLOGY DR B	4,838		4,838	142,500	22	1,507	75	2
3	31 INTENSIVE CARE UNIT DR C	29,700		29,700	142,500	132	9,043	452	3
4	54 RADIOLOGY-DIAGNOSTIC DR D	21,840		21,840	142,500	112	7,673	384	4
5	91 EMERGENCY DR E	159,162		159,162	208,000	1,020	102,000	5,100	5
6	90.06 PEDIATRIC SPECIALTY CLIN DR F	5,043		5,043	142,500	48	3,288	164	6
7	50 OPERATING ROOM DR G	43,706		43,706	142,500	219	15,004	750	7
8	50 OPERATING ROOM DR H	25,242		25,242	142,500	177	12,126	606	8
9	31 INTENSIVE CARE UNIT DR I	130,203		130,203	142,500	1,173	80,362	4,018	9
10	23 PARAMED ED PRGM-(SPECIFY DR J	86,700		86,700	142,500	578	39,599	1,980	10
11	31 INTENSIVE CARE UNIT DR K	380,164	380,164		142,500				11
12	30 ADULTS & PEDIATRICS DR L	77,745	77,745		142,500				12
13	41 SUBPROVIDER - IRF DR M	3,841		3,841	142,500	23	1,576	79	13
14	58 MRI DR N	362,672	362,672		142,500				14
15	90.06 PEDIATRIC SPECIALTY CLIN DR O	125,827	125,827		142,500				15
16	50 OPERATING ROOM DR P	962,014	962,014		142,500				16
17	41 SUBPROVIDER - IRF DR Q	25,718		25,718	142,500	232	15,894	795	17
18	41 SUBPROVIDER - IRF DR R	81,361		81,361	142,500	733	50,218	2,511	18
20	5.06 OTHER ADMINISTRATIVE & G DR T								20
21	22 I&R SERVICES-OTHER PRGM DR U								21
22	22 I&R SERVICES-OTHER PRGM DR V								22
23	90.02 MOBILE MEDICAL UNIT DR W								23
24	90.02 MOBILE MEDICAL UNIT DR X								24
25	90.03 FAMILY MEDICINE CENTER DR Y								25
28	90.01 HEALTHY FAMILY CENTER DR BB								28
29	90.01 HEALTHY FAMILY CENTER DR CC								29
200	TOTAL	2,535,957	1,908,422	627,535		4,514	341,373	17,068	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	59	CARDIAC CATHETERIZATION	DR A			3,083	7,098	7,098	1
2	69	ELECTROCARDIOLOGY	DR B			1,507	3,331	3,331	2
3	31	INTENSIVE CARE UNIT	DR C			9,043	20,657	20,657	3
4	54	RADIOLOGY-DIAGNOSTIC	DR D			7,673	14,167	14,167	4
5	91	EMERGENCY	DR E			102,000	57,162	57,162	5
6	90.06	PEDIATRIC SPECIALTY CLIN	DR F			3,288	1,755	1,755	6
7	50	OPERATING ROOM	DR G			15,004	28,702	28,702	7
8	50	OPERATING ROOM	DR H			12,126	13,116	13,116	8
9	31	INTENSIVE CARE UNIT	DR I			80,362	49,841	49,841	9
10	23	PARAMED ED PRGM-(SPECIFY	DR J			39,599	47,101	47,101	10
11	31	INTENSIVE CARE UNIT	DR K					380,164	11
12	30	ADULTS & PEDIATRICS	DR L					77,745	12
13	41	SUBPROVIDER - IRF	DR M			1,576	2,265	2,265	13
14	58	MRI	DR N					362,672	14
15	90.06	PEDIATRIC SPECIALTY CLIN	DR O					125,827	15
16	50	OPERATING ROOM	DR P					962,014	16
17	41	SUBPROVIDER - IRF	DR Q			15,894	9,824	9,824	17
18	41	SUBPROVIDER - IRF	DR R			50,218	31,143	31,143	18
20	5.06	OTHER ADMINISTRATIVE & G	DR T						20
21	22	I&R SERVICES-OTHER PRGM	DR U						21
22	22	I&R SERVICES-OTHER PRGM	DR V						22
23	90.02	MOBILE MEDICAL UNIT	DR W						23
24	90.02	MOBILE MEDICAL UNIT	DR X						24
25	90.03	FAMILY MEDICINE CENTER	DR Y						25
28	90.01	HEALTHY FAMILY CENTER	DR BB						28
29	90.01	HEALTHY FAMILY CENTER	DR CC						29
200		TOTAL				341,373	286,162	2,194,584	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	NON- PATIENT TELEPHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	24,835,671	24,835,671				1
2 CAP REL COSTS-MVBLE EQUIP	11,395,802		11,395,802			2
4 EMPLOYEE BENEFITS DEPARTMENT	2,049,747	16,266	7,463	2,073,476		4
5.01 NONPATIENT TELEPHONES	270,061	25,119	11,526	6,192	312,898	5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING	1,741,219	96,050	44,072	32,994	1,683	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	51,896,842	3,090,947	1,418,275	19,036	16,830	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	7,311,524	6,574,640	3,016,761	47,843	8,555	7
8 LAUNDRY & LINEN SERVICE	1,280,335			4,299		8
9 HOUSEKEEPING	2,741,064	310,798	142,609	57,065	4,769	9
10 DIETARY	2,835,227	441,027	202,364	33,887	4,208	10
11 CAFETERIA	163,273	599,360	275,015	16,690	281	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,728,205	97,852	44,899	54,336	2,665	13
14 CENTRAL SERVICES & SUPPLY	933,927			10,825	3,086	14
15 PHARMACY	3,283,955	261,847	120,148	76,123	5,750	15
16 MEDICAL RECORDS & LIBRARY	4,286,708	50,187	23,028	39,386	25,385	16
17 SOCIAL SERVICE	2,469,510	30,524	14,006	44,528	8,275	17
18 STERILE SUPPLY	1,893,734	396,451	181,911	15,146	421	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	2,530,587			48,736		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,515,575	46,326	21,257	37,827	3,506	22
23 PARAMED ED PRGM-(SPECIFY)	146,698	16,523	7,582	1,726	140	23
23.01 CLINICAL PASTORAL EDUCATION	266,951			5,991	140	23.01
23.02 PHARMACY RESIDENCY PROGRAM	400,022			8,637		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	22,731,706	5,857,455	2,687,682	435,860	35,483	30
31 INTENSIVE CARE UNIT	5,456,722	736,486	337,935	105,319	4,909	31
35 NEONATAL INTENSIVE CARE UNIT	1,324,784	260,560	119,558	27,155	1,964	35
41 SUBPROVIDER - IRF	3,313,712			53,855	5,470	41
43 NURSERY	2,185,033			32,750	701	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,911,459	2,459,158	1,128,380	176,220	28,892	50
51 RECOVERY ROOM	1,317,413	162,966	74,777	25,349	1,683	51
52 DELIVERY ROOM & LABOR ROOM	596,558			8,941		52
54 RADIOLOGY-DIAGNOSTIC	4,620,882	687,072	315,262	80,664	19,635	54
55 RADIOLOGY-THERAPEUTIC	150,219			2,342	8,696	55
57 CT SCAN	780,799	87,814	40,293	15,220	561	57
58 MRI	530					58
59 CARDIAC CATHETERIZATION	6,443,053	754,965	346,415	62,306	1,964	59
60 LABORATORY	12,683,103	101,300	46,481		3,086	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,672,322	184,842	84,815	39,472	3,787	65
66 PHYSICAL THERAPY	3,220,634	167,496	76,855	63,577	4,067	66
67 OCCUPATIONAL THERAPY	911,293			17,862	3,366	67
68 SPEECH PATHOLOGY	390,452			8,152	2,665	68
69 ELECTROCARDIOLOGY	979,156	138,464	63,534	19,373	5,330	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS	20,390,082			8,447		72
73 DRUGS CHARGED TO PATIENTS	8,816,111	24,090	11,054		982	73
74 RENAL DIALYSIS	925,686	58,320	26,760		982	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	250,792			1,985	140	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	409					90
90.01 HEALTHY FAMILY CENTER	351			1		90.01
90.02 MOBILE MEDICAL UNIT	110,777			2,403	140	90.02
90.03 FAMILY MEDICINE CENTER	1,470,137			21,944	7,994	90.03
90.04 WOUND HEALING CENTER	1,337,325			8,654	701	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	591,513	79,681	36,562	12,341	1,964	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	370,213			7,127	421	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	518,566			8,990	281	90.07
90.08 PODIATRY RESIDENCY CLINIC	227,147			3,010	281	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	381,378			7,209	281	90.09
91 EMERGENCY	6,339,964	912,990	418,924	119,077	10,659	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	NON- PATIENT TELEPHONES 5.01	
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	255,396,918	24,727,576	11,346,203	1,936,872	242,779	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		96,925	44,474			190
190.01 ATHLETIC TRAINERS	247,560			5,165		190.01
190.10 OUTREACH SERVICES	2,876,947			49,074	982	190.10
190.11 KINDRED/OUR LADY OF PEACE	276,707			6,403	69,137	190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES	159,824			268		190.20
192 PHYSICIANS' PRIVATE OFFICES	2,670	5,971	2,740			192
192.01 PERINATOLOGIST	27,218	5,199	2,385			192.01
192.02 NEONATOLOGISTS	1,024,492			21,793		192.02
192.03 HOSPITALISTS/INTENSIVISTS	5,716,433			53,901		192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	265,728,769	24,835,671	11,395,802	2,073,476	312,898	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	SUBTOTAL	OTHER	OPERATION	LAUNDRY	
	5.04	(COLS. 0-4) 4A	ADMIN & GENERAL 5.06	OF PLANT 7	+ LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING	1,916,018					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		56,441,930	56,441,930			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		16,959,323	4,573,709	21,533,032		7
8 LAUNDRY & LINEN SERVICE		1,284,634	346,449		1,631,083	8
9 HOUSEKEEPING		3,256,305	878,183	445,193		9
10 DIETARY		3,516,713	948,412	631,735		10
11 CAFETERIA		1,054,619	284,417	858,534		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,927,957	789,632	140,164		13
14 CENTRAL SERVICES & SUPPLY		947,838	255,620			14
15 PHARMACY		3,747,823	1,010,739	375,074		15
16 MEDICAL RECORDS & LIBRARY		4,424,694	1,193,282	71,889		16
17 SOCIAL SERVICE		2,566,843	692,244	43,723		17
18 STERILE SUPPLY		2,487,663	670,890	567,883		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		2,579,323	695,610			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,624,491	438,104	66,359		22
23 PARAMED ED PRGM-(SPECIFY)		172,669	46,567	23,668		23
23.01 CLINICAL PASTORAL EDUCATION		273,082	73,647			23.01
23.02 PHARMACY RESIDENCY PROGRAM		408,659	110,210			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	225,757	31,973,943	8,622,947	8,390,321	192,207	30
31 INTENSIVE CARE UNIT	48,817	6,690,188	1,804,257	1,054,956	41,562	31
35 NEONATAL INTENSIVE CARE UNIT	10,884	1,744,905	470,578	373,231	9,267	35
41 SUBPROVIDER - IRF	21,422	3,394,459	915,441		18,239	41
43 NURSERY	9,037	2,227,521	600,733		7,694	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	392,492	21,096,601	5,689,479	3,522,541	333,967	50
51 RECOVERY ROOM	36,217	1,618,405	436,463	233,435	30,835	51
52 DELIVERY ROOM & LABOR ROOM	17,258	622,757	167,949		14,694	52
54 RADIOLOGY-DIAGNOSTIC	117,218	5,840,733	1,575,170	984,173	99,798	54
55 RADIOLOGY-THERAPEUTIC	200	161,457	43,543		170	55
57 CT SCAN	117,663	1,042,350	281,108	125,787	100,177	57
58 MRI	6,414	6,944	1,873		5,461	58
59 CARDIAC CATHETERIZATION	115,319	7,724,022	2,083,068	1,081,426	98,182	59
60 LABORATORY	192,319	13,026,289	3,513,021	145,104	163,738	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	35,804	3,021,042	814,736	264,771	30,483	65
66 PHYSICAL THERAPY	34,971	3,567,600	962,135	239,924	29,774	66
67 OCCUPATIONAL THERAPY	13,242	945,763	255,060		11,274	67
68 SPEECH PATHOLOGY	5,854	407,123	109,796		4,984	68
69 ELECTROCARDIOLOGY	41,899	1,247,756	336,504	198,339	35,673	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS	168,076	20,566,605	5,546,546		143,098	72
73 DRUGS CHARGED TO PATIENTS	178,594	9,030,831	2,435,498	34,507	152,053	73
74 RENAL DIALYSIS	3,892	1,015,640	273,905	83,538	3,313	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	4,395	257,312	69,394		3,742	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		409	110			90
90.01 HEALTHY FAMILY CENTER		352	95			90.01
90.02 MOBILE MEDICAL UNIT	849	114,169	30,790		723	90.02
90.03 FAMILY MEDICINE CENTER	7,819	1,507,894	406,659		6,657	90.03
90.04 WOUND HEALING CENTER	8,845	1,355,525	365,567		7,531	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	5,377	727,438	196,181	114,137	4,578	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	591	378,352	102,037		503	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1,436	529,273	142,738		1,223	90.07
90.08 PODIATRY RESIDENCY CLINIC	584	231,022	62,304		497	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	1,251	390,119	105,210		1,065	90.09
91 EMERGENCY	91,522	7,893,136	2,128,676	1,307,783	77,921	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	SUBTOTAL	OTHER	OPERATION	LAUNDRY	
	5.04	(COLS.0-4) 4A	ADMIN & GENERAL 5.06	OF PLANT 7	+ LINEN SERVICE 8	
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,916,018	255,032,501	53,557,286	21,378,195	1,631,083	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		141,399	38,133	138,837		190
190.01 ATHLETIC TRAINERS		252,725	68,157			190.01
190.10 OUTREACH SERVICES		2,927,003	789,375			190.10
190.11 KINDRED/OUR LADY OF PEACE		352,247	94,996			190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES		160,092	43,175			190.20
192 PHYSICIANS' PRIVATE OFFICES		11,381	3,069	8,553		192
192.01 PERINATOLOGIST		34,802	9,386	7,447		192.01
192.02 NEONATOLOGISTS		1,046,285	282,169			192.02
192.03 HOSPITALISTS/INTENSIVISTS		5,770,334	1,556,184			192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,916,018	265,728,769	56,441,930	21,533,032	1,631,083	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	KEEPING			ADMINIS-	SERVICES &	
	9	10	11	TRATION	SUPPLY	
				13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	4,579,681					9
10 DIETARY	137,195	5,234,055				10
11 CAFETERIA	186,449		2,384,019			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	30,440		71,586	3,959,779		13
14 CENTRAL SERVICES & SUPPLY			23,862		1,227,320	14
15 PHARMACY	81,455		73,755			15
16 MEDICAL RECORDS & LIBRARY	15,612		73,755			16
17 SOCIAL SERVICE	9,495		54,232			17
18 STERILE SUPPLY	123,328		36,877			18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			67,247			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	14,411		23,862			22
23 PARAMED ED PRGM-(SPECIFY)	5,140		2,169			23
23.01 CLINICAL PASTORAL EDUCATION			13,016			23.01
23.02 PHARMACY RESIDENCY PROGRAM			8,677			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,822,141	3,828,497	659,454	1,643,457	144,656	30
31 INTENSIVE CARE UNIT	229,107	237,912	127,986	327,501	31,280	31
35 NEONATAL INTENSIVE CARE UNIT	81,055	5,146	30,370	71,455	6,974	35
41 SUBPROVIDER - IRF		618,974	86,770	244,137	13,726	41
43 NURSERY			43,385	131,000	5,790	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	764,996		245,127	637,137	251,108	50
51 RECOVERY ROOM	50,696		32,539	89,318	23,207	51
52 DELIVERY ROOM & LABOR ROOM			10,846	23,818	11,058	52
54 RADIOLOGY-DIAGNOSTIC	213,735		110,632		75,108	54
55 RADIOLOGY-THERAPEUTIC			4,339		128	55
57 CT SCAN	27,317		19,523		75,393	57
58 MRI					4,110	58
59 CARDIAC CATHETERIZATION	234,855		71,586	208,409	73,892	59
60 LABORATORY	31,513				123,230	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	57,501		54,232		22,942	65
66 PHYSICAL THERAPY	52,105		71,586		22,408	66
67 OCCUPATIONAL THERAPY			21,693		8,485	67
68 SPEECH PATHOLOGY			8,677		3,751	68
69 ELECTROCARDIOLOGY	43,074		26,031		26,847	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS					107,696	72
73 DRUGS CHARGED TO PATIENTS	7,494		8,677		114,436	73
74 RENAL DIALYSIS	18,142				2,494	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY					2,816	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 HEALTHY FAMILY CENTER						90.01
90.02 MOBILE MEDICAL UNIT			4,339		544	90.02
90.03 FAMILY MEDICINE CENTER			41,216		5,010	90.03
90.04 WOUND HEALING CENTER			15,185	47,636	5,668	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	24,787	858	17,354	35,727	3,446	90.05
90.06 PEDIATRIC SPECIALTY CLINICS			10,846	41,682	378	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC			6,508	17,864	920	90.07
90.08 PODIATRY RESIDENCY CLINIC			2,169	5,955	374	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS			8,677		802	90.09
91 EMERGENCY	284,013		164,864	434,683	58,643	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/22/2013 10:58

