

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**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. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.			Date: 11/28/2016 Time: 18:18
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: _____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.	

**PART II - CERTIFICATION**

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

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification 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 07/01/2015 and ending 06/30/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

ECR Encryption: 11/28/2016 18:18  
iJ4GD2IX5U61nWY8XQpYGzE8O:DC0  
gu1gB0gQ1N6aoOucXO3ZvpasANWT6E  
h9Na1VK4nG0tZbvb

PI Encryption: 11/28/2016 18:18  
dQ337iU3Q8kTxD7ER.e4YF20HfDJ20  
rJKLb0S2HPcb1T8IXwISi.8ESxzQYr  
HwRZ0UWS0I0J4T0M

(Signed) *Janice L. Dun*  
Officer or Administrator of Provider(s)  
CFO  
Title  
11/29/16  
Date

**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		225,927	106,006		41,104	1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		-87,332	4,044		133	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		138,595	110,050		41,237	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. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 5215 HOLY CROSS PARKWAY	P.O. Box:		1
2	City: MISHAWAKA	State: IN	ZIP Code: 46545	County: SAINT JOSEPH

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
0	1	2	3	4	5	6	7	8	
3	Hospital	ST. JOSEPH'S REG MED CENTER S. BEND	15-0012	43780	1	07 / 01 / 1996	N	P	P
4	Subprovider - IPF								
5	Subprovider - IRF	ST JOSEPH REG MED CTR - REHAB	15-T012	43780	5	06 / 01 / 1983	N	P	P
6	Subprovider - (OTHER)								
7	Swing Beds - SNF								
8	Swing Beds - NF								
9	Hospital-Based SNF								
10	Hospital-Based NF								
11	Hospital-Based OLTC								
12	Hospital-Based HHA								
13	Separately Certified ASC								
14	Hospital-Based Hospice								
15	Hospital-Based Health Clinic - RHC								
16	Hospital-Based Health Clinic - FQHC								
17	Hospital-Based (CMHC)								
18	Renal Dialysis								
19	Other								

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2015	To: 06 / 30 / 2016	20
21	Type of control (see instructions)	1		21

Inpatient PPS Information

	1	2	3		
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or '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	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N	23	

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1	2	3	4	5	6		
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,342	578	76	197	11,337	379	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	332						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 is 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 is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

		1	2	
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)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
		1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

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 Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. 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, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline 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 FTEs 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.

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	

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.

**ACA Provisions Affecting the Health Resources and Services Administration (HRSA)**

62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

**Teaching Hospitals that Claim Residents in Nonprovider Settings**

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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**WORKSHEET S-2  
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider 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 nonprovider 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. 3 + col. 4))	
		1	2	3	4	5	
65							65

Section 5504 of the ACA Current Year FTE Residents in Nonprovider 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 nonprovider 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. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
67							67

**Inpatient Psychiatric Facility PPS**

		1	2	3	
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, indicate which program year began during this cost reporting period. (see instructions)				71

**Inpatient Rehabilitation Facility PPS**

		1	2	3	
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, indicate which program year began during this cost reporting period. (see instructions)	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
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.	N		81

**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.			86
87	Is this hospital a 'subclause (II) LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.	N		87

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**WORKSHEET S-2  
PART I**

		V	XIX	
Title V and XIX Services		1	2	
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/IID 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**

		1	2		
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	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. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			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	
		Physical	Occupational	Speech	Respiratory
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.				
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

**Miscellaneous Cost Reporting Information**

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 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 Pub. 15-I, chapter 22, section 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
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:				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 high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

**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

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**WORKSHEET S-2  
PART I**

All Providers

		1	2	
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 (see instructions)	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 Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N		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, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)

		Title XVIII				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N			156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	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. (see instructions)						166
	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 is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	9.99				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07 / 01 / 2015	06 / 30 / 2016			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

**General Instruction: Enter Y for all YES responses. Enter N for all NO responses.  
Enter all dates in the mm/dd/yyyy format.**

**COMPLETED BY ALL HOSPITALS**

		Y/N	Date	
<b>Provider Organization and Operation</b>				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1
		Y/N	Date	V/I
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N		2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3

		Y/N	Type	Date
<b>Financial Data and Reports</b>				
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N		5

		Y/N	Y/N
<b>Approved Educational Activities</b>			
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N	
7	Are costs claimed for allied health programs? If yes, see instructions.	Y	
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N	
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	Y	
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N	
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	

		Y/N
<b>Bad Debts</b>		
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y
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
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N

<b>Bed Complement</b>		Y
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	15

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/30/2016	Y	09/30/2016
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

**General Instruction: Enter Y for all YES responses. Enter N for all NO responses.  
Enter all dates in the mm/dd/yyyy format.**

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

Capital Related Cost		
22	Have assets been relieved 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 capitalization 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	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information			
41	First name: MAUREEN	Last name: DELAHANTY	Title: REIMBURSEMENT MANAGER
42	Employer: SAINT JOSEPH REGIONAL MEDICAL CENTER		
43	Phone number: 574-335-4652	E-mail Address: NIETCHC@SJRMC.COM	



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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	227	83,082			22,017	1,189	52,921	1
2	HMO and other (see instructions)						10,064	12,401		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		227	83,082			22,017	1,189	52,921	7
8	Intensive Care Unit	31	28	10,248			1,862	136	5,354	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	NEONATAL INTENSIVE CARE UNIT	35	12	4,392				459	1,169	12
13	Nursery	43						396	5,859	13
14	Total (see instructions)		267	97,722			23,879	2,180	65,303	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	40	14,640			2,436	332	3,868	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116							33	24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		307							27
28	Observation Bed Days							1,012	5,063	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		4	1,464			2	328	707	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								775	32.01
33	LTCH non-covered days									33

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					5,105	320	14,987	1
2	HMO and other (see instructions)					2,097	2,348		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider						18		4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	NEONATAL INTENSIVE CARE UNIT								12
13	Nursery								13
14	Total (see instructions)	30.35	1,443.29	31.13		5,105	320	14,987	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF					184	18	285	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	30.35	1,443.29	31.13					27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL WAGE INDEX INFORMATION**

**WORKSHEET S-3  
PARTS II-III**

**Part II - Wage Data**

	Wkst A Line No.	Amount Reported	Reclassi- fication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)		
	1	2	3	4	5	6		
<b>SALARIES</b>								
1	Total salaries (see instructions)	200	84,328,358		84,328,358	3,030,905.00	27.82	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative		460,832		460,832	2,926.00	157.50	4
4.01	Physician-Part A - Teaching		2,017,935		2,017,935	19,516.00	103.40	4.01
5	Physician-Part B							5
6	Non-physician-Part B		471,174		471,174	4,000.00	117.79	6
7	Interns & residents (in an approved program)	21	1,611,609	389,277	2,000,886	69,596.00	28.75	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		6,380,494	-423,858	5,956,636	218,500.00	27.26	10
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11	Contract labor (see instructions)		1,862,230		1,862,230	32,201.00	57.83	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		514,384		514,384	3,120.00	164.87	13
14	Home office salaries & wage-related costs		28,080,946		28,080,946	569,078.00	49.34	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
<b>WAGE-RELATED COSTS</b>								
17	Wage-related costs (core)(see instructions)		22,285,263		22,285,263			17
18	Wage-related costs (other)(see instructions)		6,735		6,735			18
19	Excluded areas		1,340,194		1,340,194			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative		124,425		124,425			22
22.01	Physician Part A - Teaching		544,842		544,842			22.01
23	Physician Part B		127,217		127,217			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		540,239		540,239			25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26	Employee Benefits Department		226,620		226,620	6,502.00	34.85	26
27	Administrative & General		2,490,847	447,106	2,937,953	127,822.00	22.98	27
28	Administrative & General under contract (see instructions)		335,158		335,158	4,246.00	78.93	28
29	Maintenance & Repairs							29
30	Operation of Plant		1,695,636		1,695,636	66,108.00	25.65	30
31	Laundry & Linen Service							31
32	Housekeeping		1,440,909		1,440,909	112,481.00	12.81	32
33	Housekeeping under contract (see instructions)		124,800		124,800	2,080.00	60.00	33
34	Dietary		1,904,228	-647,437	1,256,791	84,600.00	14.86	34
35	Dietary under contract (see instructions)		256,161		256,161	6,240.00	41.05	35
36	Cafeteria			647,437	647,437	44,621.00	14.51	36
37	Maintenance of Personnel							37
38	Nursing Administration		2,577,669		2,577,669	81,222.00	31.74	38
39	Central Services and Supply		495,700		495,700	30,357.00	16.33	39
40	Pharmacy		3,252,513	-23,248	3,229,265	76,518.00	42.20	40
41	Medical Records & Medical Records Library		1,942,564		1,942,564	78,093.00	24.88	41
42	Social Service		1,764,083		1,764,083	52,226.00	33.78	42
43	Other General Service		687,644		687,644	40,037.00	17.18	43

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)		80,943,759	-389,277	80,554,482	2,950,359.00	27.30	1
2	Excluded area salaries (see instructions)		6,380,494	-423,858	5,956,636	218,500.00	27.26	2
3	Subtotal salaries (line 1 minus line 2)		74,563,265	34,581	74,597,846	2,731,859.00	27.31	3
4	Subtotal other wages & related costs (see instructions)		30,457,560		30,457,560	604,399.00	50.39	4
5	Subtotal wage-related costs (see instructions)		22,416,423		22,416,423		30.05%	5
6	Total (sum of lines 3 through 5)		127,437,248	34,581	127,471,829	3,336,258.00	38.21	6
7	Total overhead cost (see instructions)		19,194,532	423,858	19,618,390	813,153.00	24.13	7

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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions	1,135,606	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)	8,802,562	4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees	451,880	7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)	5,852,390	8
9	Prescription Drug Plan	1,555,197	9
10	Dental, Hearing and Vision Plan	620,677	10
11	Life Insurance (If employee is owner or beneficiary)	196,744	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	696,179	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	316,342	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	-139,096	16
	<b>TAXES</b>		
17	FICA-Employers Portion Only	5,453,369	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	27,065	19
20	State or Federal Unemployment Taxes		20
	<b>OTHER</b>		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement		23
24	Total Wage Related cost (Sum of lines 1-23)	24,968,915	24

**Part B - Other Than Core Related Cost**

25	OTHER WAGE RELATED COSTs (SPECIFY)	6,735	25
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**KPMG LLP Compu-Max 2552-10**

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**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 Labor 1	Benefit Cost 2	
	0			
1	Total facility contract labor and benefit cost			1
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

# KPMG LLP Compu-Max 2552-10

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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## HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

### Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.300509	1
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### Medicaid (see instructions for each line)

2	Net revenue from Medicaid		31,933,000	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid			5
6	Medicaid charges		160,843,000	6
7	Medicaid cost (line 1 times line 6)		48,334,769	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.		16,401,769	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 fundng 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)		16,401,769	19
		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)
		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	16,003,702	5,433,786	21,437,488
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,809,256	1,632,902	6,442,158
22	Partial payment by patients approved for charity care	129,394	126,407	255,801
23	Cost of charity care (line 21 minus line 22)	4,679,862	1,506,495	6,186,357

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)		20,314,082	26
27	Medicare bad debts for the entire hospital complex (see instructions)		813,443	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		19,500,639	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		5,860,118	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		12,046,475	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		28,448,244	31

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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	Cap Rel Costs-Bldg & Fixt				18,558,940	18,558,940	3,662,857	22,221,797	1
2	00200	Cap Rel Costs-Mvble Equip				12,145,535	12,145,535		12,145,535	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	226,620	3,872,372	4,098,992		4,098,992	680,376	4,779,368	4
5.01	00540	NONPATIENT TELEPHONES	231,619	55,099	286,718		286,718	10,532	297,250	5.01
5.04	00570	ADMITTING	1,088,213	369,696	1,457,909		1,457,909		1,457,909	5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	1,171,015	80,466,074	81,637,089	-17,394,495	64,242,594	26,707,899	90,950,493	5.06
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,695,636	6,678,010	8,373,646	-916,124	7,457,522	-797,823	6,659,699	7
8	00800	Laundry & Linen Service		1,035,809	1,035,809	-29,766	1,006,043		1,006,043	8
9	00900	Housekeeping	1,440,909	1,342,254	2,783,163	-4,216	2,778,947		2,778,947	9
10	01000	Dietary	1,904,228	2,772,488	4,676,716	-1,997,791	2,678,925	-320,302	2,358,623	10
11	01100	Cafeteria				1,810,058	1,810,058	-1,810,058		11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	2,577,669	1,005,947	3,583,616	-267,030	3,316,586	-71,209	3,245,377	13
14	01400	Central Services & Supply	495,700	483,932	979,632	-7,311	972,321	-65	972,256	14
15	01500	Pharmacy	3,252,513	14,125,148	17,377,661	-13,498,647	3,879,014	-572	3,878,442	15
16	01600	Medical Records & Library	1,942,564	1,699,350	3,641,914	-20,836	3,621,078	-22,245	3,598,833	16
17	01700	Social Service	1,764,083	459,661	2,223,744		2,223,744	-1,684	2,222,060	17
18	01850	STERILE SUPPLY	687,644	1,621,118	2,308,762	-124,756	2,184,006		2,184,006	18
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	1,611,609	556,245	2,167,854	163,514	2,331,368	-103,444	2,227,924	21
22	02200	I&R Services-Other Prgm Costs Apprvd	1,904,811	598,044	2,502,855	73,658	2,576,513	-637,232	1,939,281	22
23	02300	PARAMED ED PRGM-(SPECIFY)	72,381	171,996	244,377	-129	244,248	-61,390	182,858	23
23.01	02301	CLINICAL PASTORAL EDUCATION	190,956	26,983	217,939	-217,939				23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	427,524	122,916	550,440	-283,956	266,484	-61,468	205,016	23.02
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	20,584,573	7,865,500	28,450,073	-4,181,697	24,268,376	-109,664	24,158,712	30
31	03100	Intensive Care Unit	3,625,797	1,310,512	4,936,309	-174,842	4,761,467	-81,429	4,680,038	31
35	02060	NEONATAL INTENSIVE CARE UNIT	1,898,069	786,689	2,684,758	-74,144	2,610,614	-14,987	2,595,627	35
41	04100	Subprovider - IRF	1,679,908	2,587,492	4,267,400	-1,745,043	2,522,357	194,917	2,717,274	41
43	04300	Nursery				3,054,013	3,054,013		3,054,013	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	7,896,113	31,693,426	39,589,539	-19,060,041	20,529,498	-1,748,988	18,780,510	50
51	05100	Recovery Room	1,035,191	400,131	1,435,322	-4,795	1,430,527	-400	1,430,127	51
52	05200	Delivery Room & Labor Room				978,482	978,482		978,482	52
54	05400	Radiology-Diagnostic	3,287,743	3,076,846	6,364,589	-1,389,502	4,975,087	-86,156	4,888,931	54
55	05500	Radiology-Therapeutic	219,771	231,396	451,167	-20,700	430,467	-115,191	315,276	55
57	05700	CT Scan	669,854	682,097	1,351,951	-299,338	1,052,613	-1,150	1,051,463	57
58	05800	MRI		350,447	350,447		350,447		350,447	58
59	05900	Cardiac Catheterization	2,454,910	10,489,830	12,944,740	-5,726,183	7,218,557	-58,682	7,159,875	59
60	06000	Laboratory		13,346,684	13,346,684	-519,870	12,826,814		12,826,814	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,725,451	1,591,499	3,316,950	-237,019	3,079,931	-13,072	3,066,859	65
66	06600	Physical Therapy	2,342,392	875,368	3,217,760	-282,726	2,935,034	-2,983	2,932,051	66
67	06700	Occupational Therapy	670,653	336,470	1,007,123	-158,309	848,814	257	849,071	67
68	06800	Speech Pathology	359,957	87,865	447,822	-13,505	434,317	-10,812	423,505	68
69	06900	Electrocardiology	910,432	709,230	1,619,662	-419,783	1,199,879	-14,530	1,185,349	69
72	07200	Impl. Dev. Charged to Patients				20,419,942	20,419,942		20,419,942	72
73	07300	Drugs Charged to Patients	310,677	456,555	767,232	13,212,735	13,979,967	-454	13,979,513	73
74	07400	Renal Dialysis	143	671,584	671,727		671,727	-4,437	667,290	74
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				55,800	55,800		55,800	76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	09001	MOBILE MEDICAL UNIT	84,613	57,339	141,952	-29,150	112,802	-250	112,552	90.02
90.03	09002	FAMILY MEDICINE CENTER	626,809	927,761	1,554,570	-299,458	1,255,112	-55,347	1,199,765	90.03
90.04	09003	WOUND HEALING CENTER	490,360	1,323,994	1,814,354	-199,663	1,614,691	-100	1,614,591	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	533,209	123,020	656,229		656,229		656,229	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	235,055	409,724	644,779	-96,314	548,465	-261,722	286,743	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	449,701	219,480	669,181	-141,963	527,218	-8,349	518,869	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	357,829	207,373	565,202	-352,329	212,873	-23,476	189,397	90.08
90.09	09008	FACULTY PRACTICE CLINIC	416,935	228,843	645,778	-42,789	602,989	-125,515	477,474	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	414,828	472,781	887,609	-211,856	675,753	-161,142	514,611	90.10
91	09100	Emergency	4,351,966	1,981,549	6,333,515	-28,662	6,304,853	-144,843	6,160,010	91
92	09200	Observation Beds (Non-Distinct Part)								92
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
		<b>SPECIAL PURPOSE COST CENTERS</b>								
113	11300	Interest Expense								113
118		SUBTOTALS (sum of lines 1-117)	80,318,633	200,964,627	281,283,260		281,283,260	24,325,667	305,608,927	118