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	4,546,056	4,691,387	2,353,649	3,959,779	1,227,320	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,151					190
190.01 ATHLETIC TRAINERS						190.01
190.10 OUTREACH SERVICES						190.10
190.11 KINDRED/OUR LADY OF PEACE		542,668				190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES						190.20
192 PHYSICIANS' PRIVATE OFFICES	1,857					192
192.01 PERINATOLOGIST	1,617					192.01
192.02 NEONATOLOGISTS			8,677			192.02
192.03 HOSPITALISTS/INTENSIVISTS			21,693			192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,579,681	5,234,055	2,384,019	3,959,779	1,227,320	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	STERILE SUPPLY 18	I&R SALARY & FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	5,288,846					15
16 MEDICAL RECORDS & LIBRARY		5,779,232				16
17 SOCIAL SERVICE	7,342		3,373,879			17
18 STERILE SUPPLY	54			3,886,695		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					3,342,180	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	11					23
23.01 CLINICAL PASTORAL EDUCATION						23.01
23.02 PHARMACY RESIDENCY PROGRAM						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,067	681,000	2,924,028	673,282	1,638,439	30
31 INTENSIVE CARE UNIT	520	147,258	354,650	26,694	184,028	31
35 NEONATAL INTENSIVE CARE UNIT	1,904	32,832	23,539		53,427	35
41 SUBPROVIDER - IRF	3	64,620			213,710	41
43 NURSERY		27,260			112,791	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	62,057	1,183,486	3,138	198,722	213,710	50
51 RECOVERY ROOM	14	109,250				51
52 DELIVERY ROOM & LABOR ROOM		52,060			23,746	52
54 RADIOLOGY-DIAGNOSTIC	226,150	353,589		50,669	47,491	54
55 RADIOLOGY-THERAPEUTIC		603		152,502		55
57 CT SCAN	62,834	354,932				57
58 MRI		19,349				58
59 CARDIAC CATHETERIZATION	20,197	347,862		207,867		59
60 LABORATORY		580,132				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	147	108,003		156,704	17,809	65
66 PHYSICAL THERAPY	1,383	105,491				66
67 OCCUPATIONAL THERAPY	46	39,945				67
68 SPEECH PATHOLOGY		17,658				68
69 ELECTROCARDIOLOGY	231	126,390			130,600	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS		507,003				72
73 DRUGS CHARGED TO PATIENTS	4,781,688	538,732				73
74 RENAL DIALYSIS	689	11,740			11,873	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		13,258				76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				28,177	498,656	90
90.01 HEALTHY FAMILY CENTER						90.01
90.02 MOBILE MEDICAL UNIT	503	2,561				90.02
90.03 FAMILY MEDICINE CENTER	24,770	23,587		370,256		90.03
90.04 WOUND HEALING CENTER	34,941	26,682		276,085		90.04
90.05 OUTPATIENT TREATMENT & INFUSION	477	16,221				90.05
90.06 PEDIATRIC SPECIALTY CLINICS	417	1,782		23,481		90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1,326	4,332		23,728		90.07
90.08 PODIATRY RESIDENCY CLINIC	618	1,762				90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	4,281	3,775				90.09
91 EMERGENCY	412	276,077	68,524	43,996	195,900	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/22/2013 10:58

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	STERILE SUPPLY 18	I&R SALARY & FRINGES 21	
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	5,236,082	5,779,232	3,373,879	2,232,163	3,342,180	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 ATHLETIC TRAINERS						190.01
190.10 OUTREACH SERVICES	52,764			1,654,532		190.10
190.11 KINDRED/OUR LADY OF PEACE						190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES						190.20
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST						192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALISTS/INTENSIVISTS						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,288,846	5,779,232	3,373,879	3,886,695	3,342,180	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	CLINICAL PASTORAL EDUCATION 23.01	PHARMACY RESIDENCY PROGRAM 23.02	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 STERILE SUPPLY						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,167,227					22
23 PARAMED ED PRGM-(SPECIFY)		250,224				23
23.01 CLINICAL PASTORAL EDUCATION			359,745			23.01
23.02 PHARMACY RESIDENCY PROGRAM				527,546		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,062,443		244,300	393,355	64,897,537	30
31 INTENSIVE CARE UNIT	119,332		80,462	43,281	11,500,974	31
35 NEONATAL INTENSIVE CARE UNIT	34,645			12,599	2,951,927	35
41 SUBPROVIDER - IRF	138,579			51,142	5,759,800	41
43 NURSERY	73,139		583	27,169	3,257,065	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	138,579				34,340,648	50
51 RECOVERY ROOM					2,624,162	51
52 DELIVERY ROOM & LABOR ROOM	15,398				942,326	52
54 RADIOLOGY-DIAGNOSTIC	30,795		1,166		9,609,209	54
55 RADIOLOGY-THERAPEUTIC					362,742	55
57 CT SCAN					2,089,421	57
58 MRI					37,737	58
59 CARDIAC CATHETERIZATION					12,151,366	59
60 LABORATORY					17,583,027	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	11,548				4,559,918	65
66 PHYSICAL THERAPY					5,052,406	66
67 OCCUPATIONAL THERAPY					1,282,266	67
68 SPEECH PATHOLOGY					551,989	68
69 ELECTROCARDIOLOGY	84,687				2,256,132	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS					26,870,948	72
73 DRUGS CHARGED TO PATIENTS					17,103,916	73
74 RENAL DIALYSIS	7,699				1,429,033	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY					346,522	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	323,352				850,704	90
90.01 HEALTHY FAMILY CENTER					447	90.01
90.02 MOBILE MEDICAL UNIT					153,629	90.02
90.03 FAMILY MEDICINE CENTER					2,386,049	90.03
90.04 WOUND HEALING CENTER					2,134,820	90.04
90.05 OUTPATIENT TREATMENT & INFUSION					1,141,204	90.05
90.06 PEDIATRIC SPECIALTY CLINICS					559,478	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC					727,912	90.07
90.08 PODIATRY RESIDENCY CLINIC					304,701	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS					513,929	90.09
91 EMERGENCY	127,031	250,224	33,234		13,345,117	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/22/2013 10:58

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	CLINICAL PASTORAL EDUCATION 23.01	PHARMACY RESIDENCY PROGRAM 23.02	SUBTOTAL 24	
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,167,227	250,224	359,745	527,546	249,679,061	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					348,520	190
190.01 ATHLETIC TRAINERS					320,882	190.01
190.10 OUTREACH SERVICES					5,423,674	190.10
190.11 KINDRED/OUR LADY OF PEACE					989,911	190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES					203,267	190.20
192 PHYSICIANS' PRIVATE OFFICES					24,860	192
192.01 PERINATOLOGIST					53,252	192.01
192.02 NEONATOLOGISTS					1,337,131	192.02
192.03 HOSPITALISTS/INTENSIVISTS					7,348,211	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,167,227	250,224	359,745	527,546	265,728,769	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			4
5.01 NONPATIENT TELEPHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING, RECEIVING & STORES			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
18 STERILE SUPPLY			18
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SERVICES-SALARY & FRINGES APPRVD			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
23.01 CLINICAL PASTORAL EDUCATION			23.01
23.02 PHARMACY RESIDENCY PROGRAM			23.02
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	-2,700,882	62,196,655	30
31 INTENSIVE CARE UNIT	-303,360	11,197,614	31
35 NEONATAL INTENSIVE CARE UNIT	-88,072	2,863,855	35
41 SUBPROVIDER - IRF	-352,289	5,407,511	41
43 NURSERY	-185,930	3,071,135	43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	-352,289	33,988,359	50
51 RECOVERY ROOM		2,624,162	51
52 DELIVERY ROOM & LABOR ROOM	-39,144	903,182	52
54 RADIOLOGY-DIAGNOSTIC	-78,286	9,530,923	54
55 RADIOLOGY-THERAPEUTIC		362,742	55
57 CT SCAN		2,089,421	57
58 MRI		37,737	58
59 CARDIAC CATHETERIZATION		12,151,366	59
60 LABORATORY		17,583,027	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	-29,357	4,530,561	65
66 PHYSICAL THERAPY		5,052,406	66
67 OCCUPATIONAL THERAPY		1,282,266	67
68 SPEECH PATHOLOGY		551,989	68
69 ELECTROCARDIOLOGY	-215,287	2,040,845	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENTS		26,870,948	72
73 DRUGS CHARGED TO PATIENTS		17,103,916	73
74 RENAL DIALYSIS	-19,572	1,409,461	74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY		346,522	76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	-822,008	28,696	90
90.01 HEALTHY FAMILY CENTER		447	90.01
90.02 MOBILE MEDICAL UNIT		153,629	90.02
90.03 FAMILY MEDICINE CENTER		2,386,049	90.03
90.04 WOUND HEALING CENTER		2,134,820	90.04
90.05 OUTPATIENT TREATMENT & INFUSION		1,141,204	90.05
90.06 PEDIATRIC SPECIALTY CLINICS		559,478	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC		727,912	90.07
90.08 PODIATRY RESIDENCY CLINIC		304,701	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS		513,929	90.09
91 EMERGENCY	-322,931	13,022,186	91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
SPECIAL PURPOSE COST CENTERS			

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/22/2013 10:58

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
113	INTEREST EXPENSE			113
118	SUBTOTALS (SUM OF LINES 1-117)	-5,509,407	244,169,654	118
	NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		348,520	190
190.01	ATHLETIC TRAINERS		320,882	190.01
190.10	OUTREACH SERVICES		5,423,674	190.10
190.11	KINDRED/OUR LADY OF PEACE		989,911	190.11
190.19	KINDRED/OUR LADY OF PEACE ADMIN			190.19
190.20	ADVANCED SPECIALTIES		203,267	190.20
192	PHYSICIANS' PRIVATE OFFICES		24,860	192
192.01	PERINATOLOGIST		53,252	192.01
192.02	NEONATOLOGISTS		1,337,131	192.02
192.03	HOSPITALISTS/INTENSIVISTS		7,348,211	192.03
200	CROSS FOOT ADJUSTMENTS			200
201	NEGATIVE COST CENTER			201
202	TOTAL (SUM OF LINES 118-201)	-5,509,407	260,219,362	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT		16,266	7,463	23,729	23,729	4
5.01 NONPATIENT TELEPHONES		25,119	11,526	36,645	71	5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING		96,050	44,072	140,122	377	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		3,090,947	1,418,275	4,509,222	218	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		6,574,640	3,016,761	9,591,401	547	7
8 LAUNDRY & LINEN SERVICE					49	8
9 HOUSEKEEPING		310,798	142,609	453,407	652	9
10 DIETARY		441,027	202,364	643,391	387	10
11 CAFETERIA		599,360	275,015	874,375	191	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		97,852	44,899	142,751	621	13
14 CENTRAL SERVICES & SUPPLY					124	14
15 PHARMACY		261,847	120,148	381,995	870	15
16 MEDICAL RECORDS & LIBRARY		50,187	23,028	73,215	450	16
17 SOCIAL SERVICE		30,524	14,006	44,530	509	17
18 STERILE SUPPLY		396,451	181,911	578,362	173	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					557	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		46,326	21,257	67,583	432	22
23 PARAMED ED PRGM-(SPECIFY)		16,523	7,582	24,105	20	23
23.01 CLINICAL PASTORAL EDUCATION					68	23.01
23.02 PHARMACY RESIDENCY PROGRAM					99	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		5,857,455	2,687,682	8,545,137	5,012	30
31 INTENSIVE CARE UNIT		736,486	337,935	1,074,421	1,204	31
35 NEONATAL INTENSIVE CARE UNIT		260,560	119,558	380,118	310	35
41 SUBPROVIDER - IRF					616	41
43 NURSERY					374	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		2,459,158	1,128,380	3,587,538	2,015	50
51 RECOVERY ROOM		162,966	74,777	237,743	290	51
52 DELIVERY ROOM & LABOR ROOM					102	52
54 RADIOLOGY-DIAGNOSTIC		687,072	315,262	1,002,334	922	54
55 RADIOLOGY-THERAPEUTIC					27	55
57 CT SCAN		87,814	40,293	128,107	174	57
58 MRI						58
59 CARDIAC CATHETERIZATION		754,965	346,415	1,101,380	712	59
60 LABORATORY		101,300	46,481	147,781		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		184,842	84,815	269,657	451	65
66 PHYSICAL THERAPY		167,496	76,855	244,351	727	66
67 OCCUPATIONAL THERAPY					204	67
68 SPEECH PATHOLOGY					93	68
69 ELECTROCARDIOLOGY		138,464	63,534	201,998	221	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS					97	72
73 DRUGS CHARGED TO PATIENTS		24,090	11,054	35,144		73
74 RENAL DIALYSIS		58,320	26,760	85,080		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY					23	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 HEALTHY FAMILY CENTER						90.01
90.02 MOBILE MEDICAL UNIT					27	90.02
90.03 FAMILY MEDICINE CENTER					251	90.03
90.04 WOUND HEALING CENTER					99	90.04
90.05 OUTPATIENT TREATMENT & INFUSION		79,681	36,562	116,243	141	90.05
90.06 PEDIATRIC SPECIALTY CLINICS					81	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC					103	90.07
90.08 PODIATRY RESIDENCY CLINIC					34	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS					82	90.09
91 EMERGENCY		912,990	418,924	1,331,914	1,361	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/22/2013 10:58