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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
192	19200	Physicians' Private Offices								192
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST		1,358,749	1,358,749		1,358,749		1,358,749	192.01
192.02	19202	NEONATOLOGISTS	1,334,241	261,424	1,595,665		1,595,665		1,595,665	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	405,237	3,825,800	4,231,037		4,231,037		4,231,037	192.03
194	07950	SPORTS MED-ATHLETIC TRAINERS	181,814	36,692	218,506		218,506		218,506	194
194.01	07951	OUTREACH SERVICES	2,073,933	845,642	2,919,575		2,919,575		2,919,575	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	14,500	533	15,033		15,033		15,033	194.02
194.03	07953	ADVANCED SPECIALTIES		132,637	132,637		132,637		132,637	194.03
200		TOTAL (sum of lines 118-199)	84,328,358	207,426,104	291,754,462		291,754,462	24,325,667	316,080,129	200



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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS NEGATIVE COST CTR EXP TOTAL	A	Cafeteria	11		53,626	1
500	Total reclassifications					53,626	500
	Code Letter - A						
1	DEPRECIATION RECLASS	B	Cap Rel Costs-Bldg & Fixt	1		32,725	1
2			Cap Rel Costs-Bldg & Fixt	1		4,248,773	2
3			Cap Rel Costs-Mvble Equip	2		3,683,897	3
4			Cap Rel Costs-Mvble Equip	2		4,583	4
5			Cap Rel Costs-Bldg & Fixt	1		251,481	5
6			Cap Rel Costs-Mvble Equip	2		5,414	6
7			Cap Rel Costs-Mvble Equip	2		654,646	7
8			Cap Rel Costs-Mvble Equip	2		29,766	8
9			Cap Rel Costs-Mvble Equip	2		4,216	9
10			Cap Rel Costs-Bldg & Fixt	1		16,939	10
11			Cap Rel Costs-Mvble Equip	2		170,794	11
12			Cap Rel Costs-Bldg & Fixt	1		1,065	12
13			Cap Rel Costs-Mvble Equip	2		265,965	13
14			Cap Rel Costs-Mvble Equip	2		7,311	14
15			Cap Rel Costs-Mvble Equip	2		262,664	15
16			Cap Rel Costs-Bldg & Fixt	1		20,700	16
17			Cap Rel Costs-Mvble Equip	2		136	17
18			Cap Rel Costs-Bldg & Fixt	1		7,548	18
19			Cap Rel Costs-Mvble Equip	2		117,208	19
20			Cap Rel Costs-Bldg & Fixt	1		152,029	20
21			Cap Rel Costs-Mvble Equip	2		76	21
22			Cap Rel Costs-Mvble Equip	2		129	22
23			Cap Rel Costs-Mvble Equip	2		15,621	23
24			Cap Rel Costs-Bldg & Fixt	1		2,133	24
25			Cap Rel Costs-Mvble Equip	2		131,448	25
26			Cap Rel Costs-Mvble Equip	2		6	26
27			Cap Rel Costs-Bldg & Fixt	1		39,788	27
28			Cap Rel Costs-Mvble Equip	2		135,048	28
29			Cap Rel Costs-Bldg & Fixt	1		2,107	29
30			Cap Rel Costs-Mvble Equip	2		72,037	30
31			Cap Rel Costs-Bldg & Fixt	1		194	31
32			Cap Rel Costs-Mvble Equip	2		1,239	32
33			Cap Rel Costs-Bldg & Fixt	1		926,664	33
34			Cap Rel Costs-Bldg & Fixt	1		1,632	34
35			Cap Rel Costs-Bldg & Fixt	1		68,257	35
36			Cap Rel Costs-Mvble Equip	2		158,890	36
37			Cap Rel Costs-Mvble Equip	2		85,934	37
38			Cap Rel Costs-Bldg & Fixt	1		1,295	38
39			Cap Rel Costs-Mvble Equip	2		2,521,151	39
40			Cap Rel Costs-Mvble Equip	2		4,795	40
41			Cap Rel Costs-Bldg & Fixt	1		109,168	41
42			Cap Rel Costs-Bldg & Fixt	1		176,012	42
43			Cap Rel Costs-Bldg & Fixt	1		3,260	43
44			Cap Rel Costs-Mvble Equip	2		1,101,062	44
45			Cap Rel Costs-Bldg & Fixt	1		20,700	45
46			Cap Rel Costs-Mvble Equip	2		299,338	46
47			Cap Rel Costs-Mvble Equip	2		9,609	47
48			Cap Rel Costs-Bldg & Fixt	1		27,485	48
49			Cap Rel Costs-Mvble Equip	2		1,734,985	49
50			Cap Rel Costs-Bldg & Fixt	1		137,720	50
51			Cap Rel Costs-Bldg & Fixt	1		20,061	51
52			Cap Rel Costs-Bldg & Fixt	1		151,260	52
53			Cap Rel Costs-Mvble Equip	2		4,183	53
54			Cap Rel Costs-Bldg & Fixt	1		818	54
55			Cap Rel Costs-Mvble Equip	2		80,758	55
56			Cap Rel Costs-Bldg & Fixt	1		268,596	56
57			Cap Rel Costs-Mvble Equip	2		8,854	57
58			Cap Rel Costs-Bldg & Fixt	1		260	58
59			Cap Rel Costs-Mvble Equip	2		5,016	59
60			Cap Rel Costs-Bldg & Fixt	1		157,860	60
61			Cap Rel Costs-Mvble Equip	2		449	61
62			Cap Rel Costs-Bldg & Fixt	1		8,659	62
63			Cap Rel Costs-Mvble Equip	2		4,846	63
64			Cap Rel Costs-Bldg & Fixt	1		152,870	64
65			Cap Rel Costs-Bldg & Fixt	1		467	65
66			Cap Rel Costs-Bldg & Fixt	1		26,912	66
67			Cap Rel Costs-Mvble Equip	2		239,534	67
68			Cap Rel Costs-Mvble Equip	2		29,150	68
69			Cap Rel Costs-Bldg & Fixt	1		244,339	69
70			Cap Rel Costs-Bldg & Fixt	1		8,062	70
71			Cap Rel Costs-Mvble Equip	2		47,057	71
72			Cap Rel Costs-Bldg & Fixt	1		117,872	72

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
73			Cap Rel Costs-Mvble Equip	2		12,864	73
74			Cap Rel Costs-Bldg & Fixt	1		91,360	74
75			Cap Rel Costs-Bldg & Fixt	1		1,292	75
76			Cap Rel Costs-Bldg & Fixt	1		3,589	76
77			Cap Rel Costs-Mvble Equip	2		73	77
78			Cap Rel Costs-Bldg & Fixt	1		58,155	78
79			Cap Rel Costs-Bldg & Fixt	1		3,731	79
80			Cap Rel Costs-Mvble Equip	2		1,298	80
81			Cap Rel Costs-Bldg & Fixt	1		41,831	81
82			Cap Rel Costs-Bldg & Fixt	1		42,789	82
83			Cap Rel Costs-Bldg & Fixt	1		5,325	83
84			Cap Rel Costs-Mvble Equip	2		206,531	84
85			Cap Rel Costs-Bldg & Fixt	1		658	85
86			Cap Rel Costs-Mvble Equip	2		26,954	86
500	Total reclassifications					19,799,976	500
	Code Letter - B						
1	RECLASS CLOSED CPE PROG TO A&G	C	OTHER ADMINISTRATIVE & GENERA	5.06		190,956	26,983
500	Total reclassifications					190,956	26,983
	Code Letter - C						
1	RECLASS CAFETERIA FROM DIETARY	D	Cafeteria	11		647,437	1,108,995
500	Total reclassifications					647,437	1,108,995
	Code Letter - D						
1	RECLASS DRUGS	E	Drugs Charged to Patients	73			13,212,735
500	Total reclassifications						13,212,735
	Code Letter - E						
1	RECLASS INTEREST EXPENSE	F	Interest Expense	113			9,954,243
2			Interest Expense	113			588,167
3			Cap Rel Costs-Bldg & Fixt	1			9,954,243
4			Cap Rel Costs-Bldg & Fixt	1			588,167
500	Total reclassifications						21,084,820
	Code Letter - F						
1	RECLASS HYPERBARIC FROM WOUND CARE	G	HYPERBARIC OXYGEN THERAPY	76.98		54,762	1,038
500	Total reclassifications					54,762	1,038
	Code Letter - G						
1	OBSTETRIC RECLASS TO L&D AND NURSER	H	Delivery Room & Labor Room	52		608,486	369,996
2			Nursery	43		1,899,190	1,154,823
500	Total reclassifications					2,507,676	1,524,819
	Code Letter - H						
1	SBMF CAPITAL RECLASS	I	Cap Rel Costs-Bldg & Fixt	1			362,089
500	Total reclassifications						362,089
	Code Letter - I						
1	RECLASS IMPLANTS	J	Impl. Dev. Charged to Patient	72			16,451,661
2			Impl. Dev. Charged to Patient	72			3,954,104
3			Impl. Dev. Charged to Patient	72			13,127
4			Impl. Dev. Charged to Patient	72			1,050
500	Total reclassifications						20,419,942
	Code Letter - J						
1	RECLS 2ND YR PHARM RES TO A & G	K	OTHER ADMINISTRATIVE & GENERA	5.06		256,150	51,054
2	RECLS PHARM RES PRECEPTORS	K	PHARMACY RESIDENCY PROGRAM	23.02		23,248	
500	Total reclassifications					279,398	51,054
	Code Letter - K						
1	RESIDENT OT OTHER MEDICAL EDUCATION	M	I&R Services-Other Prgm Costs	22			225,763
500	Total reclassifications						225,763
	Code Letter - M						
1	RECLASS PODIATRY-SPS MED TO MED ED	N	I&R Services-Salary & Fringes	21		78,779	
2			I&R Services-Salary & Fringes	21		310,498	
500	Total reclassifications					389,277	
	Code Letter - N						
	GRAND TOTAL (Increases)					4,069,506	77,871,840

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

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	RECLASS NEGATIVE COST CTR EXP TOTAL	A	Dietary	10		53,626	1	
500	Total reclassifications					53,626	500	
	Code letter - A							
1	DEPRECIATION RECLASS	B	OTHER ADMINISTRATIVE & GENERA	5.06		32,725	10 1	
2			OTHER ADMINISTRATIVE & GENERA	5.06		4,248,773	9 2	
3			OTHER ADMINISTRATIVE & GENERA	5.06		3,683,897	9 3	
4			Operation of Plant	7		4,583	10 4	
5			Operation of Plant	7		251,481	9 5	
6			Operation of Plant	7		5,414	9 6	
7			Operation of Plant	7		654,646	9 7	
8			Laundry & Linen Service	8		29,766	9 8	
9			Housekeeping	9		4,216	9 9	
10			Dietary	10		16,939	9 10	
11			Dietary	10		170,794	9 11	
12			Nursing Administration	13		1,065	9 12	
13			Nursing Administration	13		265,965	9 13	
14			Central Services & Supply	14		7,311	9 14	
15			Pharmacy	15		262,664	9 15	
16			Medical Records & Library	16		20,700	10 16	
17			Medical Records & Library	16		136	9 17	
18			STERILE SUPPLY	18		7,548	9 18	
19			STERILE SUPPLY	18		117,208	9 19	
20			I&R Services-Other Prgm Costs	22		152,029	10 20	
21			I&R Services-Other Prgm Costs	22		76	9 21	
22			PARAMED ED PRGM-(SPECIFY)	23		129	9 22	
23			Adults & Pediatrics	30		15,621	10 23	
24			Adults & Pediatrics	30		2,133	9 24	
25			Adults & Pediatrics	30		131,448	9 25	
26			Intensive Care Unit	31		6	10 26	
27			Intensive Care Unit	31		39,788	9 27	
28			Intensive Care Unit	31		135,048	9 28	
29			NEONATAL INTENSIVE CARE UNIT	35		2,107	9 29	
30			NEONATAL INTENSIVE CARE UNIT	35		72,037	9 30	
31			Subprovider - IRF	41		194	10 31	
32			Subprovider - IRF	41		1,239	10 32	
33			Subprovider - IRF	41		926,664	14 33	
34			Subprovider - IRF	41		1,632	9 34	
35			Subprovider - IRF	41		68,257	9 35	
36			Subprovider - IRF	41		158,890	9 36	
37			Operating Room	50		85,934	10 37	
38			Operating Room	50		1,295	9 38	
39			Operating Room	50		2,521,151	9 39	
40			Recovery Room	51		4,795	9 40	
41			Radiology-Diagnostic	54		109,168	10 41	
42			Radiology-Diagnostic	54		176,012	9 42	
43			Radiology-Diagnostic	54		3,260	9 43	
44			Radiology-Diagnostic	54		1,101,062	9 44	
45			Radiology-Therapeutic	55		20,700	10 45	
46			CT Scan	57		299,338	9 46	
47			Cardiac Catheterization	59		9,609	10 47	
48			Cardiac Catheterization	59		27,485	9 48	
49			Cardiac Catheterization	59		1,734,985	9 49	
50			Laboratory	60		137,720	10 50	
51			Laboratory	60		20,061	9 51	
52			Respiratory Therapy	65		151,260	10 52	
53			Respiratory Therapy	65		4,183	10 53	
54			Respiratory Therapy	65		818	9 54	
55			Respiratory Therapy	65		80,758	9 55	
56			Physical Therapy	66		268,596	10 56	
57			Physical Therapy	66		8,854	10 57	
58			Physical Therapy	66		260	9 58	
59			Physical Therapy	66		5,016	9 59	
60			Occupational Therapy	67		157,860	10 60	
61			Occupational Therapy	67		449	9 61	
62			Speech Pathology	68		8,659	10 62	
63			Speech Pathology	68		4,846	9 63	
64			Electrocardiology	69		152,870	10 64	
65			Electrocardiology	69		467	9 65	
66			Electrocardiology	69		26,912	9 66	
67			Electrocardiology	69		239,534	9 67	
68			MOBILE MEDICAL UNIT	90.02		29,150	9 68	
69			FAMILY MEDICINE CENTER	90.03		244,339	10 69	
70			FAMILY MEDICINE CENTER	90.03		8,062	9 70	
71			FAMILY MEDICINE CENTER	90.03		47,057	9 71	

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
72			WOUND HEALING CENTER	90.04		117,872	10	
73			WOUND HEALING CENTER	90.04		12,864	9	
74			PEDIATRIC SPECIALTY CLINIC	90.06		91,360	10	
75			PEDIATRIC SPECIALTY CLINIC	90.06		1,292	9	
76			PEDIATRIC SPECIALTY CLINIC	90.06		3,589	9	
77			PEDIATRIC SPECIALTY CLINIC	90.06		73	9	
78			SPORTS MED FELLOWSHIP CLINIC	90.07		58,155	10	
79			SPORTS MED FELLOWSHIP CLINIC	90.07		3,731	9	
80			SPORTS MED FELLOWSHIP CLINIC	90.07		1,298	9	
81			PODIATRY RESIDENCY CLINIC	90.08		41,831	10	
82			FACULTY PRACTICE CLINIC	90.09		42,789	10	
83			OUR LADY OF ROSARY CLINIC	90.10		5,325	9	
84			OUR LADY OF ROSARY CLINIC	90.10		206,531	9	
85			Emergency	91		658	10	
86			Emergency	91		26,954	9	
500	Total reclassifications					19,799,976	500	
	Code letter - B							
1	RECLASS CLOSED CPE PROG TO A&G	C	CLINICAL PASTORAL EDUCATION	23.01	190,956	26,983	1	
500	Total reclassifications				190,956	26,983	500	
	Code letter - C							
1	RECLASS CAFETERIA FROM DIETARY	D	Dietary	10	647,437	1,108,995	1	
500	Total reclassifications				647,437	1,108,995	500	
	Code letter - D							
1	RECLASS DRUGS	E	Pharmacy	15		13,212,735	1	
500	Total reclassifications					13,212,735	500	
	Code letter - E							
1	RECLASS INTEREST EXPENSE	F	OTHER ADMINISTRATIVE & GENERA	5.06		9,954,243	11	
2			Subprovider - IRF	41		588,167	11	
3			Interest Expense	113		9,954,243	11	
4			Interest Expense	113		588,167	11	
500	Total reclassifications					21,084,820	500	
	Code letter - F							
1	RECLASS HYPERBARIC FROM WOUND CARE	G	WOUND HEALING CENTER	90.04	54,762	1,038	1	
500	Total reclassifications				54,762	1,038	500	
	Code letter - G							
1	OBSTETRIC RECLASS TO L&D AND NURSER	H	Adults & Pediatrics	30	608,486	369,996	1	
2			Adults & Pediatrics	30	1,899,190	1,154,823	2	
500	Total reclassifications				2,507,676	1,524,819	500	
	Code letter - H							
1	SBMF CAPITAL RECLASS	I	Laboratory	60		362,089	9	
500	Total reclassifications					362,089	500	
	Code letter - I							
1	RECLASS IMPLANTS	J	Operating Room	50		16,451,661	1	
2			Cardiac Catheterization	59		3,954,104	2	
3			WOUND HEALING CENTER	90.04		13,127	3	
4			Emergency	91		1,050	4	
500	Total reclassifications					20,419,942	500	
	Code letter - J							
1	RECLS 2ND YR PHARM RES TO A & G	K	PHARMACY RESIDENCY PROGRAM	23.02	256,150	51,054	1	
2	RECLS PHARM RES PRECEPTORS	K	Pharmacy	15	23,248		2	
500	Total reclassifications				279,398	51,054	500	
	Code letter - K							
1	RESIDENT OT OTHER MEDICAL EDUCATION	M	I&R Services-Salary & Fringes	21		225,763	1	
500	Total reclassifications					225,763	500	
	Code letter - M							
1	RECLASS PODIATRY-SPS MED TO MED ED	N	SPORTS MED FELLOWSHIP CLINIC	90.07	78,779		1	
2			PODIATRY RESIDENCY CLINIC	90.08	310,498		2	
500	Total reclassifications				389,277		500	
	Code letter - N							
	GRAND TOTAL (Decreases)				4,069,506	77,871,840		