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE		BENEFITS	
	COSTS	FIXTURES	EQUIPMENT	2A	DEPARTMENT	
	0	1	2		4	
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)		24,727,576	11,346,203	36,073,779	22,168	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		96,925	44,474	141,399		190
190.01 ATHLETIC TRAINERS					59	190.01
190.10 OUTREACH SERVICES					561	190.10
190.11 KINDRED/OUR LADY OF PEACE					73	190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES					3	190.20
192 PHYSICIANS' PRIVATE OFFICES		5,971	2,740	8,711		192
192.01 PERINATOLOGIST		5,199	2,385	7,584		192.01
192.02 NEONATOLOGISTS					249	192.02
192.03 HOSPITALISTS/INTENSIVISTS					616	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		24,835,671	11,395,802	36,231,473	23,729	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONES 5.01	ADMITTING 5.04	OTHER ADMIN & GENERAL 5.06	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES	36,716					5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING	197	140,696				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	1,975		4,511,415			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,004		365,575	9,958,527		7
8 LAUNDRY & LINEN SERVICE			27,692		27,741	8
9 HOUSEKEEPING	560		70,193	205,892		9
10 DIETARY	494		75,806	292,163		10
11 CAFETERIA	33		22,733	397,052		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	313		63,115	64,823		13
14 CENTRAL SERVICES & SUPPLY	362		20,432			14
15 PHARMACY	675		80,788	173,463		15
16 MEDICAL RECORDS & LIBRARY	2,979		95,379	33,247		16
17 SOCIAL SERVICE	971		55,331	20,221		17
18 STERILE SUPPLY	49		53,624	262,633		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			55,600			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	411		35,018	30,689		22
23 PARAMED ED PRGM-(SPECIFY)	16		3,722	10,946		23
23.01 CLINICAL PASTORAL EDUCATION	16		5,887			23.01
23.02 PHARMACY RESIDENCY PROGRAM			8,809			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,164	16,548	689,256	3,880,328	3,273	30
31 INTENSIVE CARE UNIT	576	3,578	144,214	487,893	708	31
35 NEONATAL INTENSIVE CARE UNIT	230	798	37,613	172,611	158	35
41 SUBPROVIDER - IRF	642	1,570	73,171		311	41
43 NURSERY	82	662	48,016		131	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,390	29,024	454,758	1,629,094	5,654	50
51 RECOVERY ROOM	197	2,655	34,886	107,958	525	51
52 DELIVERY ROOM & LABOR ROOM		1,265	13,424		250	52
54 RADIOLOGY-DIAGNOSTIC	2,304	8,592	125,903	455,157	1,699	54
55 RADIOLOGY-THERAPEUTIC	1,020	15	3,480		3	55
57 CT SCAN	66	8,625	22,469	58,173	1,706	57
58 MRI		470	150		93	58
59 CARDIAC CATHETERIZATION	230	8,453	166,499	500,134	1,672	59
60 LABORATORY	362	14,097	280,795	67,107	2,788	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	444	2,624	65,122	122,451	519	65
66 PHYSICAL THERAPY	477	2,563	76,903	110,959	507	66
67 OCCUPATIONAL THERAPY	395	971	20,387		192	67
68 SPEECH PATHOLOGY	313	429	8,776		85	68
69 ELECTROCARDIOLOGY	625	3,071	26,897	91,727	607	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS		12,320	443,334		2,437	72
73 DRUGS CHARGED TO PATIENTS	115	13,091	194,669	15,958	2,589	73
74 RENAL DIALYSIS	115	285	21,893	38,634	56	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	16	322	5,547		64	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				9		90
90.01 HEALTHY FAMILY CENTER				8		90.01
90.02 MOBILE MEDICAL UNIT	16	62	2,461		12	90.02
90.03 FAMILY MEDICINE CENTER	938	573	32,504		113	90.03
90.04 WOUND HEALING CENTER	82	648	29,220		128	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	230	394	15,681	52,786	78	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	49	43	8,156		9	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	33	105	11,409		21	90.07
90.08 PODIATRY RESIDENCY CLINIC	33	43	4,980		8	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	33	92	8,409		18	90.09
91 EMERGENCY	1,251	6,708	170,144	604,819	1,327	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2013.11
 11/22/2013 10:58

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONES 5.01	ADMITTING 5.04	OTHER ADMIN & GENERAL 5.06	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	28,483	140,696	4,280,847	9,886,918	27,741	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			3,048	64,209		190
190.01 ATHLETIC TRAINERS			5,448			190.01
190.10 OUTREACH SERVICES	115		63,094			190.10
190.11 KINDRED/OUR LADY OF PEACE	8,118		7,593			190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES			3,451			190.20
192 PHYSICIANS' PRIVATE OFFICES			245	3,956		192
192.01 PERINATOLOGIST			750	3,444		192.01
192.02 NEONATOLOGISTS			22,554			192.02
192.03 HOSPITALISTS/INTENSIVISTS			124,385			192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	36,716	140,696	4,511,415	9,958,527	27,741	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	KEEPING			ADMINIS-	SERVICES &	
	9	10	11	TRATION	SUPPLY	14
				13		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	730,704					9
10 DIETARY	21,890	1,034,131				10
11 CAFETERIA	29,749		1,324,133			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,857		39,760	316,240		13
14 CENTRAL SERVICES & SUPPLY			13,253		34,171	14
15 PHARMACY	12,997		40,965			15
16 MEDICAL RECORDS & LIBRARY	2,491		40,965			16
17 SOCIAL SERVICE	1,515		30,121			17
18 STERILE SUPPLY	19,677		20,482			18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			37,350			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,299		13,253			22
23 PARAMED ED PRGM-(SPECIFY)	820		1,205			23
23.01 CLINICAL PASTORAL EDUCATION			7,229			23.01
23.02 PHARMACY RESIDENCY PROGRAM			4,819			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	290,727	756,425	366,279	131,251	4,001	30
31 INTENSIVE CARE UNIT	36,555	47,006	71,086	26,155	865	31
35 NEONATAL INTENSIVE CARE UNIT	12,933	1,017	16,868	5,707	193	35
41 SUBPROVIDER - IRF		122,295	48,194	19,498	380	41
43 NURSERY			24,097	10,462	160	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	122,058		136,148	50,884	7,172	50
51 RECOVERY ROOM	8,089		18,073	7,133	642	51
52 DELIVERY ROOM & LABOR ROOM			6,024	1,902	306	52
54 RADIOLOGY-DIAGNOSTIC	34,102		61,447		2,077	54
55 RADIOLOGY-THERAPEUTIC			2,410		4	55
57 CT SCAN	4,359		10,844		2,085	57
58 MRI					114	58
59 CARDIAC CATHETERIZATION	37,472		39,760	16,644	2,044	59
60 LABORATORY	5,028				3,408	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	9,174		30,121		634	65
66 PHYSICAL THERAPY	8,313		39,760		620	66
67 OCCUPATIONAL THERAPY			12,049		235	67
68 SPEECH PATHOLOGY			4,819		104	68
69 ELECTROCARDIOLOGY	6,873		14,458		742	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS					2,978	72
73 DRUGS CHARGED TO PATIENTS	1,196		4,819		3,165	73
74 RENAL DIALYSIS	2,895				69	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY					78	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 HEALTHY FAMILY CENTER						90.01
90.02 MOBILE MEDICAL UNIT			2,410		15	90.02
90.03 FAMILY MEDICINE CENTER			22,892		139	90.03
90.04 WOUND HEALING CENTER			8,434	3,804	157	90.04
90.05 OUTPATIENT TREATMENT & INFUSION	3,955	169	9,639	2,853	95	90.05
90.06 PEDIATRIC SPECIALTY CLINICS			6,024	3,329	10	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC			3,615	1,427	25	90.07
90.08 PODIATRY RESIDENCY CLINIC			1,205	476	10	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS			4,819		22	90.09
91 EMERGENCY	45,315		91,569	34,715	1,622	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	725,339	926,912	1,307,265	316,240	34,171	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,811					190
190.01 ATHLETIC TRAINERS						190.01
190.10 OUTREACH SERVICES						190.10
190.11 KINDRED/OUR LADY OF PEACE		107,219				190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES						190.20
192 PHYSICIANS' PRIVATE OFFICES	296					192
192.01 PERINATOLOGIST	258					192.01
192.02 NEONATOLOGISTS			4,819			192.02
192.03 HOSPITALISTS/INTENSIVISTS			12,049			192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	730,704	1,034,131	1,324,133	316,240	34,171	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	STERILE SUPPLY 18	I&R SALARY & FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	691,753					15
16 MEDICAL RECORDS & LIBRARY		248,726				16
17 SOCIAL SERVICE	960		154,158			17
18 STERILE SUPPLY	7			935,007		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					93,507	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	1					23
23.01 CLINICAL PASTORAL EDUCATION						23.01
23.02 PHARMACY RESIDENCY PROGRAM						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	401	29,277	133,603	161,969		30
31 INTENSIVE CARE UNIT	68	6,331	16,205	6,422		31
35 NEONATAL INTENSIVE CARE UNIT	249	1,411	1,076			35
41 SUBPROVIDER - IRF		2,778				41
43 NURSERY		1,172				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,117	51,152	143	47,806		50
51 RECOVERY ROOM	2	4,697				51
52 DELIVERY ROOM & LABOR ROOM		2,238				52
54 RADIOLOGY-DIAGNOSTIC	29,579	15,201		12,189		54
55 RADIOLOGY-THERAPEUTIC		26		36,687		55
57 CT SCAN	8,218	15,259				57
58 MRI		832				58
59 CARDIAC CATHETERIZATION	2,642	14,955		50,006		59
60 LABORATORY		24,940				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	19	4,643		37,698		65
66 PHYSICAL THERAPY	181	4,535				66
67 OCCUPATIONAL THERAPY	6	1,717				67
68 SPEECH PATHOLOGY		759				68
69 ELECTROCARDIOLOGY	30	5,434				69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS		21,796				72
73 DRUGS CHARGED TO PATIENTS	625,421	23,160				73
74 RENAL DIALYSIS	90	505				74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		570				76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				6,778		90
90.01 HEALTHY FAMILY CENTER						90.01
90.02 MOBILE MEDICAL UNIT	66	110				90.02
90.03 FAMILY MEDICINE CENTER	3,240	1,014		89,071		90.03
90.04 WOUND HEALING CENTER	4,570	1,147		66,417		90.04
90.05 OUTPATIENT TREATMENT & INFUSION	62	697				90.05
90.06 PEDIATRIC SPECIALTY CLINICS	55	77		5,649		90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	173	186		5,708		90.07
90.08 PODIATRY RESIDENCY CLINIC	81	76				90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	560	162				90.09
91 EMERGENCY	54	11,869	3,131	10,584		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/22/2013 10:58

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	STERILE SUPPLY 18	I&R SALARY & FRINGES 21	
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	684,852	248,726	154,158	536,984		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 ATHLETIC TRAINERS						190.01
190.10 OUTREACH SERVICES	6,901			398,023		190.10
190.11 KINDRED/OUR LADY OF PEACE						190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES						190.20
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST						192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALISTS/INTENSIVISTS						192.03
200 CROSS FOOT ADJUSTMENTS					93,507	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	691,753	248,726	154,158	935,007	93,507	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	CLINICAL PASTORAL EDUCATION 23.01	PHARMACY RESIDENCY PROGRAM 23.02	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 STERILE SUPPLY						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	149,685					22
23 PARAMED ED PRGM-(SPECIFY)		40,835				23
23.01 CLINICAL PASTORAL EDUCATION			13,200			23.01
23.02 PHARMACY RESIDENCY PROGRAM				13,727		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS					15,017,651	30
31 INTENSIVE CARE UNIT					1,923,287	31
35 NEONATAL INTENSIVE CARE UNIT					631,292	35
41 SUBPROVIDER - IRF					269,455	41
43 NURSERY					85,156	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					6,134,953	50
51 RECOVERY ROOM					422,890	51
52 DELIVERY ROOM & LABOR ROOM					25,511	52
54 RADIOLOGY-DIAGNOSTIC					1,751,506	54
55 RADIOLOGY-THERAPEUTIC					43,672	55
57 CT SCAN					260,085	57
58 MRI					1,659	58
59 CARDIAC CATHETERIZATION					1,942,603	59
60 LABORATORY					546,306	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					543,557	65
66 PHYSICAL THERAPY					489,896	66
67 OCCUPATIONAL THERAPY					36,156	67
68 SPEECH PATHOLOGY					15,378	68
69 ELECTROCARDIOLOGY					352,683	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS					482,962	72
73 DRUGS CHARGED TO PATIENTS					919,327	73
74 RENAL DIALYSIS					149,622	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY					6,620	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					6,787	90
90.01 HEALTHY FAMILY CENTER					8	90.01
90.02 MOBILE MEDICAL UNIT					5,179	90.02
90.03 FAMILY MEDICINE CENTER					150,735	90.03
90.04 WOUND HEALING CENTER					114,706	90.04
90.05 OUTPATIENT TREATMENT & INFUSION					203,023	90.05
90.06 PEDIATRIC SPECIALTY CLINICS					23,482	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC					22,805	90.07
90.08 PODIATRY RESIDENCY CLINIC					6,946	90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS					14,197	90.09
91 EMERGENCY					2,316,383	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	CLINICAL PASTORAL EDUCATION 23.01	PHARMACY RESIDENCY PROGRAM 23.02	SUBTOTAL 24	
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)					34,916,478	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					213,467	190
190.01 ATHLETIC TRAINERS					5,507	190.01
190.10 OUTREACH SERVICES					468,694	190.10
190.11 KINDRED/OUR LADY OF PEACE					123,003	190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES					3,454	190.20
192 PHYSICIANS' PRIVATE OFFICES					13,208	192
192.01 PERINATOLOGIST					12,036	192.01
192.02 NEONATOLOGISTS					27,622	192.02
192.03 HOSPITALISTS/INTENSIVISTS					137,050	192.03
200 CROSS FOOT ADJUSTMENTS	149,685	40,835	13,200	13,727	310,954	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	149,685	40,835	13,200	13,727	36,231,473	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS 25		
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			4
5.01 NONPATIENT TELEPHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING, RECEIVING & STORES			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
18 STERILE SUPPLY			18
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SERVICES-SALARY & FRINGES APPRVD			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
23.01 CLINICAL PASTORAL EDUCATION			23.01
23.02 PHARMACY RESIDENCY PROGRAM			23.02
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	15,017,651		30
31 INTENSIVE CARE UNIT	1,923,287		31
35 NEONATAL INTENSIVE CARE UNIT	631,292		35
41 SUBPROVIDER - IRF	269,455		41
43 NURSERY	85,156		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	6,134,953		50
51 RECOVERY ROOM	422,890		51
52 DELIVERY ROOM & LABOR ROOM	25,511		52
54 RADIOLOGY-DIAGNOSTIC	1,751,506		54
55 RADIOLOGY-THERAPEUTIC	43,672		55
57 CT SCAN	260,085		57
58 MRI	1,659		58
59 CARDIAC CATHETERIZATION	1,942,603		59
60 LABORATORY	546,306		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	543,557		65
66 PHYSICAL THERAPY	489,896		66
67 OCCUPATIONAL THERAPY	36,156		67
68 SPEECH PATHOLOGY	15,378		68
69 ELECTROCARDIOLOGY	352,683		69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENTS	482,962		72
73 DRUGS CHARGED TO PATIENTS	919,327		73
74 RENAL DIALYSIS	149,622		74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY	6,620		76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	6,787		90
90.01 HEALTHY FAMILY CENTER	8		90.01
90.02 MOBILE MEDICAL UNIT	5,179		90.02
90.03 FAMILY MEDICINE CENTER	150,735		90.03
90.04 WOUND HEALING CENTER	114,706		90.04
90.05 OUTPATIENT TREATMENT & INFUSION	203,023		90.05
90.06 PEDIATRIC SPECIALTY CLINICS	23,482		90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	22,805		90.07
90.08 PODIATRY RESIDENCY CLINIC	6,946		90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	14,197		90.09
91 EMERGENCY	2,316,383		91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
SPECIAL PURPOSE COST CENTERS			

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/22/2013 10:58

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
113 INTEREST EXPENSE			113
118 SUBTOTALS (SUM OF LINES 1-117)		34,916,478	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		213,467	190
190.01 ATHLETIC TRAINERS		5,507	190.01
190.10 OUTREACH SERVICES		468,694	190.10
190.11 KINDRED/OUR LADY OF PEACE		123,003	190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN			190.19
190.20 ADVANCED SPECIALTIES		3,454	190.20
192 PHYSICIANS' PRIVATE OFFICES		13,208	192
192.01 PERINATOLOGIST		12,036	192.01
192.02 NEONATOLOGISTS		27,622	192.02
192.03 HOSPITALISTS/INTENSIVISTS		137,050	192.03
200 CROSS FOOT ADJUSTMENTS		310,954	200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		36,231,473	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	NON-	ADMITTING	GROSS	REVENUE
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS DEPARTMENT SALARIES	PATIENT TELEPHONES PHONE EXTENSIONS			
	1	2	4	5.01		5.04	
GENERAL SERVICE COST CENTERS							
1 CAP REL COSTS-BLDG & FIXT	482,492						1
2 CAP REL COSTS-MVBLE EQUIP		482,492					2
4 EMPLOYEE BENEFITS DEPARTMENT	316		75,012,368				4
5.01 NONPATIENT TELEPHONES	488	488	224,010	2,231			5.01
5.02 DATA PROCESSING							5.02
5.03 PURCHASING, RECEIVING & STORES							5.03
5.04 ADMITTING	1,866	1,866	1,193,601	12	771,613,170		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	60,049	60,049	688,673	120			5.06
6 MAINTENANCE & REPAIRS							6
7 OPERATION OF PLANT	127,728	127,728	1,730,814	61			7
8 LAUNDRY & LINEN SERVICE			155,526				8
9 HOUSEKEEPING	6,038	6,038	2,064,431	34			9
10 DIETARY	8,568	8,568	1,225,914	30			10
11 CAFETERIA	11,644	11,644	603,808	2			11
12 MAINTENANCE OF PERSONNEL							12
13 NURSING ADMINISTRATION	1,901	1,901	1,965,689	19			13
14 CENTRAL SERVICES & SUPPLY			391,607	22			14
15 PHARMACY	5,087	5,087	2,753,891	41			15
16 MEDICAL RECORDS & LIBRARY	975	975	1,424,874	181			16
17 SOCIAL SERVICE	593	593	1,610,864	59			17
18 STERILE SUPPLY	7,702	7,702	547,917	3			18
19 NONPHYSICIAN ANESTHETISTS							19
20 NURSING SCHOOL							20
21 I&R SERVICES-SALARY & FRINGES APPRVD			1,763,132				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	900	900	1,368,452	25			22
23 PARAMED ED PRGM-(SPECIFY)	321	321	62,437	1			23
23.01 CLINICAL PASTORAL EDUCATION			216,726	1			23.01
23.02 PHARMACY RESIDENCY PROGRAM			312,467				23.02
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	113,795	113,795	15,768,565	253	90,921,237		30
31 INTENSIVE CARE UNIT	14,308	14,308	3,810,100	35	19,660,587		31
35 NEONATAL INTENSIVE CARE UNIT	5,062	5,062	982,390	14	4,383,495		35
41 SUBPROVIDER - IRF			1,948,288	39	8,627,562		41
43 NURSEY			1,184,786	5	3,639,507		43
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	47,775	47,775	6,375,088	206	158,029,161		50
51 RECOVERY ROOM	3,166	3,166	917,059	12	14,586,172		51
52 DELIVERY ROOM & LABOR ROOM			323,470		6,950,645		52
54 RADIOLOGY-DIAGNOSTIC	13,348	13,348	2,918,150	140	47,208,210		54
55 RADIOLOGY-THERAPEUTIC			84,724	62	80,548		55
57 CT SCAN	1,706	1,706	550,604	4	47,387,474		57
58 MRI					2,583,283		58
59 CARDIAC CATHETERIZATION	14,667	14,667	2,254,038	14	46,443,540		59
60 LABORATORY	1,968	1,968		22	77,454,140		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	3,591	3,591	1,427,965	27	14,419,668		65
66 PHYSICAL THERAPY	3,254	3,254	2,300,002	29	14,084,192		66
67 OCCUPATIONAL THERAPY			646,200	24	5,333,084		67
68 SPEECH PATHOLOGY			294,921	19	2,357,505		68
69 ELECTROCARDIOLOGY	2,690	2,690	700,861	38	16,874,441		69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72 IMPL. DEV. CHARGED TO PATIENTS			305,601		67,690,684		72
73 DRUGS CHARGED TO PATIENTS	468	468		7	71,926,802		73
74 RENAL DIALYSIS	1,133	1,133		7	1,567,357		74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY			71,797	1	1,770,114		76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER			47				90.01
90.02 MOBILE MEDICAL UNIT			86,944	1	341,860		90.02
90.03 FAMILY MEDICINE CENTER			793,878	57	3,149,106		90.03
90.04 WOUND HEALING CENTER			313,079	5	3,562,302		90.04
90.05 OUTPATIENT TREATMENT & INFUSION	1,548	1,548	446,451	14	2,165,659		90.05
90.06 PEDIATRIC SPECIALTY CLINICS			257,827	3	237,876		90.06
90.07 SPORTS MED FELLOWSHIP CLINIC			325,237	2	578,347		90.07
90.08 PODIATRY RESIDENCY CLINIC			108,905	2	235,193		90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS			260,803	2	503,966		90.09
91 EMERGENCY	17,737	17,737	4,307,839	76	36,859,453		91
92 OBSERVATION BEDS (NON-DISTINCT PART)							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	NON-	ADMITTING
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS DEPARTMENT GROSS SALARIES	PATIENT TELEPHONES PHONE EXTENSIONS	GROSS REVENUE
	1	2	4	5.01	5.04
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	480,392	480,392	70,070,452	1,731	771,613,170
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,883	1,883			
190.01 ATHLETIC TRAINERS			186,858		
190.10 OUTREACH SERVICES			1,775,330	7	
190.11 KINDRED/OUR LADY OF PEACE			231,643	493	
190.19 KINDRED/OUR LADY OF PEACE ADMIN					
190.20 ADVANCED SPECIALTIES			9,706		
192 PHYSICIANS' PRIVATE OFFICES	116	116			
192.01 PERINATOLOGIST	101	101			
192.02 NEONATOLOGISTS			788,402		
192.03 HOSPITALISTS/INTENSIVISTS			1,949,977		
200 CROSS FOOT ADJUSTMENTS					
201 NEGATIVE COST CENTER					
202 COST TO BE ALLOC PER B PT I	24,835,671	11,395,802	2,073,476	312,898	1,916,018
203 UNIT COST MULT-WS B PT I	51.473747	23.618634	0.027642	140.250112	0.002483
204 COST TO BE ALLOC PER B PT II			23,729	36,716	140,696
205 UNIT COST MULT-WS B PT II			0.000316	16.457194	0.000182

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE GROSS REVENUE	HOUSE- KEEPING SQUARE FEET	
	5A.06	5.06	7	8	9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	-56,441,930	209,286,839				5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		16,959,323	292,045			7
8 LAUNDRY & LINEN SERVICE		1,284,634		771,613,170		8
9 HOUSEKEEPING		3,256,305	6,038		286,007	9
10 DIETARY		3,516,713	8,568		8,568	10
11 CAFETERIA		1,054,619	11,644		11,644	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,927,957	1,901		1,901	13
14 CENTRAL SERVICES & SUPPLY		947,838				14
15 PHARMACY		3,747,823	5,087		5,087	15
16 MEDICAL RECORDS & LIBRARY		4,424,694	975		975	16
17 SOCIAL SERVICE		2,566,843	593		593	17
18 STERILE SUPPLY		2,487,663	7,702		7,702	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		2,579,323				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,624,491	900		900	22
23 PARAMED ED PRGM-(SPECIFY)		172,669	321		321	23
23.01 CLINICAL PASTORAL EDUCATION		273,082				23.01
23.02 PHARMACY RESIDENCY PROGRAM		408,659				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		31,973,943	113,795	90,921,237	113,795	30
31 INTENSIVE CARE UNIT		6,690,188	14,308	19,660,587	14,308	31
35 NEONATAL INTENSIVE CARE UNIT		1,744,905	5,062	4,383,495	5,062	35
41 SUBPROVIDER - IRF		3,394,459		8,627,562		41
43 NURSEY		2,227,521		3,639,507		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		21,096,601	47,775	158,029,161	47,775	50
51 RECOVERY ROOM		1,618,405	3,166	14,586,172	3,166	51
52 DELIVERY ROOM & LABOR ROOM		622,757		6,950,645		52
54 RADIOLOGY-DIAGNOSTIC		5,840,733	13,348	47,208,210	13,348	54
55 RADIOLOGY-THERAPEUTIC		161,457		80,548		55
57 CT SCAN		1,042,350	1,706	47,387,474	1,706	57
58 MRI		6,944		2,583,283		58
59 CARDIAC CATHETERIZATION		7,724,022	14,667	46,443,540	14,667	59
60 LABORATORY		13,026,289	1,968	77,454,140	1,968	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		3,021,042	3,591	14,419,668	3,591	65
66 PHYSICAL THERAPY		3,567,600	3,254	14,084,192	3,254	66
67 OCCUPATIONAL THERAPY		945,763		5,333,084		67
68 SPEECH PATHOLOGY		407,123		2,357,505		68
69 ELECTROCARDIOLOGY		1,247,756	2,690	16,874,441	2,690	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS		20,566,605		67,690,684		72
73 DRUGS CHARGED TO PATIENTS		9,030,831	468	71,926,802	468	73
74 RENAL DIALYSIS		1,015,640	1,133	1,567,357	1,133	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		257,312		1,770,114		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		409				90
90.01 HEALTHY FAMILY CENTER		352				90.01
90.02 MOBILE MEDICAL UNIT		114,169		341,860		90.02
90.03 FAMILY MEDICINE CENTER		1,507,894		3,149,106		90.03
90.04 WOUND HEALING CENTER		1,355,525		3,562,302		90.04
90.05 OUTPATIENT TREATMENT & INFUSION		727,438	1,548	2,165,659	1,548	90.05
90.06 PEDIATRIC SPECIALTY CLINICS		378,352		237,876		90.06
90.07 SPORTS MED FELLOWSHIP CLINIC		529,273		578,347		90.07
90.08 PODIATRY RESIDENCY CLINIC		231,022		235,193		90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS		390,119		503,966		90.09
91 EMERGENCY		7,893,136	17,737	36,859,453	17,737	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE GROSS REVENUE	HOUSE- KEEPING SQUARE FEET	
	5A.06	5.06	7	8	9	
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	-56,441,930	198,590,571	289,945	771,613,170	283,907	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		141,399	1,883		1,883	190
190.01 ATHLETIC TRAINERS		252,725				190.01
190.10 OUTREACH SERVICES		2,927,003				190.10
190.11 KINDRED/OUR LADY OF PEACE		352,247				190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES		160,092				190.20
192 PHYSICIANS' PRIVATE OFFICES		11,381	116		116	192
192.01 PERINATOLOGIST		34,802	101		101	192.01
192.02 NEONATOLOGISTS		1,046,285				192.02
192.03 HOSPITALISTS/INTENSIVISTS		5,770,334				192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		56,441,930	21,533,032	1,631,083	4,579,681	202
203 UNIT COST MULT-WS B PT I		0.269687	73.731897	0.002114	16.012479	203
204 COST TO BE ALLOC PER B PT II		4,511,415	9,958,527	27,741	730,704	204
205 UNIT COST MULT-WS B PT II		0.021556	34.099289	0.000036	2.554847	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	MEALS SERVED	SQUARE FEET	SQUARE FEET	GROSS REVENUE	COSTED REQUIS.
	10	11	13	14	15
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING, RECEIVING & STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY	189,178				10
11 CAFETERIA		1,099			11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION			33	665	13
14 CENTRAL SERVICES & SUPPLY				771,613,170	14
15 PHARMACY					9,758,012
16 MEDICAL RECORDS & LIBRARY					34
17 SOCIAL SERVICE					25
18 STERILE SUPPLY					17
19 NONPHYSICIAN ANESTHETISTS					100
20 NURSING SCHOOL					18
21 I&R SERVICES-SALARY & FRINGES APPRVD					19
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					31
23 PARAMED ED PRGM-(SPECIFY)					11
23.01 CLINICAL PASTORAL EDUCATION					1
23.02 PHARMACY RESIDENCY PROGRAM					21
INPATIENT ROUTINE SERV COST CENTERS					23
30 ADULTS & PEDIATRICS	138,376	304	276	90,921,237	23.01
31 INTENSIVE CARE UNIT	8,599	59	55	19,660,587	23.02
35 NEONATAL INTENSIVE CARE UNIT	186	14	12	4,383,495	5,658
41 SUBPROVIDER - IRF	22,372	40	41	8,627,562	960
43 NURSEY		20	22	3,639,507	3,512
ANCILLARY SERVICE COST CENTERS					5
50 OPERATING ROOM		113	107	158,029,161	114,496
51 RECOVERY ROOM		15	15	14,586,172	26
52 DELIVERY ROOM & LABOR ROOM		5	4	6,950,645	50
54 RADIOLOGY-DIAGNOSTIC		51		47,208,210	417,251
55 RADIOLOGY-THERAPEUTIC		2		80,548	54
57 CT SCAN		9		47,387,474	115,930
58 MRI				2,583,283	57
59 CARDIAC CATHETERIZATION		33	35	46,443,540	58
60 LABORATORY				77,454,140	37,264
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					59
65 RESPIRATORY THERAPY		25		14,419,668	272
66 PHYSICAL THERAPY		33		14,084,192	2,551
67 OCCUPATIONAL THERAPY		10		5,333,084	85
68 SPEECH PATHOLOGY		4		2,357,505	68
69 ELECTROCARDIOLOGY		12		16,874,441	427
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				67,690,684	71
72 IMPL. DEV. CHARGED TO PATIENTS				71,926,802	8,822,295
73 DRUGS CHARGED TO PATIENTS		4		1,567,357	1,271
74 RENAL DIALYSIS				1,770,114	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 HEALTHY FAMILY CENTER					90.01
90.02 MOBILE MEDICAL UNIT				341,860	928
90.03 FAMILY MEDICINE CENTER		19		3,149,106	45,701
90.04 WOUND HEALING CENTER		7	8	3,562,302	64,466
90.05 OUTPATIENT TREATMENT & INFUSION	31	8	6	2,165,659	880
90.06 PEDIATRIC SPECIALTY CLINICS		5	7	237,876	769
90.07 SPORTS MED FELLOWSHIP CLINIC		3	3	578,347	2,446
90.08 PODIATRY RESIDENCY CLINIC		1	1	235,193	1,140
90.09 FAMILY MEDICINE FACULTY PHYSICIANS		4		503,966	7,899
91 EMERGENCY		76	73	36,859,453	761
92 OBSERVATION BEDS (NON-DISTINCT PART)					91
OTHER REIMBURSABLE COST CENTERS					92
94 HOME PROGRAM DIALYSIS					94