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.
			COST CENTER	LINE #	SALARY	OTHER	
		1	6	7	8	9	10

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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**RECONCILIATION OF CAPITAL COST CENTERS**

**WORKSHEET A-7  
PARTS I, II & III**

**PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	1,553,389					1,553,389		1
2	Land Improvements								2
3	Buildings and Fixtures	225,616,340	-1,403,322		-1,403,322		224,213,018	412,746	3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	191,625,183	4,160,476		4,160,476	1,462,485	194,323,174	5,054,625	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	418,794,912	2,757,154		2,757,154	1,462,485	420,089,581	5,467,371	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	418,794,912	2,757,154		2,757,154	1,462,485	420,089,581	5,467,371	10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt								1	
2	Cap Rel Costs-Mvble Equip								2	
3	Total (sum of lines 1-2)								3	

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

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

**PART III - RECONCILIATION OF CAPITAL COST CENTERS**

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				Total (sum of cols. 5 through 7)	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs			
*		1	2	3	4	5	6	7	8		
1	Cap Rel Costs-Bldg & Fi				0.000000					1	
2	Cap Rel Costs-Mvble Equip				0.000000					2	
3	Total (sum of lines 1-2)				0.000000					3	

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	8,943,238	1,809,485	10,542,410			926,664	22,221,797	1	
2	Cap Rel Costs-Mvble Equip	12,015,506	130,029					12,145,535	2	
3	Total (sum of lines 1-2)	20,958,744	1,939,514	10,542,410			926,664	34,367,332	3	

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

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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.
				COST CENTER	LINE#	
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)	A	12,974	NONPATIENT TELEPHONES	5.01	7
8	Television and radio service (chapter 21)	A	35,497	Operation of Plant	7	8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-3,073,851			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	17,654,081			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-1,810,058	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	B	-572	Pharmacy	15	17
18	Sale of medical records and abstracts	B	-216	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines	B	-26,755	Dietary	10	20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		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					32
33	DONATIONS	A	997,604	OTHER ADMINISTRATIVE & GENERAL	5.06	33
33.01	DONATIONS	A	10,000	Nursing Administration	13	33.01
33.02	DONATIONS	A	319	Medical Records & Library	16	33.02
34	MEDICAID PROVIDER BED TAX	A	12,471,887	OTHER ADMINISTRATIVE & GENERAL	5.06	34
34.01	PROPERTY TAX	A	205,750	Subprovider - IRF	41	34.01
35	PURCHASE DISCOUNTS	A	-15,314	OTHER ADMINISTRATIVE & GENERAL	5.06	35
35.01	PURCHASE DISCOUNTS	A	-65	Central Services & Supply	14	35.01
36	INTERNATIONAL MEDICINE	A	8,225	OTHER ADMINISTRATIVE & GENERAL	5.06	36
37	OTHER REVENUE	B	-2,442	NONPATIENT TELEPHONES	5.01	37
38	OTHER REVENUE	B	-43,067	OTHER ADMINISTRATIVE & GENERAL	5.06	38
39	OTHER REVENUE	B	-833,320	Operation of Plant	7	39
40	OTHER REVENUE	B	-293,547	Dietary	10	40
41	OTHER REVENUE	B	-81,209	Nursing Administration	13	41
42	OTHER REVENUE	B	-780	Medical Records & Library	16	42
43	OTHER REVENUE	B	-1,684	Social Service	17	43
44	OTHER REVENUE	B	-103,444	I&R Services-Salary & Fringes Apprvd	21	44
45	OTHER REVENUE	B	-84,896	I&R Services-Other Prgm Costs Apprvd	22	45
46	OTHER REVENUE	B	-3,054	PARAMED ED PRGM-(SPECIFY)	23	46
47	OTHER REVENUE	B	-2,700	OTHER ADMINISTRATIVE & GENERAL	5.06	47
47.10	OTHER REVENUE	B	-61,468	PHARMACY RESIDENCY PROGRAM	23.02	47.10
47.20	OTHER REVENUE	B	-65,204	Adults & Pediatrics	30	47.20
47.30	OTHER REVENUE	B	-7,345	Intensive Care Unit	31	47.30
47.40	OTHER REVENUE	B	-14,987	NEONATAL INTENSIVE CARE UNIT	35	47.40
47.50	OTHER REVENUE	B	-10,833	Subprovider - IRF	41	47.50
47.60	OTHER REVENUE	B	-9,152	Operating Room	50	47.60
47.70	OTHER REVENUE	B	-400	Recovery Room	51	47.70
47.80	OTHER REVENUE	B	-10,963	Radiology-Diagnostic	54	47.80
47.90	OTHER REVENUE	B	-115,191	Radiology-Therapeutic	55	47.90
48	OTHER REVENUE	B	-14,447	Cardiac Catheterization	59	48
48.01	OTHER REVENUE	B	-13,072	Respiratory Therapy	65	48.01
48.02	OTHER REVENUE	B	-2,983	Physical Therapy	66	48.02
48.03	OTHER REVENUE	B	257	Occupational Therapy	67	48.03
48.04	OTHER REVENUE	B	-10,812	Speech Pathology	68	48.04

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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref. 5
				COST CENTER	LINE#	
		1	2	3	4	
48.05	OTHER REVENUE	B	-7,017	Electrocardiology	69	48.05
48.06	OTHER REVENUE	B	-454	Drugs Charged to Patients	73	48.06
48.07	OTHER REVENUE	B	-4,437	Renal Dialysis	74	48.07
48.08	OTHER REVENUE	B	-250	MOBILE MEDICAL UNIT	90.02	48.08
48.09	OTHER REVENUE	B	-55,347	FAMILY MEDICINE CENTER	90.03	48.09
48.10	OTHER REVENUE	B	-100	WOUND HEALING CENTER	90.04	48.10
49	OTHER REVENUE	B	-90,874	PEDIATRIC SPECIALTY CLINIC	90.06	49
49.10	OTHER REVENUE	B	-8,349	SPORTS MED FELLOWSHIP CLINIC	90.07	49.10
49.20	OTHER REVENUE	B	-2,673	PODIATRY RESIDENCY CLINIC	90.08	49.20
49.30	OTHER REVENUE	B	-148,445	OUR LADY OF ROSARY CLINIC	90.10	49.30
49.40	OTHER REVENUE	B	-39,150	Emergency	91	49.40
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		24,325,667			50

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
  - A. Costs - if cost, including applicable overhead, can be determined
  - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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



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

**WORKSHEET A-8-1**

**A: COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:**

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	5.06	OTHER ADMINISTRATIVE & GENERAL	HO NON CAPITAL COSTS	53,917,370	43,369,641	10,547,729		1
2	4	Employee Benefits Department	WORKER'S COMP	253,255	471,058	-217,803		2
3	5.06	OTHER ADMINISTRATIVE & GENERAL	INSURANCE	1,277,401	2,499,000	-1,221,599		3
3.01	5.06	OTHER ADMINISTRATIVE & GENERAL	PENSION	8,321,258	4,336,540	3,984,718		3.01
3.02	4	Employee Benefits Department	RETIREE HEALTH COSTS	33,948	-864,231	898,179		3.02
3.03	1	Cap Rel Costs-Bldg & Fixt	HO CAPITAL COSTS	3,662,857		3,662,857		9
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			67,466,089	49,812,008	17,654,081		5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		Type of Business	
				Name	Percentage of Ownership		
	1	2	3	4	5	6	
6	G			CHE TRINTIY HEALTH		HO OF PARENT COMPANY	6
7	G			SJRCM - INC		PARENT COMPANY	7
8	G	SJRCM- PLYMOUTH CAMPUS				HOSPITAL	8
9							9
10							10