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2012 TO 06/30/2013

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	MEALS SERVED 10	SQUARE FEET 11	SQUARE FEET 13	SERVICES & SUPPLY GROSS REVENUE 14	COSTED REQUIS. 15
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	169,564	1,085	665	771,613,170	9,660,661 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
190.01 ATHLETIC TRAINERS					190.01
190.10 OUTREACH SERVICES					190.10
190.11 KINDRED/OUR LADY OF PEACE	19,614				97,351 190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN					190.19
190.20 ADVANCED SPECIALTIES					190.20
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 PERINATOLOGIST					192.01
192.02 NEONATOLOGISTS		4			192.02
192.03 HOSPITALISTS/INTENSIVISTS		10			192.03
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	5,234,055	2,384,019	3,959,779	1,227,320	5,288,846 202
203 UNIT COST MULT-WS B PT I	27.667356	2,169.262056	5,954.554887	0.001591	0.542000 203
204 COST TO BE ALLOC PER B PT II	1,034,131	1,324,133	316,240	34,171	691,753 204
205 UNIT COST MULT-WS B PT II	5.466444	1,204.852593	475.548872	0.000044	0.070891 205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	STERILE SUPPLY COSTED REQUIS 18	I&R SALARY & FRINGES PATIENT DAYS 21	I&R PROGRAM COSTS PATIENT DAYS 22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	771,613,170					16
17 SOCIAL SERVICE		6,450				17
18 STERILE SUPPLY			15,725			18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD				563		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					563	22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 CLINICAL PASTORAL EDUCATION						23.01
23.02 PHARMACY RESIDENCY PROGRAM						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	90,921,237	5,590	2,724	276	276	30
31 INTENSIVE CARE UNIT	19,660,587	678	108	31	31	31
35 NEONATAL INTENSIVE CARE UNIT	4,383,495	45		9	9	35
41 SUBPROVIDER - IRF	8,627,562			36	36	41
43 NURSEY	3,639,507			19	19	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	158,029,161	6	804	36	36	50
51 RECOVERY ROOM	14,586,172					51
52 DELIVERY ROOM & LABOR ROOM	6,950,645			4	4	52
54 RADIOLOGY-DIAGNOSTIC	47,208,210		205	8	8	54
55 RADIOLOGY-THERAPEUTIC	80,548		617			55
57 CT SCAN	47,387,474					57
58 MRI	2,583,283					58
59 CARDIAC CATHETERIZATION	46,443,540		841			59
60 LABORATORY	77,454,140					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	14,419,668		634	3	3	65
66 PHYSICAL THERAPY	14,084,192					66
67 OCCUPATIONAL THERAPY	5,333,084					67
68 SPEECH PATHOLOGY	2,357,505					68
69 ELECTROCARDIOLOGY	16,874,441			22	22	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS	67,690,684					72
73 DRUGS CHARGED TO PATIENTS	71,926,802					73
74 RENAL DIALYSIS	1,567,357			2	2	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,770,114					76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			114	84	84	90
90.01 HEALTHY FAMILY CENTER						90.01
90.02 MOBILE MEDICAL UNIT	341,860					90.02
90.03 FAMILY MEDICINE CENTER	3,149,106		1,498			90.03
90.04 WOUND HEALING CENTER	3,562,302		1,117			90.04
90.05 OUTPATIENT TREATMENT & INFUSION	2,165,659					90.05
90.06 PEDIATRIC SPECIALTY CLINICS	237,876		95			90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	578,347		96			90.07
90.08 PODIATRY RESIDENCY CLINIC	235,193					90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS	503,966					90.09
91 EMERGENCY	36,859,453	131	178	33	33	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	STERILE SUPPLY COSTED REQUIS 18	I&R SALARY & FRINGES PATIENT DAYS 21	I&R PROGRAM COSTS PATIENT DAYS 22	
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	771,613,170	6,450	9,031	563	563	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 ATHLETIC TRAINERS						190.01
190.10 OUTREACH SERVICES			6,694			190.10
190.11 KINDRED/OUR LADY OF PEACE						190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN						190.19
190.20 ADVANCED SPECIALTIES						190.20
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST						192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALISTS/INTENSIVISTS						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	5,779,232	3,373,879	3,886,695	3,342,180	2,167,227	202
203 UNIT COST MULT-WS B PT I	0.007490	523.082016	247.166614	5,936.376554	3,849.426288	203
204 COST TO BE ALLOC PER B PT II	248,726	154,158	935,007	93,507	149,685	204
205 UNIT COST MULT-WS B PT II	0.000322	23.900465	59.459905	166.087034	265.870337	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED	CLINICAL	PHARMACY	
	EDUCATION	PASTORAL	RESIDENCY	
	ASSIGNED	EDUCATION	PROGRAM	
	TIME	TIME	PATIENT	
	23	23.01	DAYS	
			23.02	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS DEPARTMENT				4
5.01 NONPATIENT TELEPHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING, RECEIVING & STORES				5.03
5.04 ADMITTING				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
18 STERILE SUPPLY				18
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)	100			23
23.01 CLINICAL PASTORAL EDUCATION		617		23.01
23.02 PHARMACY RESIDENCY PROGRAM			66,369	23.02
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS		419	49,487	30
31 INTENSIVE CARE UNIT		138	5,445	31
35 NEONATAL INTENSIVE CARE UNIT			1,585	35
41 SUBPROVIDER - IRF			6,434	41
43 NURSEY		1	3,418	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM				50
51 RECOVERY ROOM				51
52 DELIVERY ROOM & LABOR ROOM				52
54 RADIOLOGY-DIAGNOSTIC		2		54
55 RADIOLOGY-THERAPEUTIC				55
57 CT SCAN				57
58 MRI				58
59 CARDIAC CATHETERIZATION				59
60 LABORATORY				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY				65
66 PHYSICAL THERAPY				66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY				69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENTS				72
73 DRUGS CHARGED TO PATIENTS				73
74 RENAL DIALYSIS				74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC				90
90.01 HEALTHY FAMILY CENTER				90.01
90.02 MOBILE MEDICAL UNIT				90.02
90.03 FAMILY MEDICINE CENTER				90.03
90.04 WOUND HEALING CENTER				90.04
90.05 OUTPATIENT TREATMENT & INFUSION				90.05
90.06 PEDIATRIC SPECIALTY CLINICS				90.06
90.07 SPORTS MED FELLOWSHIP CLINIC				90.07
90.08 PODIATRY RESIDENCY CLINIC				90.08
90.09 FAMILY MEDICINE FACULTY PHYSICIANS				90.09
91 EMERGENCY	100	57		91
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2012 TO 06/30/2013

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED	CLINICAL	PHARMACY	
	EDUCATION	PASTORAL	RESIDENCY	
	ASSIGNED	EDUCATION	PROGRAM	
	TIME	TIME	PATIENT	
	23	SPENT	DAYS	
		23.01	23.02	
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	100	617	66,369	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
190.01 ATHLETIC TRAINERS				190.01
190.10 OUTREACH SERVICES				190.10
190.11 KINDRED/OUR LADY OF PEACE				190.11
190.19 KINDRED/OUR LADY OF PEACE ADMIN				190.19
190.20 ADVANCED SPECIALTIES				190.20
192 PHYSICIANS' PRIVATE OFFICES				192
192.01 PERINATOLOGIST				192.01
192.02 NEONATOLOGISTS				192.02
192.03 HOSPITALISTS/INTENSIVISTS				192.03
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	250,224	359,745	527,546	202
203 UNIT COST MULT-WS B PT I	2,502.240000	583.055105	7.948681	203
204 COST TO BE ALLOC PER B PT II	40,835	13,200	13,727	204
205 UNIT COST MULT-WS B PT II	408.350000	21.393841	0.206828	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	62,196,655		62,196,655		62,196,655	30
31 INTENSIVE CARE UNIT	11,197,614		11,197,614	70,498	11,268,112	31
35 NEONATAL INTENSIVE CARE UNI	2,863,855		2,863,855		2,863,855	35
41 SUBPROVIDER - IRF	5,407,511		5,407,511	43,232	5,450,743	41
43 NURSERY	3,071,135		3,071,135		3,071,135	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	33,988,359		33,988,359	41,818	34,030,177	50
51 RECOVERY ROOM	2,624,162		2,624,162		2,624,162	51
52 DELIVERY ROOM & LABOR ROOM	903,182		903,182		903,182	52
54 RADIOLOGY-DIAGNOSTIC	9,530,923		9,530,923	14,167	9,545,090	54
55 RADIOLOGY-THERAPEUTIC	362,742		362,742		362,742	55
57 CT SCAN	2,089,421		2,089,421		2,089,421	57
58 MRI	37,737		37,737		37,737	58
59 CARDIAC CATHETERIZATION	12,151,366		12,151,366	7,098	12,158,464	59
60 LABORATORY	17,583,027		17,583,027		17,583,027	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	4,530,561		4,530,561		4,530,561	65
66 PHYSICAL THERAPY	5,052,406		5,052,406		5,052,406	66
67 OCCUPATIONAL THERAPY	1,282,266		1,282,266		1,282,266	67
68 SPEECH PATHOLOGY	551,989		551,989		551,989	68
69 ELECTROCARDIOLOGY	2,040,845		2,040,845	3,331	2,044,176	69
71 MEDICAL SUPPLIES CHARGED TO						71
72 IMPL. DEV. CHARGED TO PATIE	26,870,948		26,870,948		26,870,948	72
73 DRUGS CHARGED TO PATIENTS	17,103,916		17,103,916		17,103,916	73
74 RENAL DIALYSIS	1,409,461		1,409,461		1,409,461	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	346,522		346,522		346,522	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	28,696		28,696		28,696	90
90.01 HEALTHY FAMILY CENTER	447		447		447	90.01
90.02 MOBILE MEDICAL UNIT	153,629		153,629		153,629	90.02
90.03 FAMILY MEDICINE CENTER	2,386,049		2,386,049		2,386,049	90.03
90.04 WOUND HEALING CENTER	2,134,820		2,134,820		2,134,820	90.04
90.05 OUTPATIENT TREATMENT & INFU	1,141,204		1,141,204		1,141,204	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	559,478		559,478	1,755	561,233	90.06
90.07 SPORTS MED FELLOWSHIP CLINI	727,912		727,912		727,912	90.07
90.08 PODIATRY RESIDENCY CLINIC	304,701		304,701		304,701	90.08
90.09 FAMILY MEDICINE FACULTY PHY	513,929		513,929		513,929	90.09
91 EMERGENCY	13,022,186		13,022,186	57,162	13,079,348	91
92 OBSERVATION BEDS (NON-DISTI	3,379,048		3,379,048		3,379,048	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	247,548,702		247,548,702	239,061	247,787,763	200
201 LESS OBSERVATION BEDS	3,379,048		3,379,048		3,379,048	201
202 TOTAL (SEE INSTRUCTIONS)	244,169,654		244,169,654		244,408,715	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	86,025,039		86,025,039			30
31 INTENSIVE CARE UNIT	19,660,587		19,660,587			31
35 NEONATAL INTENSIVE CARE UNI	4,383,495		4,383,495			35
41 SUBPROVIDER - IRF	8,627,562		8,627,562			41
43 NURSERY	3,639,507		3,639,507			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	87,535,085	70,494,076	158,029,161	0.215077	0.215077	0.215341 50
51 RECOVERY ROOM	7,317,352	7,268,820	14,586,172	0.179908	0.179908	0.179908 51
52 DELIVERY ROOM & LABOR ROOM	6,895,906	54,739	6,950,645	0.129942	0.129942	0.129942 52
54 RADIOLOGY-DIAGNOSTIC	11,243,049	35,965,161	47,208,210	0.201891	0.201891	0.202191 54
55 RADIOLOGY-THERAPEUTIC	22,520	58,028	80,548	4.503427	4.503427	4.503427 55
57 CT SCAN	15,120,271	32,267,203	47,387,474	0.044092	0.044092	0.044092 57
58 MRI	2,270,622	312,661	2,583,283	0.014608	0.014608	0.014608 58
59 CARDIAC CATHETERIZATION	20,979,498	25,464,042	46,443,540	0.261637	0.261637	0.261790 59
60 LABORATORY	47,679,795	29,774,345	77,454,140	0.227012	0.227012	0.227012 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	9,692,311	4,727,357	14,419,668	0.314193	0.314193	0.314193 65
66 PHYSICAL THERAPY	6,418,560	7,665,632	14,084,192	0.358729	0.358729	0.358729 66
67 OCCUPATIONAL THERAPY	4,177,213	1,155,871	5,333,084	0.240436	0.240436	0.240436 67
68 SPEECH PATHOLOGY	1,837,526	519,979	2,357,505	0.234141	0.234141	0.234141 68
69 ELECTROCARDIOLOGY	6,893,476	9,980,965	16,874,441	0.120943	0.120943	0.121140 69
71 MEDICAL SUPPLIES CHARGED TO						71
72 IMPL. DEV. CHARGED TO PATIE	53,799,618	13,891,066	67,690,684	0.396967	0.396967	0.396967 72
73 DRUGS CHARGED TO PATIENTS	50,617,525	21,309,277	71,926,802	0.237796	0.237796	0.237796 73
74 RENAL DIALYSIS	1,327,706	239,651	1,567,357	0.899260	0.899260	0.899260 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	13,176	1,756,938	1,770,114	0.195763	0.195763	0.195763 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 HEALTHY FAMILY CENTER						90.01
90.02 MOBILE MEDICAL UNIT		341,860	341,860	0.449392	0.449392	0.449392 90.02
90.03 FAMILY MEDICINE CENTER		3,149,106	3,149,106	0.757691	0.757691	0.757691 90.03
90.04 WOUND HEALING CENTER	23,892	3,538,410	3,562,302	0.599281	0.599281	0.599281 90.04
90.05 OUTPATIENT TREATMENT & INFU	27,932	2,137,727	2,165,659	0.526955	0.526955	0.526955 90.05
90.06 PEDIATRIC SPECIALTY CLINICS	1,167	236,709	237,876	2.351973	2.351973	2.359351 90.06
90.07 SPORTS MED FELLOWSHIP CLINI		578,347	578,347	1.258608	1.258608	1.258608 90.07
90.08 PODIATRY RESIDENCY CLINIC		235,193	235,193	1.295536	1.295536	1.295536 90.08
90.09 FAMILY MEDICINE FACULTY PHY		503,966	503,966	1.019769	1.019769	1.019769 90.09
91 EMERGENCY	9,276,549	27,582,904	36,859,453	0.353293	0.353293	0.354844 91
92 OBSERVATION BEDS (NON-DISTI	379,922	4,516,276	4,896,198	0.690137	0.690137	0.690137 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	465,886,861	305,726,309	771,613,170			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	465,886,861	305,726,309	771,613,170			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. 1 MINUS COL. 2)	(COL. 3 ÷ COL. 4)	(COL. 5 x COL. 6)	(COL. 5 x COL. 6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	15,017,651		15,017,651	52,330	286.98	21,486	6,166,052 30
31 INTENSIVE CARE UNIT	1,923,287		1,923,287	5,445	353.22	2,376	839,251 31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATAL INTENSIVE CARE UNIT	631,292		631,292	1,585	398.29		35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	269,455		269,455	6,434	41.88	3,947	165,300 41
42 SUBPROVIDER I							42
43 NURSERY	85,156		85,156	3,418	24.91		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	17,926,841		17,926,841	69,212		27,809	7,170,603 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (15-0012) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	6,134,953	158,029,161	0.038822	33,131,408	1,286,228	50
51	RECOVERY ROOM	422,890	14,586,172	0.028993	2,817,790	81,696	51
52	DELIVERY ROOM & LABOR ROOM	25,511	6,950,645	0.003670	8,286	30	52
54	RADIOLOGY-DIAGNOSTIC	1,751,506	47,208,210	0.037102	8,762,365	325,101	54
55	RADIOLOGY-THERAPEUTIC	43,672	80,548	0.542186	152	82	55
57	CT SCAN	260,085	47,387,474	0.005488	6,877,607	37,744	57
58	MRI	1,659	2,583,283	0.000642	1,340,351	861	58
59	CARDIAC CATHETERIZATION	1,942,603	46,443,540	0.041827	6,052,401	253,154	59
60	LABORATORY	546,306	77,454,140	0.007053	21,488,246	151,557	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	543,557	14,419,668	0.037696	9,100,170	343,040	65
66	PHYSICAL THERAPY	489,896	14,084,192	0.034783	1,885,797	65,594	66
67	OCCUPATIONAL THERAPY	36,156	5,333,084	0.006780	966,876	6,555	67
68	SPEECH PATHOLOGY	15,378	2,357,505	0.006523	432,457	2,821	68
69	ELECTROCARDIOLOGY	352,683	16,874,441	0.020900			69
71	MEDICAL SUPPLIES CHARGED TO P						71
72	IMPL. DEV. CHARGED TO PATIENT	482,962	67,690,684	0.007135	21,621,740	154,271	72
73	DRUGS CHARGED TO PATIENTS	919,327	71,926,802	0.012781	21,887,392	279,743	73
74	RENAL DIALYSIS	149,622	1,567,357	0.095461	571,327	54,539	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	6,620	1,770,114	0.003740	8,784	33	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,787					90
90.01	HEALTHY FAMILY CENTER	8					90.01
90.02	MOBILE MEDICAL UNIT	5,179	341,860	0.015149			90.02
90.03	FAMILY MEDICINE CENTER	150,735	3,149,106	0.047866			90.03
90.04	WOUND HEALING CENTER	114,706	3,562,302	0.032200	21,202	683	90.04
90.05	OUTPATIENT TREATMENT & INFUSI	203,023	2,165,659	0.093747			90.05
90.06	PEDIATRIC SPECIALTY CLINICS	23,482	237,876	0.098715	507	50	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	22,805	578,347	0.039431			90.07
90.08	PODIATRY RESIDENCY CLINIC	6,946	235,193	0.029533			90.08
90.09	FAMILY MEDICINE FACULTY PHYSI	14,197	503,966	0.028171			90.09
91	EMERGENCY	2,316,383	36,859,453	0.062844	4,070,045	255,778	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	815,885	4,896,198	0.166636	303,352	50,549	92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	17,805,522	649,276,980		141,348,255	3,350,109	200

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/22/2013 10:58

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		637,655			637,655	30
31 INTENSIVE CARE UNIT		123,743			123,743	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 NEONATAL INTENSIVE CARE UNIT		12,599			12,599	35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF		51,142			51,142	41
42 SUBPROVIDER I						42
43 NURSERY		27,752			27,752	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		852,891			852,891	200