(1) Use the following symbols to indicate the interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
- G. Other (financial Or non-financial) specify: FINANCIAL

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ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	23	PARAMED ED PRGM-(SPE A	122,720		122,720	174,600	767	64,384	3,219	1
2	30	Adults & Pediatrics B	116,650	37,810	78,840	174,600	860	72,190	3,610	2
3	31	Intensive Care Unit C	123,190	2,357	120,832	174,600	585	49,106	2,455	3
4	50	Operating Room D	1,824,288	1,656,571	167,717	240,300	731	84,452	4,223	4
5	54	Radiology-Diagnostic E	101,458	64,400	37,058	265,200	206	26,265	1,313	5
6	57	CT Scan F	1,150	1,150		265,200				6
7	69	Electrocardiology G	12,046		12,046	174,600	54	4,533	227	7
8	90.02	MOBILE MEDICAL UNIT H	5,059		5,059	174,600	67	5,624	281	8
9	59	Cardiac Catheterizat I	73,447		73,447	174,600	348	29,212	1,461	9
10	90.06	PEDIATRIC SPECIALTY J	180,714	164,829	15,885	165,500	124	9,866	493	10
11	90.07	SPORTS MED FELLOWSHI K	321,192		321,192	174,600	6,127	514,315	25,716	11
12	90.08	PODIATRY RESIDENCY C L	87,957		87,957	174,600	800	67,154	3,358	12
13	90.09	FACULTY PRACTICE CLI M	293,400		293,400	174,600	2,000	167,885	8,394	13
14	90.10	OUR LADY OF ROSARY C N	182,596	30	182,566	174,600	2,024	169,899	8,495	14
15	5.06	OTHER ADMINISTRATIVE O	35,953		35,953	174,600	195	16,369	818	15
16	16	Medical Records & Li P	50,696		50,696	174,600	347	29,128	1,456	16
17	22	I&R Services-Other P Q	1,609,086	300	1,608,786	174,600	12,589	1,056,750	52,838	17
18	91	Emergency R	252,676		252,676	174,600	1,751	146,983	7,349	18
19										19
20										20
200		TOTAL	5,394,278	1,927,447	3,466,830		29,575	2,514,115	125,706	200

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	23	PARAMED ED PRGM-(SPE A					64,384	58,336	58,336	1
2	30	Adults & Pediatrics B					72,190	6,650	44,460	2
3	31	Intensive Care Unit C					49,106	71,726	74,084	3
4	50	Operating Room D					84,452	83,265	1,739,836	4
5	54	Radiology-Diagnostic E					26,265	10,793	75,193	5
6	57	CT Scan F							1,150	6
7	69	Electrocardiology G					4,533	7,513	7,513	7
8	90.02	MOBILE MEDICAL UNIT H					5,624			8
9	59	Cardiac Catheterizat I					29,212	44,235	44,235	9
10	90.06	PEDIATRIC SPECIALTY J					9,866	6,019	170,848	10
11	90.07	SPORTS MED FELLOWSHI K					514,315			11
12	90.08	PODIATRY RESIDENCY C L					67,154	20,803	20,803	12
13	90.09	FACULTY PRACTICE CLI M					167,885	125,515	125,515	13
14	90.10	OUR LADY OF ROSARY C N					169,899	12,667	12,697	14
15	5.06	OTHER ADMINISTRATIVE O					16,369	19,584	19,584	15
16	16	Medical Records & Li P					29,128	21,568	21,568	16
17	22	I&R Services-Other P Q					1,056,750	552,036	552,336	17
18	91	Emergency R					146,983	105,693	105,693	18
19										19
20										20
200		TOTAL					2,514,115	1,146,403	3,073,851	200

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONES	ADMITTING	
		0	1	2	4	5.01	5.04	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	22,221,797	22,221,797					1
2	Cap Rel Costs-Mvble Equip	12,145,535		12,145,535				2
4	Employee Benefits Department	4,779,368	14,554	7,955	4,801,877			4
5.01	NONPATIENT TELEPHONES	297,250	22,475	12,284	13,225	345,234		5.01
5.04	ADMITTING	1,457,909	85,941	46,972	62,133	4,798	1,657,753	5.04
5.06	OTHER ADMINISTRATIVE & GENERAL	90,950,493	2,780,419	1,519,664	92,388	44,415		5.06
6	Maintenance & Repairs							6
7	Operation of Plant	6,659,699	5,882,678	3,215,235	96,814	10,458		7
8	Laundry & Linen Service	1,006,043				615		8
9	Housekeeping	2,778,947	278,088	151,992	82,270	2,092		9
10	Dietary	2,358,623	394,610	215,678	71,758	2,953		10
11	Cafeteria		536,280	293,109	36,966	2,584		11
12	Maintenance of Personnel							12
13	Nursing Administration	3,245,377	87,553	47,853	147,175	3,445		13
14	Central Services & Supply	972,256			28,302	369		14
15	Pharmacy	3,878,442	234,288	128,053	184,378	7,013		15
16	Medical Records & Library	3,598,833	44,905	24,543	110,913	5,414		16
17	Social Service	2,222,060	27,311	14,927	100,722	4,429		17
18	STERILE SUPPLY	2,184,006	354,726	193,879	39,262	1,353		18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	2,227,924	41,451	22,655	114,243			21
22	I&R Services-Other Prgm Costs Apprvd	1,939,281			108,757	4,306		22
23	PARAMED ED PRGM-(SPECIFY)	182,858			4,133	738		23
23.01	CLINICAL PASTORAL EDUCATION							23.01
23.02	PHARMACY RESIDENCY PROGRAM	205,016			11,112	369		23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	24,158,712	5,240,977	2,864,506	1,032,123	67,423	205,137	30
31	Intensive Care Unit	4,680,038	658,974	360,168	207,019	5,537	37,813	31
35	NEONATAL INTENSIVE CARE UNIT	2,595,627	233,137	127,423	108,372	2,584	16,626	35
41	Subprovider - IRF	2,717,274			95,916	10,581	11,254	41
43	Nursery	3,054,013			108,436		8,447	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	18,780,510	2,200,340	1,202,617	450,836	30,759	341,087	50
51	Recovery Room	1,430,127	145,814	79,696	59,105	4,552	28,869	51
52	Delivery Room & Labor Room	978,482			34,742		15,782	52
54	Radiology-Diagnostic	4,888,931	614,760	336,003	187,717	17,348	96,001	54
55	Radiology-Therapeutic	315,276			12,548		886	55
57	CT Scan	1,051,463	78,572	42,944	38,246	1,107	109,859	57
58	MRI	350,447				1,599	10,056	58
59	Cardiac Catheterization	7,159,875	675,508	369,205	140,166	9,597	97,820	59
60	Laboratory	12,826,814	90,639	49,540		4,798	177,265	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,066,859	165,388	90,394	98,516	4,798	29,589	65
66	Physical Therapy	2,932,051	149,867	81,911	133,741	6,767	24,180	66
67	Occupational Therapy	849,071			38,292	1,107	9,428	67
68	Speech Pathology	423,505			20,552	492	5,200	68
69	Electrocardiology	1,185,349	123,891	67,714	51,982	3,937	37,851	69
72	Impl. Dev. Charged to Patients	20,419,942					118,430	72
73	Drugs Charged to Patients	13,979,513	21,554	11,781	17,738	738	140,655	73
74	Renal Dialysis	667,290	52,182	28,520	8	123	3,504	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	55,800			3,127	246	2,692	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT	112,552			4,831		739	90.02
90.03	FAMILY MEDICINE CENTER	1,199,765			35,788	6,890	4,894	90.03
90.04	WOUND HEALING CENTER	1,614,591			24,871	1,846	5,388	90.04
90.05	OUTPATIENT TREATMENT & INFUSION	656,229	71,295	38,967	30,444	1,476	5,966	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	286,743			13,421	2,092	439	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	518,869			21,178	861		90.07
90.08	PODIATRY RESIDENCY CLINIC	189,397			2,702	1,969		90.08
90.09	FACULTY PRACTICE CLINIC	477,474			23,805		1,118	90.09
90.10	OUR LADY OF ROSARY CLINIC	514,611			23,685		955	90.10
91	Emergency	6,160,010	816,901	446,485	248,480	17,348	109,823	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	305,608,927	22,125,078	12,092,673	4,572,938	301,926	1,657,753	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		86,724	47,400		615		190