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/22/2013 10:58

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	52,330	12.19	21,486	261,914	30
31 INTENSIVE CARE UNIT	5,445	22.73	2,376	54,006	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE UNIT	1,585	7.95			35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	6,434	7.95	3,947	31,379	41
42 SUBPROVIDER I					42
43 NURSERY	3,418	8.12			43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	69,212		27,809	347,299	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
54 RADIOLOGY-DIAGNOSTIC			1,166		1,166	1,166	54
55 RADIOLOGY-THERAPEUTIC							55
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT							90.02
90.03 FAMILY MEDICINE CENTER							90.03
90.04 WOUND HEALING CENTER							90.04
90.05 OUTPATIENT TREATMENT & INFUSI							90.05
90.06 PEDIATRIC SPECIALTY CLINICS							90.06
90.07 SPORTS MED FELLOWSHIP CLINIC							90.07
90.08 PODIATRY RESIDENCY CLINIC							90.08
90.09 FAMILY MEDICINE FACULTY PHYSI							90.09
91 EMERGENCY			283,458		283,458	283,458	91
92 OBSERVATION BEDS (NON-DISTINC			34,642		34,642	34,642	92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			319,266		319,266	319,266	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	158,029,161			33,131,408		13,469,130	50
51 RECOVERY ROOM	14,586,172			2,817,790		1,421,665	51
52 DELIVERY ROOM & LABOR ROOM	6,950,645			8,286			52
54 RADIOLOGY-DIAGNOSTIC	47,208,210	0.000025	0.000025	8,762,365	219	9,660,410	242 54
55 RADIOLOGY-THERAPEUTIC	80,548			152			55
57 CT SCAN	47,387,474			6,877,607		8,662,358	57
58 MRI	2,583,283			1,340,351		122,867	58
59 CARDIAC CATHETERIZATION	46,443,540			6,052,401		6,410,678	59
60 LABORATORY	77,454,140			21,488,246		2,254,453	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,419,668			9,100,170		4,710,602	65
66 PHYSICAL THERAPY	14,084,192			1,885,797			66
67 OCCUPATIONAL THERAPY	5,333,084			966,876			67
68 SPEECH PATHOLOGY	2,357,505			432,457		9,756	68
69 ELECTROCARDIOLOGY	16,874,441						69
71 MEDICAL SUPPLIES CHARGED TO							71
72 IMPL. DEV. CHARGED TO PATIEN	67,690,684			21,621,740		4,744,597	72
73 DRUGS CHARGED TO PATIENTS	71,926,802			21,887,392		6,047,157	73
74 RENAL DIALYSIS	1,567,357			571,327		54,093	74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,770,114			8,784		663,730	76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT	341,860						90.02
90.03 FAMILY MEDICINE CENTER	3,149,106						90.03
90.04 WOUND HEALING CENTER	3,562,302			21,202		532,097	90.04
90.05 OUTPATIENT TREATMENT & INFUS	2,165,659					2,089,932	90.05
90.06 PEDIATRIC SPECIALTY CLINICS	237,876			507		2,732	90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	578,347						90.07
90.08 PODIATRY RESIDENCY CLINIC	235,193						90.08
90.09 FAMILY MEDICINE FACULTY PHYS	503,966						90.09
91 EMERGENCY	36,859,453	0.007690	0.007690	4,070,045	31,299	5,125,840	39,418 91
92 OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	4,896,198	0.007075	0.007075	303,352	2,146	740,088	5,236 92
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	649,276,980			141,348,255	33,664	66,722,185	44,896 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES SUBJECT TO	COST SVCES NOT SUBJECT TO		
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.215077	13,469,130			2,896,900			50
51 RECOVERY ROOM	0.179908	1,421,665			255,769			51
52 DELIVERY ROOM & LABOR ROOM	0.129942							52
54 RADIOLOGY-DIAGNOSTIC	0.201891	9,660,410			1,950,350			54
55 RADIOLOGY-THERAPEUTIC	4.503427							55
57 CT SCAN	0.044092	8,662,358			381,941			57
58 MRI	0.014608	122,867			1,795			58
59 CARDIAC CATHETERIZATION	0.261637	6,410,678			1,677,271			59
60 LABORATORY	0.227012	2,254,453			511,788			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.314193	4,710,602			1,480,038			65
66 PHYSICAL THERAPY	0.358729							66
67 OCCUPATIONAL THERAPY	0.240436							67
68 SPEECH PATHOLOGY	0.234141	9,756			2,284			68
69 ELECTROCARDIOLOGY	0.120943							69
71 MEDICAL SUPPLIES CHARGED TO PAT								71
72 IMPL. DEV. CHARGED TO PATIENTS	0.396967	4,744,597			1,883,448			72
73 DRUGS CHARGED TO PATIENTS	0.237796	6,047,157		159,246	1,437,990		37,868	73
74 RENAL DIALYSIS	0.899260	54,093			48,644			74
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.195763	663,730			129,934			76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC								90
90.01 HEALTHY FAMILY CENTER								90.01
90.02 MOBILE MEDICAL UNIT	0.449392							90.02
90.03 FAMILY MEDICINE CENTER	0.757691							90.03
90.04 WOUND HEALING CENTER	0.599281	532,097			318,876			90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.526955	2,089,932			1,101,300			90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.351973	2,732			6,426			90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.258608							90.07
90.08 PODIATRY RESIDENCY CLINIC	1.295536							90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	1.019769							90.09
91 EMERGENCY	0.353293	5,125,840			1,810,923			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.690137	740,088			510,762			92
HOME PROGRAM DIALYSIS								
200 SUBTOTAL (SEE INSTRUCTIONS)		66,722,185		159,246	16,406,439		37,868	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		66,722,185		159,246	16,406,439		37,868	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (15-T012)	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	6,134,953	158,029,161	0.038822	26,119	1,014	50
51	RECOVERY ROOM	422,890	14,586,172	0.028993	5,168	150	51
52	DELIVERY ROOM & LABOR ROOM	25,511	6,950,645	0.003670			52
54	RADIOLOGY-DIAGNOSTIC	1,751,506	47,208,210	0.037102	67,144	2,491	54
55	RADIOLOGY-THERAPEUTIC	43,672	80,548	0.542186	171	93	55
57	CT SCAN	260,085	47,387,474	0.005488	48,077	264	57
58	MRI	1,659	2,583,283	0.000642	18,817	12	58
59	CARDIAC CATHETERIZATION	1,942,603	46,443,540	0.041827			59
60	LABORATORY	546,306	77,454,140	0.007053	836,222	5,898	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	543,557	14,419,668	0.037696	9,152	345	65
66	PHYSICAL THERAPY	489,896	14,084,192	0.034783	1,608,635	55,953	66
67	OCCUPATIONAL THERAPY	36,156	5,333,084	0.006780	1,467,908	9,952	67
68	SPEECH PATHOLOGY	15,378	2,357,505	0.006523	580,610	3,787	68
69	ELECTROCARDIOLOGY	352,683	16,874,441	0.020900			69
71	MEDICAL SUPPLIES CHARGED TO P						71
72	IMPL. DEV. CHARGED TO PATIENT	482,962	67,690,684	0.007135	1,957	14	72
73	DRUGS CHARGED TO PATIENTS	919,327	71,926,802	0.012781	1,011,959	12,934	73
74	RENAL DIALYSIS	149,622	1,567,357	0.095461	20,709	1,977	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	6,620	1,770,114	0.003740			76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,787					90
90.01	HEALTHY FAMILY CENTER	8					90.01
90.02	MOBILE MEDICAL UNIT	5,179	341,860	0.015149			90.02
90.03	FAMILY MEDICINE CENTER	150,735	3,149,106	0.047866			90.03
90.04	WOUND HEALING CENTER	114,706	3,562,302	0.032200			90.04
90.05	OUTPATIENT TREATMENT & INFUSI	203,023	2,165,659	0.093747			90.05
90.06	PEDIATRIC SPECIALTY CLINICS	23,482	237,876	0.098715			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	22,805	578,347	0.039431			90.07
90.08	PODIATRY RESIDENCY CLINIC	6,946	235,193	0.029533			90.08
90.09	FAMILY MEDICINE FACULTY PHYSI	14,197	503,966	0.028171			90.09
91	EMERGENCY	2,316,383	36,859,453	0.062844	4,855	305	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		4,896,198	4,896,198			92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	16,989,637	649,276,980		5,707,503	95,189	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
54 RADIOLOGY-DIAGNOSTIC			1,166		1,166	1,166	54
55 RADIOLOGY-THERAPEUTIC							55
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT							90.02
90.03 FAMILY MEDICINE CENTER							90.03
90.04 WOUND HEALING CENTER							90.04
90.05 OUTPATIENT TREATMENT & INFUSI							90.05
90.06 PEDIATRIC SPECIALTY CLINICS							90.06
90.07 SPORTS MED FELLOWSHIP CLINIC							90.07
90.08 PODIATRY RESIDENCY CLINIC							90.08
90.09 FAMILY MEDICINE FACULTY PHYSI							90.09
91 EMERGENCY			283,458		283,458	283,458	91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							92
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			284,624		284,624	284,624	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	158,029,161			26,119			50
51 RECOVERY ROOM	14,586,172			5,168			51
52 DELIVERY ROOM & LABOR ROOM	6,950,645						52
54 RADIOLOGY-DIAGNOSTIC	47,208,210	0.000025	0.000025	67,144	2		54
55 RADIOLOGY-THERAPEUTIC	80,548			171			55
57 CT SCAN	47,387,474			48,077			57
58 MRI	2,583,283			18,817			58
59 CARDIAC CATHETERIZATION	46,443,540						59
60 LABORATORY	77,454,140			836,222			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,419,668			9,152			65
66 PHYSICAL THERAPY	14,084,192			1,608,635			66
67 OCCUPATIONAL THERAPY	5,333,084			1,467,908			67
68 SPEECH PATHOLOGY	2,357,505			580,610			68
69 ELECTROCARDIOLOGY	16,874,441						69
71 MEDICAL SUPPLIES CHARGED TO							71
72 IMPL. DEV. CHARGED TO PATIEN	67,690,684			1,957			72
73 DRUGS CHARGED TO PATIENTS	71,926,802			1,011,959			73
74 RENAL DIALYSIS	1,567,357			20,709			74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,770,114						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT	341,860						90.02
90.03 FAMILY MEDICINE CENTER	3,149,106						90.03
90.04 WOUND HEALING CENTER	3,562,302						90.04
90.05 OUTPATIENT TREATMENT & INFUS	2,165,659						90.05
90.06 PEDIATRIC SPECIALTY CLINICS	237,876						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	578,347						90.07
90.08 PODIATRY RESIDENCY CLINIC	235,193						90.08
90.09 FAMILY MEDICINE FACULTY PHYS	503,966						90.09
91 EMERGENCY	36,859,453	0.007690	0.007690	4,855	37		91
92 OBSERVATION BEDS (NON-DISTIN	4,896,198						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	649,276,980			5,707,503	39		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES SUBJECT TO	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.215077						50
51 RECOVERY ROOM	0.179908						51
52 DELIVERY ROOM & LABOR ROOM	0.129942						52
54 RADIOLOGY-DIAGNOSTIC	0.201891						54
55 RADIOLOGY-THERAPEUTIC	4.503427						55
57 CT SCAN	0.044092						57
58 MRI	0.014608						58
59 CARDIAC CATHETERIZATION	0.261637						59
60 LABORATORY	0.227012						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.314193						65
66 PHYSICAL THERAPY	0.358729						66
67 OCCUPATIONAL THERAPY	0.240436						67
68 SPEECH PATHOLOGY	0.234141						68
69 ELECTROCARDIOLOGY	0.120943						69
71 MEDICAL SUPPLIES CHARGED TO PAT							71
72 IMPL. DEV. CHARGED TO PATIENTS	0.396967						72
73 DRUGS CHARGED TO PATIENTS	0.237796						73
74 RENAL DIALYSIS	0.899260						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.195763						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT	0.449392						90.02
90.03 FAMILY MEDICINE CENTER	0.757691						90.03
90.04 WOUND HEALING CENTER	0.599281						90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.526955						90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.351973						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.258608						90.07
90.08 PODIATRY RESIDENCY CLINIC	1.295536						90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	1.019769						90.09
91 EMERGENCY	0.353293						91
92 OBSERVATION BEDS (NON-DISTINCT	0.690137						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
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	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	15,017,651		15,017,651	52,330	286.98	7,548	2,166,125 30
31 INTENSIVE CARE UNIT	1,923,287		1,923,287	5,445	353.22	499	176,257 31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATAL INTENSIVE CARE UNIT	631,292		631,292	1,585	398.29	892	355,275 35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	269,455		269,455	6,434	41.88	550	23,034 41
42 SUBPROVIDER I							42
43 NURSERY	85,156		85,156	3,418	24.91	1,880	46,831 43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	17,926,841		17,926,841	69,212		11,369	2,767,522 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 ÷ COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	6,134,953	158,029,161	0.038822		50
51 RECOVERY ROOM	422,890	14,586,172	0.028993		51
52 DELIVERY ROOM & LABOR ROOM	25,511	6,950,645	0.003670		52
54 RADIOLOGY-DIAGNOSTIC	1,751,506	47,208,210	0.037102		54
55 RADIOLOGY-THERAPEUTIC	43,672	80,548	0.542186		55
57 CT SCAN	260,085	47,387,474	0.005488		57
58 MRI	1,659	2,583,283	0.000642		58
59 CARDIAC CATHETERIZATION	1,942,603	46,443,540	0.041827		59
60 LABORATORY	546,306	77,454,140	0.007053		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	543,557	14,419,668	0.037696		65
66 PHYSICAL THERAPY	489,896	14,084,192	0.034783		66
67 OCCUPATIONAL THERAPY	36,156	5,333,084	0.006780		67
68 SPEECH PATHOLOGY	15,378	2,357,505	0.006523		68
69 ELECTROCARDIOLOGY	352,683	16,874,441	0.020900		69
71 MEDICAL SUPPLIES CHARGED TO P					71
72 IMPL. DEV. CHARGED TO PATIENT	482,962	67,690,684	0.007135		72
73 DRUGS CHARGED TO PATIENTS	919,327	71,926,802	0.012781		73
74 RENAL DIALYSIS	149,622	1,567,357	0.095461		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY	6,620	1,770,114	0.003740		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	6,787				90
90.01 HEALTHY FAMILY CENTER	8				90.01
90.02 MOBILE MEDICAL UNIT	5,179	341,860	0.015149		90.02
90.03 FAMILY MEDICINE CENTER	150,735	3,149,106	0.047866		90.03
90.04 WOUND HEALING CENTER	114,706	3,562,302	0.032200		90.04
90.05 OUTPATIENT TREATMENT & INFUSI	203,023	2,165,659	0.093747		90.05
90.06 PEDIATRIC SPECIALTY CLINICS	23,482	237,876	0.098715		90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	22,805	578,347	0.039431		90.07
90.08 PODIATRY RESIDENCY CLINIC	6,946	235,193	0.029533		90.08
90.09 FAMILY MEDICINE FACULTY PHYSI	14,197	503,966	0.028171		90.09
91 EMERGENCY	2,316,383	36,859,453	0.062844		91
92 OBSERVATION BEDS (NON-DISTINC	815,885	4,896,198	0.166636		92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-199)	17,805,522	649,276,980			200

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/22/2013 10:58

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		637,655			637,655	30
31 INTENSIVE CARE UNIT		123,743			123,743	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 NEONATAL INTENSIVE CARE UNIT		12,599			12,599	35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF		51,142			51,142	41
42 SUBPROVIDER I						42
43 NURSERY		27,752			27,752	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		852,891			852,891	200

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/22/2013 10:58

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	52,330	12.19	7,548	92,010	30
31 INTENSIVE CARE UNIT	5,445	22.73	499	11,342	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE UNIT	1,585	7.95	892	7,091	35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	6,434	7.95	550	4,373	41
42 SUBPROVIDER I					42
43 NURSERY	3,418	8.12	1,880	15,266	43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	69,212		11,369	130,082	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
54 RADIOLOGY-DIAGNOSTIC			1,166		1,166	1,166	54
55 RADIOLOGY-THERAPEUTIC							55
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT							90.02
90.03 FAMILY MEDICINE CENTER							90.03
90.04 WOUND HEALING CENTER							90.04
90.05 OUTPATIENT TREATMENT & INFUSI							90.05
90.06 PEDIATRIC SPECIALTY CLINICS							90.06
90.07 SPORTS MED FELLOWSHIP CLINIC							90.07
90.08 PODIATRY RESIDENCY CLINIC							90.08
90.09 FAMILY MEDICINE FACULTY PHYSI							90.09
91 EMERGENCY			283,458		283,458	283,458	91
92 OBSERVATION BEDS (NON-DISTINC							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			284,624		284,624	284,624	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (15-0012) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA [] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM						50
51						RECOVERY ROOM						51
52						DELIVERY ROOM & LABOR ROOM						52
54						RADIOLOGY-DIAGNOSTIC	0.000025	0.000025				54
55						RADIOLOGY-THERAPEUTIC						55
57						CT SCAN						57
58						MRI						58
59						CARDIAC CATHETERIZATION						59
60						LABORATORY						60
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
65						RESPIRATORY THERAPY						65
66						PHYSICAL THERAPY						66
67						OCCUPATIONAL THERAPY						67
68						SPEECH PATHOLOGY						68
69						ELECTROCARDIOLOGY						69
71						MEDICAL SUPPLIES CHARGED TO						71
72						IMPL. DEV. CHARGED TO PATIEN						72
73						DRUGS CHARGED TO PATIENTS						73
74						RENAL DIALYSIS						74
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90						CLINIC						90
90.01						HEALTHY FAMILY CENTER						90.01
90.02						MOBILE MEDICAL UNIT						90.02
90.03						FAMILY MEDICINE CENTER						90.03
90.04						WOUND HEALING CENTER						90.04
90.05						OUTPATIENT TREATMENT & INFUS						90.05
90.06						PEDIATRIC SPECIALTY CLINICS						90.06
90.07						SPORTS MED FELLOWSHIP CLINIC						90.07
90.08						PODIATRY RESIDENCY CLINIC						90.08
90.09						FAMILY MEDICINE FACULTY PHYS						90.09
91						EMERGENCY	0.007690	0.007690				91
92						OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS						92
94						HOME PROGRAM DIALYSIS						94
200						TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	SERVICES SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	SERVICES SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.215077						50
51 RECOVERY ROOM	0.179908						51
52 DELIVERY ROOM & LABOR ROOM	0.129942						52
54 RADIOLOGY-DIAGNOSTIC	0.201891						54
55 RADIOLOGY-THERAPEUTIC	4.503427						55
57 CT SCAN	0.044092						57
58 MRI	0.014608						58
59 CARDIAC CATHETERIZATION	0.261637						59
60 LABORATORY	0.227012						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.314193						65
66 PHYSICAL THERAPY	0.358729						66
67 OCCUPATIONAL THERAPY	0.240436						67
68 SPEECH PATHOLOGY	0.234141						68
69 ELECTROCARDIOLOGY	0.120943						69
71 MEDICAL SUPPLIES CHARGED TO PAT							71
72 IMPL. DEV. CHARGED TO PATIENTS	0.396967						72
73 DRUGS CHARGED TO PATIENTS	0.237796						73
74 RENAL DIALYSIS	0.899260						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.195763						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT	0.449392						90.02
90.03 FAMILY MEDICINE CENTER	0.757691						90.03
90.04 WOUND HEALING CENTER	0.599281						90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.526955						90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.351973						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.258608						90.07
90.08 PODIATRY RESIDENCY CLINIC	1.295536						90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	1.019769						90.09
91 EMERGENCY	0.353293						91
92 OBSERVATION BEDS (NON-DISTINCT	0.690137						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (15-T012)	[] SUB (OTHER)	[XX] PPS [] TEFRA [] OTHER			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	6,134,953	158,029,161	0.038822	3,212	125	50
51	RECOVERY ROOM	422,890	14,586,172	0.028993			51
52	DELIVERY ROOM & LABOR ROOM	25,511	6,950,645	0.003670			52
54	RADIOLOGY-DIAGNOSTIC	1,751,506	47,208,210	0.037102	6,575	244	54
55	RADIOLOGY-THERAPEUTIC	43,672	80,548	0.542186			55
57	CT SCAN	260,085	47,387,474	0.005488	3,088	17	57
58	MRI	1,659	2,583,283	0.000642			58
59	CARDIAC CATHETERIZATION	1,942,603	46,443,540	0.041827			59
60	LABORATORY	546,306	77,454,140	0.007053	80,773	570	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	543,557	14,419,668	0.037696			65
66	PHYSICAL THERAPY	489,896	14,084,192	0.034783	220,502	7,670	66
67	OCCUPATIONAL THERAPY	36,156	5,333,084	0.006780	205,773	1,395	67
68	SPEECH PATHOLOGY	15,378	2,357,505	0.006523	143,330	935	68
69	ELECTROCARDIOLOGY	352,683	16,874,441	0.020900			69
71	MEDICAL SUPPLIES CHARGED TO P						71
72	IMPL. DEV. CHARGED TO PATIENT	482,962	67,690,684	0.007135			72
73	DRUGS CHARGED TO PATIENTS	919,327	71,926,802	0.012781	195,629	2,500	73
74	RENAL DIALYSIS	149,622	1,567,357	0.095461	3,076	294	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	6,620	1,770,114	0.003740			76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,787					90
90.01	HEALTHY FAMILY CENTER	8					90.01
90.02	MOBILE MEDICAL UNIT	5,179	341,860	0.015149			90.02
90.03	FAMILY MEDICINE CENTER	150,735	3,149,106	0.047866			90.03
90.04	WOUND HEALING CENTER	114,706	3,562,302	0.032200			90.04
90.05	OUTPATIENT TREATMENT & INFUSI	203,023	2,165,659	0.093747			90.05
90.06	PEDIATRIC SPECIALTY CLINICS	23,482	237,876	0.098715			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	22,805	578,347	0.039431			90.07
90.08	PODIATRY RESIDENCY CLINIC	6,946	235,193	0.029533			90.08
90.09	FAMILY MEDICINE FACULTY PHYSI	14,197	503,966	0.028171			90.09
91	EMERGENCY	2,316,383	36,859,453	0.062844			91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		4,896,198	4,896,198			92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	16,989,637	649,276,980		861,958	13,750	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
54 RADIOLOGY-DIAGNOSTIC			1,166		1,166	1,166	54
55 RADIOLOGY-THERAPEUTIC							55
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT							90.02
90.03 FAMILY MEDICINE CENTER							90.03
90.04 WOUND HEALING CENTER							90.04
90.05 OUTPATIENT TREATMENT & INFUSI							90.05
90.06 PEDIATRIC SPECIALTY CLINICS							90.06
90.07 SPORTS MED FELLOWSHIP CLINIC							90.07
90.08 PODIATRY RESIDENCY CLINIC							90.08
90.09 FAMILY MEDICINE FACULTY PHYSI							90.09
91 EMERGENCY			283,458		283,458	283,458	91
92 OBSERVATION BEDS (NON-DISTINC							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			284,624		284,624	284,624	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES	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) 7	(COL. 5 ÷ COL. 7) 8	(COL. 6 ÷ COL. 7) 9	PGM 10	(COL. 8 x COL. 10) 11	12	(COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	158,029,161			3,212			50
51 RECOVERY ROOM	14,586,172						51
52 DELIVERY ROOM & LABOR ROOM	6,950,645						52
54 RADIOLOGY-DIAGNOSTIC	47,208,210	0.000025	0.000025	6,575			54
55 RADIOLOGY-THERAPEUTIC	80,548						55
57 CT SCAN	47,387,474			3,088			57
58 MRI	2,583,283						58
59 CARDIAC CATHETERIZATION	46,443,540						59
60 LABORATORY	77,454,140			80,773			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,419,668						65
66 PHYSICAL THERAPY	14,084,192			220,502			66
67 OCCUPATIONAL THERAPY	5,333,084			205,773			67
68 SPEECH PATHOLOGY	2,357,505			143,330			68
69 ELECTROCARDIOLOGY	16,874,441						69
71 MEDICAL SUPPLIES CHARGED TO							71
72 IMPL. DEV. CHARGED TO PATIEN	67,690,684						72
73 DRUGS CHARGED TO PATIENTS	71,926,802			195,629			73
74 RENAL DIALYSIS	1,567,357			3,076			74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,770,114						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT	341,860						90.02
90.03 FAMILY MEDICINE CENTER	3,149,106						90.03
90.04 WOUND HEALING CENTER	3,562,302						90.04
90.05 OUTPATIENT TREATMENT & INFUS	2,165,659						90.05
90.06 PEDIATRIC SPECIALTY CLINICS	237,876						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	578,347						90.07
90.08 PODIATRY RESIDENCY CLINIC	235,193						90.08
90.09 FAMILY MEDICINE FACULTY PHYS	503,966						90.09
91 EMERGENCY	36,859,453	0.007690	0.007690				91
92 OBSERVATION BEDS (NON-DISTIN	4,896,198						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	649,276,980			861,958			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO	
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.215077						50
51 RECOVERY ROOM	0.179908						51
52 DELIVERY ROOM & LABOR ROOM	0.129942						52
54 RADIOLOGY-DIAGNOSTIC	0.201891						54
55 RADIOLOGY-THERAPEUTIC	4.503427						55
57 CT SCAN	0.044092						57
58 MRI	0.014608						58
59 CARDIAC CATHETERIZATION	0.261637						59
60 LABORATORY	0.227012						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.314193						65
66 PHYSICAL THERAPY	0.358729						66
67 OCCUPATIONAL THERAPY	0.240436						67
68 SPEECH PATHOLOGY	0.234141						68
69 ELECTROCARDIOLOGY	0.120943						69
71 MEDICAL SUPPLIES CHARGED TO PAT							71
72 IMPL. DEV. CHARGED TO PATIENTS	0.396967						72
73 DRUGS CHARGED TO PATIENTS	0.237796						73
74 RENAL DIALYSIS	0.899260						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.195763						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 HEALTHY FAMILY CENTER							90.01
90.02 MOBILE MEDICAL UNIT	0.449392						90.02
90.03 FAMILY MEDICINE CENTER	0.757691						90.03
90.04 WOUND HEALING CENTER	0.599281						90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.526955						90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.351973						90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.258608						90.07
90.08 PODIATRY RESIDENCY CLINIC	1.295536						90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	1.019769						90.09
91 EMERGENCY	0.353293						91
92 OBSERVATION BEDS (NON-DISTINCT	0.690137						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	52,330	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	52,330	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	49,487	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)	21,486	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)	62,196,655	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	62,196,655	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	62,196,655	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,188.55 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 25,537,185 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) 25,537,185 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	11,268,112	5,445	2,069.44	2,376	4,916,989	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE UNIT	2,863,855	1,585	1,806.85			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					36,040,560	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					66,494,734	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 7,321,223 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 3,383,773 51
 52 TOTAL PROGRAM EXCLUDABLE COST 10,704,996 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 55,789,738 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) 2,843 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,188.55 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,379,048 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	15,017,651	62,196,655	0.241454	3,379,048	815,885	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	637,655	62,196,655	0.010252	3,379,048	34,642	92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	6,434	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,434	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,434	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)	3,947	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	5,450,743	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,450,743	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,450,743	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	847.18	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,343,819	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)	3,343,819	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,543,712	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,887,531	49

PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	196,679	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	95,228	51
52 TOTAL PROGRAM EXCLUDABLE COST	291,907	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,595,624	53

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

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

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	52,330	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	52,330	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	49,487	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)	7,548	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,418	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,880	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)	62,196,655	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	62,196,655	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	62,196,655	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,188.55 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 8,971,175 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) 8,971,175 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
42 NURSERY (TITLES V AND XIX ONLY)	3,071,135	3,418	898.52	1,880	1,689,218 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	11,268,112	5,445	2,069.44	499	1,032,651 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 NEONATAL INTENSIVE CARE UNIT	2,863,855	1,585	1,806.85	892	1,611,710 47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					13,304,754 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,870,197 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,870,197 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 10,434,557 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) 2,843 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	6,434	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,434	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,434	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)	550	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	5,450,743	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,450,743	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,450,743	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	847.18	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	465,949	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)	465,949	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	231,913	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	697,862	49

PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	27,407	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	13,750	51
52 TOTAL PROGRAM EXCLUDABLE COST	41,157	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	656,705	53