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONES	ADMITTING	
		0	1	2	4	5.01	5.04	
192	Physicians' Private Offices		5,343	2,920		32,850		192
192.01	MATERNAL FETAL MEDICINE/LABORIST	1,358,749	4,652	2,542				192.01
192.02	NEONATOLOGISTS	1,595,665			76,180	369		192.02
192.03	HOSPITALISTS/INTENSIVISTS	4,231,037			23,137	1,476		192.03
194	SPORTS MED-ATHLETIC TRAINERS	218,506			10,381			194
194.01	OUTREACH SERVICES	2,919,575			118,413	5,660		194.01
194.02	KINDRED/OUR LADY OF PEACE	15,033			828	2,338		194.02
194.03	ADVANCED SPECIALTIES	132,637						194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	316,080,129	22,221,797	12,145,535	4,801,877	345,234	1,657,753	202

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4) 4A	OTHER ADMIN & GENERAL 5.06	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.04	ADMITTING							5.04
5.06	OTHER ADMINISTRATIVE & GENERAL	95,387,379	95,387,379					5.06
6	Maintenance & Repairs							6
7	Operation of Plant	15,864,884	6,857,088	22,721,972				7
8	Laundry & Linen Service	1,006,658	435,096		1,441,754			8
9	Housekeeping	3,293,389	1,423,462	470,291		5,187,142		9
10	Dietary	3,043,622	1,315,508	667,349		155,567	5,182,046	10
11	Cafeteria	868,939	375,571	906,935		211,418		11
12	Maintenance of Personnel							12
13	Nursing Administration	3,531,403	1,526,336	148,066		34,516		13
14	Central Services & Supply	1,000,927	432,619					14
15	Pharmacy	4,432,174	1,915,665	396,219		92,364		15
16	Medical Records & Library	3,784,608	1,635,776	75,941		17,703		16
17	Social Service	2,369,449	1,024,119	46,188		10,767		17
18	STERILE SUPPLY	2,773,226	1,198,638	599,898		139,844		18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	2,406,273	1,040,035	70,100		16,341		21
22	I&R Services-Other Prgm Costs Apprvd	2,052,344	887,060					22
23	PARAMED ED PRGM-(SPECIFY)	187,729	81,140					23
23.01	CLINICAL PASTORAL EDUCATION							23.01
23.02	PHARMACY RESIDENCY PROGRAM	216,497	93,574					23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	33,568,878	14,509,073	8,863,333	178,485	2,066,152	4,141,131	30
31	Intensive Care Unit	5,949,549	2,571,502	1,114,430	32,900	259,787	250,468	31
35	NEONATAL INTENSIVE CARE UNIT	3,083,769	1,332,860	394,272	14,466	91,910	11,504	35
41	Subprovider - IRF	2,835,025	1,225,349		9,792		316,545	41
43	Nursery	3,170,896	1,370,518		7,350			43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	23,006,149	9,943,672	3,721,128	296,152	867,441		50
51	Recovery Room	1,748,163	755,588	246,595	25,118	57,484		51
52	Delivery Room & Labor Room	1,029,006	444,755		13,732			52
54	Radiology-Diagnostic	6,140,760	2,654,147	1,039,657	83,528	242,357		54
55	Radiology-Therapeutic	328,710	142,074		771			55
57	CT Scan	1,322,191	571,475	132,878	95,586	30,975		57
58	MRI	362,102	156,507		8,750			58
59	Cardiac Catheterization	8,452,171	3,653,180	1,142,392	85,111	266,306		59
60	Laboratory	13,149,056	5,683,259	153,285	154,234	35,733		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,455,544	1,493,548	279,698	25,745	65,201		65
66	Physical Therapy	3,328,517	1,438,645	253,449	21,038	59,082		66
67	Occupational Therapy	897,898	388,088		8,203			67
68	Speech Pathology	449,749	194,390		4,525			68
69	Electrocardiology	1,470,724	635,673	209,520	32,933	48,842		69
72	Impl. Dev. Charged to Patients	20,538,372	8,877,054		103,043			72
73	Drugs Charged to Patients	14,171,979	6,125,384	36,452	122,381	8,497		73
74	Renal Dialysis	751,627	324,867	88,248	3,049	20,572		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	61,865	26,739		2,342			76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT	118,122	51,054		643			90.02
90.03	FAMILY MEDICINE CENTER	1,247,337	539,122		4,258			90.03
90.04	WOUND HEALING CENTER	1,646,696	711,732		4,688			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	804,377	347,666	120,572	5,191	28,107	4,643	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	302,695	130,830		382			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	540,908	233,790					90.07
90.08	PODIATRY RESIDENCY CLINIC	194,068	83,880					90.08
90.09	FACULTY PRACTICE CLINIC	502,397	217,145		972			90.09
90.10	OUR LADY OF ROSARY CLINIC	539,251	233,074		831			90.10
91	Emergency	7,799,047	3,370,888	1,381,510	95,555	322,047		91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	305,187,099	90,679,215	22,558,406	1,441,754	5,149,013	4,724,291	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	134,739	58,237	146,664		34,189		190
192	Physicians' Private Offices	41,113	17,770	9,035		2,106		192
192.01	MATERNAL FETAL MEDICINE/LABORIST	1,365,943	590,385	7,867		1,834		192.01

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		4A	5.06	7	8	9	10	
192.02	NEONATOLOGISTS	1,672,214	722,761					192.02
192.03	HOSPITALISTS/INTENSIVISTS	4,255,650	1,839,369					192.03
194	SPORTS MED-ATHLETIC TRAINERS	228,887	98,929					194
194.01	OUTREACH SERVICES	3,043,648	1,315,519					194.01
194.02	KINDRED/OUR LADY OF PEACE	18,199	7,866				457,755	194.02
194.03	ADVANCED SPECIALTIES	132,637	57,328					194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	316,080,129	95,387,379	22,721,972	1,441,754	5,187,142	5,182,046	202

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.04	ADMITTING							5.04
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria	2,362,863						11
12	Maintenance of Personnel							12
13	Nursing Administration	80,396	5,320,717					13
14	Central Services & Supply	29,413	94,451	1,557,410				14
15	Pharmacy	72,553			6,908,975			15
16	Medical Records & Library	74,514				5,588,542		16
17	Social Service	49,022			9,762		3,509,307	17
18	STERILE SUPPLY	39,218			48			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	88,240						22
23	PARAMED ED PRGM-(SPECIFY)	1,961						23
23.01	CLINICAL PASTORAL EDUCATION							23.01
23.02	PHARMACY RESIDENCY PROGRAM	7,844						23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	664,737	2,134,583	192,716	1,863	691,630	2,807,445	30
31	Intensive Care Unit	113,731	365,209	35,523	32	127,488	315,838	31
35	NEONATAL INTENSIVE CARE UNIT	54,905	176,308	15,619		56,054	35,093	35
41	Subprovider - IRF	62,748	201,495	10,573		37,943		41
43	Nursery	60,787	195,198	7,936		28,481		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	258,836	831,165	320,472	55,056	1,149,345		50
51	Recovery Room	33,335	107,044	27,121		97,332		51
52	Delivery Room & Labor Room	19,609	62,967	14,827		53,211		52
54	Radiology-Diagnostic	107,849		90,188	262,961	323,673		54
55	Radiology-Therapeutic	5,883	18,890	832		2,986		55
57	CT Scan	19,609	62,967	103,207	59,802	370,396		57
58	MRI			9,447		33,906		58
59	Cardiac Catheterization	70,592	226,681	91,897	43,926	329,806		59
60	Laboratory			166,531		597,657		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	54,905		27,797	97	99,760		65
66	Physical Therapy	62,748		22,716	1,024	81,523		66
67	Occupational Therapy	17,648		8,857	145	31,786		67
68	Speech Pathology	9,804		4,885		17,533		68
69	Electrocardiology	29,413		35,559	104	127,615		69
72	Impl. Dev. Charged to Patients			111,258		399,291		72
73	Drugs Charged to Patients	9,804		132,138	6,332,377	474,225		73
74	Renal Dialysis			3,292	3	11,814		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,961	6,297	2,529		9,075		76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT	3,922	12,593	694		2,491		90.02
90.03	FAMILY MEDICINE CENTER	31,374	100,747	4,598	41,256	16,500		90.03
90.04	WOUND HEALING CENTER	15,687	50,374	5,062	14,500	18,166		90.04
90.05	OUTPATIENT TREATMENT & INFUSION	15,687	50,374	5,604		20,114		90.05
90.06	PEDIATRIC SPECIALTY CLINIC	7,844	25,187	412	405	1,479		90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	5,883	18,890		1,232			90.07
90.08	PODIATRY RESIDENCY CLINIC	1,961	6,297		736			90.08
90.09	FACULTY PRACTICE CLINIC	9,804	31,484	1,050	23,457	3,768		90.09
90.10	OUR LADY OF ROSARY CLINIC			897	17,527	3,220		90.10
91	Emergency	150,988	484,846	103,173	2,012	370,274	350,931	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	2,345,215	5,264,047	1,557,410	6,868,325	5,588,542	3,509,307	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
192.01	MATERNAL FETAL MEDICINE/LABORIST							192.01