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

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		34,992,688			30
31 INTENSIVE CARE UNIT		8,553,447			31
35 NEONATAL INTENSIVE CARE UNIT					35
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.215341	33,131,408	7,134,551		50
51 RECOVERY ROOM	0.179908	2,817,790	506,943		51
52 DELIVERY ROOM & LABOR ROOM	0.129942	8,286	1,077		52
54 RADIOLOGY-DIAGNOSTIC	0.202191	8,762,365	1,771,671		54
55 RADIOLOGY-THERAPEUTIC	4.503427	152	685		55
57 CT SCAN	0.044092	6,877,607	303,247		57
58 MRI	0.014608	1,340,351	19,580		58
59 CARDIAC CATHETERIZATION	0.261790	6,052,401	1,584,458		59
60 LABORATORY	0.227012	21,488,246	4,878,090		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.314193	9,100,170	2,859,210		65
66 PHYSICAL THERAPY	0.358729	1,885,797	676,490		66
67 OCCUPATIONAL THERAPY	0.240436	966,876	232,472		67
68 SPEECH PATHOLOGY	0.234141	432,457	101,256		68
69 ELECTROCARDIOLOGY	0.121140				69
71 MEDICAL SUPPLIES CHARGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENTS	0.396967	21,621,740	8,583,117		72
73 DRUGS CHARGED TO PATIENTS	0.237796	21,887,392	5,204,734		73
74 RENAL DIALYSIS	0.899260	571,327	513,772		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.195763	8,784	1,720		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 HEALTHY FAMILY CENTER					90.01
90.02 MOBILE MEDICAL UNIT	0.449392				90.02
90.03 FAMILY MEDICINE CENTER	0.757691				90.03
90.04 WOUND HEALING CENTER	0.599281	21,202	12,706		90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.526955				90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.359351	507	1,196		90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.258608				90.07
90.08 PODIATRY RESIDENCY CLINIC	1.295536				90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	1.019769				90.09
91 EMERGENCY	0.354844	4,070,045	1,444,231		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.690137	303,352	209,354		92
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		141,348,255	36,040,560		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		141,348,255			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
35 NEONATAL INTENSIVE CARE UNIT					35
41 SUBPROVIDER - IRF		5,281,244			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.215341	26,119	5,624		50
51 RECOVERY ROOM	0.179908	5,168	930		51
52 DELIVERY ROOM & LABOR ROOM	0.129942				52
54 RADIOLOGY-DIAGNOSTIC	0.202191	67,144	13,576		54
55 RADIOLOGY-THERAPEUTIC	4.503427	171	770		55
57 CT SCAN	0.044092	48,077	2,120		57
58 MRI	0.014608	18,817	275		58
59 CARDIAC CATHETERIZATION	0.261790				59
60 LABORATORY	0.227012	836,222	189,832		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.314193	9,152	2,875		65
66 PHYSICAL THERAPY	0.358729	1,608,635	577,064		66
67 OCCUPATIONAL THERAPY	0.240436	1,467,908	352,938		67
68 SPEECH PATHOLOGY	0.234141	580,610	135,945		68
69 ELECTROCARDIOLOGY	0.121140				69
71 MEDICAL SUPPLIES CHARGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENTS	0.396967	1,957	777		72
73 DRUGS CHARGED TO PATIENTS	0.237796	1,011,959	240,640		73
74 RENAL DIALYSIS	0.899260	20,709	18,623		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.195763				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 HEALTHY FAMILY CENTER					90.01
90.02 MOBILE MEDICAL UNIT	0.449392				90.02
90.03 FAMILY MEDICINE CENTER	0.757691				90.03
90.04 WOUND HEALING CENTER	0.599281				90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.526955				90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.359351				90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.258608				90.07
90.08 PODIATRY RESIDENCY CLINIC	1.295536				90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	1.019769				90.09
91 EMERGENCY	0.354844	4,855	1,723		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.690137				92
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		5,707,503	1,543,712		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		5,707,503			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)	
			3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
35 NEONATAL INTENSIVE CARE UNIT				35
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.215341			50
51 RECOVERY ROOM	0.179908			51
52 DELIVERY ROOM & LABOR ROOM	0.129942			52
54 RADIOLOGY-DIAGNOSTIC	0.202191			54
55 RADIOLOGY-THERAPEUTIC	4.503427			55
57 CT SCAN	0.044092			57
58 MRI	0.014608			58
59 CARDIAC CATHETERIZATION	0.261790			59
60 LABORATORY	0.227012			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.314193			65
66 PHYSICAL THERAPY	0.358729			66
67 OCCUPATIONAL THERAPY	0.240436			67
68 SPEECH PATHOLOGY	0.234141			68
69 ELECTROCARDIOLOGY	0.121140			69
71 MEDICAL SUPPLIES CHARGED TO PAT				71
72 IMPL. DEV. CHARGED TO PATIENTS	0.396967			72
73 DRUGS CHARGED TO PATIENTS	0.237796			73
74 RENAL DIALYSIS	0.899260			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.195763			76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC				90
90.01 HEALTHY FAMILY CENTER				90.01
90.02 MOBILE MEDICAL UNIT	0.449392			90.02
90.03 FAMILY MEDICINE CENTER	0.757691			90.03
90.04 WOUND HEALING CENTER	0.599281			90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.526955			90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.359351			90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.258608			90.07
90.08 PODIATRY RESIDENCY CLINIC	1.295536			90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	1.019769			90.09
91 EMERGENCY	0.354844			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.690137			92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
35 NEONATAL INTENSIVE CARE UNIT					35
41 SUBPROVIDER - IRF		777,557			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.215341	3,212	692		50
51 RECOVERY ROOM	0.179908				51
52 DELIVERY ROOM & LABOR ROOM	0.129942				52
54 RADIOLOGY-DIAGNOSTIC	0.202191	6,575	1,329		54
55 RADIOLOGY-THERAPEUTIC	4.503427				55
57 CT SCAN	0.044092	3,088	136		57
58 MRI	0.014608				58
59 CARDIAC CATHETERIZATION	0.261790				59
60 LABORATORY	0.227012	80,773	18,336		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.314193				65
66 PHYSICAL THERAPY	0.358729	220,502	79,100		66
67 OCCUPATIONAL THERAPY	0.240436	205,773	49,475		67
68 SPEECH PATHOLOGY	0.234141	143,330	33,559		68
69 ELECTROCARDIOLOGY	0.121140				69
71 MEDICAL SUPPLIES CHARGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENTS	0.396967				72
73 DRUGS CHARGED TO PATIENTS	0.237796	195,629	46,520		73
74 RENAL DIALYSIS	0.899260	3,076	2,766		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.195763				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 HEALTHY FAMILY CENTER					90.01
90.02 MOBILE MEDICAL UNIT	0.449392				90.02
90.03 FAMILY MEDICINE CENTER	0.757691				90.03
90.04 WOUND HEALING CENTER	0.599281				90.04
90.05 OUTPATIENT TREATMENT & INFUSION	0.526955				90.05
90.06 PEDIATRIC SPECIALTY CLINICS	2.359351				90.06
90.07 SPORTS MED FELLOWSHIP CLINIC	1.258608				90.07
90.08 PODIATRY RESIDENCY CLINIC	1.295536				90.08
90.09 FAMILY MEDICINE FACULTY PHYSICI	1.019769				90.09
91 EMERGENCY	0.354844				91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.690137				92
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		861,958	231,913		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		861,958			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	42,907,075	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,259,800	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	15,364,351	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	234.20	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	17.61	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)	1.02	7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)	5.87	8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	22.46	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	24.89	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	4.00	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	26.46	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	25.46	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	25.08	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	25.67	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	25.67	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.109607	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.104470	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.104470	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	3,230,335	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)	2.43	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	3,230,335	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0394	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.1805	31
32	SUM OF LINES 30 AND 31	0.2199	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0736	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,157,961	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)	50,555,171	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)	50,555,171	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,447,091	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	1,501,051	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	228,360	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	315,920	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	33,664	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	57,081,257	59
60	PRIMARY PAYER PAYMENTS	77,098	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	57,004,159	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,617,296	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	130,411	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	168,595	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	118,017	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	52,374,469	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	-221,683	70
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	52,152,786	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	260,764	71.01
72	INTERIM PAYMENTS	52,123,824	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	-231,802	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	1,864,582	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		52,074,724		12,452,093	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 07/01/2013	49,100		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
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		49,100			
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		52,123,824		12,452,093	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	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	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01	28,962		175,807	6.01
	TO .02				6.02
	PROVIDER .01				6.01
	PROVIDER .02				6.02
	TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		52,152,786		12,627,900	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,768,681		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51		NONE	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
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		4,768,681		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	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	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01	145,972			6.01
	TO .02				6.02
	PROVIDER .01				6.01
	PROVIDER .02				6.02
	TO .02				6.02
	PROGRAM .01				6.01
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		4,914,653			7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/22/2013 10:58

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (15-0012) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	15,481	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	23,862	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	8,267	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	56,517	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	771,613,170	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	20,041,585	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	2,840,031	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	56,801	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	2,783,230	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	2,059,610	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	723,620	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	4,717,697	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.017600	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	218,429	3
4	OUTLIER PAYMENTS	48,072	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	0.38	5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	0.38	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	0.38	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	17,627,397	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.014773	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	69,695	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	5,053,893	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	5,053,893	17
18	PRIMARY PAYER PAYMENTS	49,592	18
19	SUBTOTAL LINE 17b LESS LINE 18)	5,004,301	19
20	DEDUCTIBLES	46,604	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	4,957,697	21
22	COINSURANCE	52,645	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	4,905,052	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	4,905,052	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)	31,418	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	-21,817	31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,914,653	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	24,573	32.01
33	INTERIM PAYMENTS	4,768,681	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	121,399	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	28,304	36

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

	INPATIENT	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			8
9 ANCILLARY SERVICE CHARGES			9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)			12
CUSTOMARY CHARGES			
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))			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	130,082		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)	130,082		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21	130,082		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)	130,082		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)	130,082		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)	130,082		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)	130,082		40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	130,082		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

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

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		22.87 1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		2.14 3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		7.00 4.02	
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)		27.73 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		25.96 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		25.96 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	24.96	0.50	25.46 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	24.96	0.50	25.46 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		3.50	10
11	TOTAL WEIGHTED FTE COUNT	24.96	4.00	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	26.04	3.00	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	26.04	3.00	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	25.68	3.33	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	25.68	3.33	17
18	PER RESIDENT AMOUNT	115,694.60	92,982.64	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	2,971,037	309,632	3,280,669 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			3,280,669 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	27,809	8,895	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	62,951	62,951	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.441756	0.141300	28
29	PROGRAM DIRECT GME AMOUNT	1,449,255	463,559	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		65,501	30
31	NET PROGRAM DIRECT GME AMOUNT			1,847,313 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			1,567,357 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
				PART A REASONABLE COST
37	REASONABLE COST (SEE INSTRUCTIONS)			71,382,265 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			126,690 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			71,255,575 41
				PART B REASONABLE COST
42	REASONABLE COST (SEE INSTRUCTIONS)			16,444,307 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			7,074 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			16,437,233 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			87,692,808 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.812559 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.187441 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			1,847,313 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,501,051 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			346,262 50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	9,489		26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	62,951		27
29	PROGRAM DIRECT GME AMOUNT	0.150736		28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	28,717,576			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	47,505,846			4
5	OTHER RECEIVABLES	3,330,132			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-11,870,179			6
7	INVENTORY	6,214,089			7
8	PREPAID EXPENSES	1,541,487			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	75,438,951			11
FIXED ASSETS					
12	LAND				12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	334,258,179			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)	334,258,179			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	3,223,342			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	3,223,342			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	412,920,472			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	10,098,116			37
38	SALARIES, WAGES & FEES PAYABLE	6,974,217			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	7,182,908			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	3,543,323			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	27,798,564			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	10,755,802			46
47	NOTES PAYABLE	313,352,509			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	3,157,972			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	327,266,283			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	355,064,847			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	57,855,625			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)	57,855,625			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	412,920,472			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		46,134,591							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		11,721,034							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		57,855,625							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		57,855,625							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 INTERNAL TRANSFERS									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		57,855,625							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	471,551,427		471,551,427	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	471,551,427		471,551,427	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 NEONATAL INTENSIVE CARE UNIT				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	471,551,427		471,551,427	18
19 ANCILLARY SERVICES				19
20 OUTPATIENT SERVICES		308,323,824	308,323,824	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	471,551,427	308,323,824	779,875,251	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		276,335,749	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		276,335,749	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	779,875,251	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	499,113,368	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	280,761,883	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	276,335,749	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	4,426,134	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-503,819	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (BLANK)		24
24.01	OTHER (OTHER REVENUE)	6,599,153	24.01
24.02	OTHER (BLANK)		24.02
24.03	OTHER (RESTRICTED ASSETS RELEASED)	1,199,566	24.03
24.04	OTHER (BLANK)		24.04
24.05	OTHER (BLANK)		24.05
24.06	OTHER (BLANK)		24.06
24.07	OTHER (BLANK)		24.07
24.08	OTHER (BLANK)		24.08
24.09	OTHER (BLANK)		24.09
24.10	OTHER (BLANK)		24.10
24.11	OTHER (BLANK)		24.11
24.12	OTHER (BLANK)		24.12
24.13	OTHER (BLANK)		24.13
24.14	OTHER (BLANK)		24.14
24.15	OTHER (BLANK)		24.15
24.16	OTHER (BLANK)		24.16
24.17	OTHER (BLANK)		24.17
24.18	OTHER (BLANK)		24.18
24.19	OTHER (BLANK)		24.19
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	7,294,900	25
26	TOTAL (LINE 5 PLUS LINE 25)	11,721,034	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	11,721,034	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: -

WORKSHEET I-1

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES		HOURS OF SERVICE			1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS		HOURS OF SERVICE			4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY		ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)					9
10 EMPLOYEE BENEFITS		SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES		REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER		ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)					17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS DEPARTMENT		SALARY			20
21 ADMINISTRATIVE AND GENERAL		ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING		SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25 PHARMACY		REQUISITIONS			25
26 OTHER ALLOCATED COSTS		ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)					27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER ANCILLARY (SPECIFY)		CHARGES			30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)					31

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/22/2013 10:58

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
	BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	DRUGS
	1	2	3	4	DEPARTMENT	6
					5	
1	TOTAL RENAL DEPT COSTS					1
	MAINTENANCE					
2	HEMODIALYSIS					2
3	INTERMITTENT PERITONEAL					3
	TRAINING					
4	HEMODIALYSIS					4
5	INTERMITTENT PERITONEAL					5
6	CAPD					6
7	CCPD					7
	HOME					
8	HEMODIALYSIS					8
9	INTERMITTENT PERITONEAL					9
10	CAPD					10
11	CCPD					11
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					12
13	METHOD II HOME PATIENT					13
14	EPO (INCL IN RENAL DEPT)					14
15	ARANESP (INCL IN RENAL DEPT)					15
16	OTHER					16
17	TOTAL (SUM OF LINES 2-16)					17
18	MEDICAL EDUC PGM COSTS					18
19	TOTAL RENAL COSTS (LINES 17+18)					19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (SALARY) 5	
	BUILDING (SQUARE FEET) 1	EQUIPMENT (% OF TIME) 2	RNs (HOURS) 3	OTHER (HOURS) 4		
1	TOTAL RENAL DEPT COSTS MAINTENANCE					1
2	HEMODIALYSIS					2
3	INTERMITTENT PERITONEAL TRAINING					3
4	HEMODIALYSIS					4
5	INTERMITTENT PERITONEAL					5
6	CAPD					6
7	CCPD					7
	HOME					
8	HEMODIALYSIS					8
9	INTERMITTENT PERITONEAL					9
10	CAPD					10
11	CCPD					11
	OTHER BILLABLE SERVICES					
12	INPT DIAL TRMNTS					12
13	METHOD II HOME PATIENT					13
14	EPO					14
15	ARANESP					15
16	OTHER					16
17	TOTAL STATISTICAL BASIS					17
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)					18

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2012 TO 06/30/2013

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IN LIEU OF FORM CMS-2552-10 (08/2011)

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3
(CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	DRUGS (REQUIST.)	MEDICAL SUPPLIES (REQUIST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUBTOTAL	OVERHEAD (ACCUM. COST)	
	6	7	8	9	10	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						
13						13
14						14
15						15
16						16
17						17
18						18

(LINE 1 ÷ LINE 17)

PROVIDER CCN: 15-0012 ST. JOSEPH'S REG MED CENTER S.
PERIOD FROM 07/01/2012 TO 06/30/2013

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11/22/2013 10:58

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: -

WORKSHEET I-4
(CONTINUED)

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4)	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01)	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02)	
1 MAINTENANCE - HEMODIALYSIS							1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD							5
6 TRAINING - CCPD							6
7 HOME PROGRAM - HEMODIALYSIS							7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD							9
10 HOME PROGRAM - CCPD							10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)	6	6.01	6.02	7	7.01	7.02	11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: -

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)			1
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)	1	2	2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)			2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)			2.02
2.03	TOTAL PAYMENT DUE (SEE INSTRUCTIONS)			2.03
2.04	OUTLIER PAYMENTS			2.04
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3
3.01	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4
4.01	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05	TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)			5.05
6	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			8
9	PROGRAM PAYMENT (SEE INSTRUCTIONS)			9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12	TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)			12
13	TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)			13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)			14

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	3,411,530	1
2	CAPITAL DRG OUTLIER PAYMENTS	716,924	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	154.84	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	25.67	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0479	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	163,412	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0394	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.1805	8
9	SUM OF LINES 7 AND 8	0.2199	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0455	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	155,225	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,447,091	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

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

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING, RECEIVING & STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 STERILE SUPPLY					18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 CLINICAL PASTORAL EDUCATION					23.01
23.02 PHARMACY RESIDENCY PROGRAM					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
35 NEONATAL INTENSIVE CARE UNIT					35
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 HEALTHY FAMILY CENTER					90.01
90.02 MOBILE MEDICAL UNIT					90.02
90.03 FAMILY MEDICINE CENTER					90.03
90.04 WOUND HEALING CENTER					90.04
90.05 OUTPATIENT TREATMENT & INFUSIO					90.05
90.06 PEDIATRIC SPECIALTY CLINICS					90.06
90.07 SPORTS MED FELLOWSHIP CLINIC					90.07
90.08 PODIATRY RESIDENCY CLINIC					90.08
90.09 FAMILY MEDICINE FACULTY PHYSIC					90.09
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
SPECIAL PURPOSE COST CENTERS					

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	
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
190.01 ATHLETIC TRAINERS						190.01
190.10 OUTREACH SERVICES						190.10
190.11 KINDRED/OUR LADY OF PEACE						190.11
190.19 KINDRED/OUR LADY OF PEACE ADMI						190.19
190.20 ADVANCED SPECIALTIES						190.20
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PERINATOLOGIST						192.01
192.02 NEONATOLOGISTS						192.02
192.03 HOSPITALISTS/INTENSIVISTS						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period			
1	Wage index fiscal year ending date	09/30/2016	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	07/01/2012	06/30/2013 2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	01/01/2013	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	07/01/2011	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	07/01/2014	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)			
6	Effective date of pension plan		6
7	First day of the provider cost reporting period containing the pension plan effective date		7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)		8
If this date occurs after the period shown on line 2, stop here and see instructions.			
STEP 3: Average Pension Contributions During the Averaging Period			
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	07/01/2011	9
10	Ending date of averaging period from Line 5	07/01/2014	10
11	Enter provider contributions made during averaging period on Lines 9 & 10		11
11.01			11.01
11.02		06/30/2012	5,779,843 11.02
11.03		06/30/2013	5,779,843 11.03
11.04		06/30/2014	5,779,843 11.04
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36	12
13	Total contributions made during averaging period	17,339,529	13
14	Average monthly contribution (Line 13 divided by Line 12)	481,654	14
15	Number of months in provider cost reporting period on Line 2	12	15
16	Average pension contributions (Line 14 times Line 15)	5,779,848	16
STEP 4: Total Pension Cost for Wage Index			
17	Annual prefunding installment (SEE INSTRUCTIONS)	2,060,245	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	2,060,245	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	7,840,093	19