**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
192.02	NEONATOLOGISTS	13,726	44,077					192.02
192.03	HOSPITALISTS/INTENSIVISTS	3,922	12,593					192.03
194	SPORTS MED-ATHLETIC TRAINERS							194
194.01	OUTREACH SERVICES				40,650			194.01
194.02	KINDRED/OUR LADY OF PEACE							194.02
194.03	ADVANCED SPECIALTIES							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,362,863	5,320,717	1,557,410	6,908,975	5,588,542	3,509,307	202

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	STERILE SUPPLY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PHARMACY RESIDENCY PROGRAM	SUBTOTAL	
		18	21	22	23	23.02	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.04	ADMITTING							5.04
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							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	4,750,872						18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		3,532,749					21
22	I&R Services-Other Prgm Costs Apprvd			3,027,644				22
23	PARAMED ED PRGM-(SPECIFY)				270,830			23
23.01	CLINICAL PASTORAL EDUCATION							23.01
23.02	PHARMACY RESIDENCY PROGRAM					317,915		23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	93,685	1,998,494	1,712,753			73,624,958	30
31	Intensive Care Unit	1,569	192,490	164,968			11,495,484	31
35	NEONATAL INTENSIVE CARE UNIT	6,743	107,568	92,188			5,473,259	35
41	Subprovider - IRF	10,183					4,709,653	41
43	Nursery		130,214	111,596			5,082,976	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	4,230,293	101,906	87,336			44,868,951	50
51	Recovery Room						3,097,780	51
52	Delivery Room & Labor Room		28,307	24,260			1,690,674	52
54	Radiology-Diagnostic	6,853	28,307	24,260			11,004,540	54
55	Radiology-Therapeutic						500,146	55
57	CT Scan						2,769,086	57
58	MRI						570,712	58
59	Cardiac Catheterization	22,871	11,323	9,704			14,405,960	59
60	Laboratory						19,939,755	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	8,862					5,511,157	65
66	Physical Therapy						5,268,742	66
67	Occupational Therapy						1,352,625	67
68	Speech Pathology						680,886	68
69	Electrocardiology		96,245	82,484			2,769,112	69
72	Impl. Dev. Charged to Patients						30,029,018	72
73	Drugs Charged to Patients					317,915	27,731,152	73
74	Renal Dialysis		28,307	24,260			1,256,039	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY						110,808	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT						189,519	90.02
90.03	FAMILY MEDICINE CENTER	28,265	509,531	436,679			2,959,667	90.03
90.04	WOUND HEALING CENTER	17,476					2,484,381	90.04
90.05	OUTPATIENT TREATMENT & INFUSION						1,402,335	90.05
90.06	PEDIATRIC SPECIALTY CLINIC						469,234	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	1,871					802,574	90.07
90.08	PODIATRY RESIDENCY CLINIC						286,942	90.08
90.09	FACULTY PRACTICE CLINIC	413					790,490	90.09
90.10	OUR LADY OF ROSARY CLINIC						794,800	90.10
91	Emergency	4,514	300,057	257,156	270,830		15,263,828	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	4,433,598	3,532,749	3,027,644	270,830	317,915	299,387,243	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen						373,829	190
192	Physicians' Private Offices						70,024	192
192.01	MATERNAL FETAL MEDICINE/LABORIST						1,966,029	192.01

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	STERILE SUPPLY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PHARMACY RESIDENCY PROGRAM	SUBTOTAL	
		18	21	22	23	23.02	24	
192.02	NEONATOLOGISTS						2,452,778	192.02
192.03	HOSPITALISTS/INTENSIVISTS						6,111,534	192.03
194	SPORTS MED-ATHLETIC TRAINERS						327,816	194
194.01	OUTREACH SERVICES	232,616					4,632,433	194.01
194.02	KINDRED/OUR LADY OF PEACE						483,820	194.02
194.03	ADVANCED SPECIALTIES	84,658					274,623	194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,750,872	3,532,749	3,027,644	270,830	317,915	316,080,129	202

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.04	ADMITTING						5.04
5.06	OTHER ADMINISTRATIVE & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	-3,711,247	69,913,711				30
31	Intensive Care Unit	-357,458	11,138,026				31
35	NEONATAL INTENSIVE CARE UNIT	-199,756	5,273,503				35
41	Subprovider - IRF		4,709,653				41
43	Nursery	-241,810	4,841,166				43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	-189,242	44,679,709				50
51	Recovery Room		3,097,780				51
52	Delivery Room & Labor Room	-52,567	1,638,107				52
54	Radiology-Diagnostic	-52,567	10,951,973				54
55	Radiology-Therapeutic		500,146				55
57	CT Scan		2,769,086				57
58	MRI		570,712				58
59	Cardiac Catheterization	-21,027	14,384,933				59
60	Laboratory		19,939,755				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		5,511,157				65
66	Physical Therapy		5,268,742				66
67	Occupational Therapy		1,352,625				67
68	Speech Pathology		680,886				68
69	Electrocardiology	-178,729	2,590,383				69
72	Impl. Dev. Charged to Patients		30,029,018				72
73	Drugs Charged to Patients		27,731,152				73
74	Renal Dialysis	-52,567	1,203,472				74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY		110,808				76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02	MOBILE MEDICAL UNIT		189,519				90.02
90.03	FAMILY MEDICINE CENTER	-946,210	2,013,457				90.03
90.04	WOUND HEALING CENTER		2,484,381				90.04
90.05	OUTPATIENT TREATMENT & INFUSION		1,402,335				90.05
90.06	PEDIATRIC SPECIALTY CLINIC		469,234				90.06
90.07	SPORTS MED FELLOWSHIP CLINIC		802,574				90.07
90.08	PODIATRY RESIDENCY CLINIC		286,942				90.08
90.09	FACULTY PRACTICE CLINIC		790,490				90.09
90.10	OUR LADY OF ROSARY CLINIC		794,800				90.10
91	Emergency	-557,213	14,706,615				91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	Interest Expense						113
118	SUBTOTALS (sum of lines 1-117)	-6,560,393	292,826,850				118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen		373,829				190
192	Physicians' Private Offices		70,024				192
192.01	MATERNAL FETAL MEDICINE/LABORIST		1,966,029				192.01

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
192.02	NEONATOLOGISTS		2,452,778				192.02
192.03	HOSPITALISTS/INTENSIVISTS		6,111,534				192.03
194	SPORTS MED-ATHLETIC TRAINERS		327,816				194
194.01	OUTREACH SERVICES		4,632,433				194.01
194.02	KINDRED/OUR LADY OF PEACE		483,820				194.02
194.03	ADVANCED SPECIALTIES		274,623				194.03
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	-6,560,393	309,519,736				202

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	NON- PATIENT TELEPHONES 5.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		14,554	7,955	22,509	22,509		4
5.01	NONPATIENT TELEPHONES		22,475	12,284	34,759	62	34,821	5.01
5.04	ADMITTING		85,941	46,972	132,913	292	484	5.04
5.06	OTHER ADMINISTRATIVE & GENERAL		2,780,419	1,519,664	4,300,083	434	4,480	5.06
6	Maintenance & Repairs							6
7	Operation of Plant		5,882,678	3,215,235	9,097,913	454	1,055	7
8	Laundry & Linen Service						62	8
9	Housekeeping		278,088	151,992	430,080	386	211	9
10	Dietary		394,610	215,678	610,288	337	298	10
11	Cafeteria		536,280	293,109	829,389	174	261	11
12	Maintenance of Personnel							12
13	Nursing Administration		87,553	47,853	135,406	691	347	13
14	Central Services & Supply					133	37	14
15	Pharmacy		234,288	128,053	362,341	865	707	15
16	Medical Records & Library		44,905	24,543	69,448	521	546	16
17	Social Service		27,311	14,927	42,238	473	447	17
18	STERILE SUPPLY		354,726	193,879	548,605	184	137	18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		41,451	22,655	64,106	536		21
22	I&R Services-Other Prgm Costs Apprvd					510	434	22
23	PARAMED ED PRGM-(SPECIFY)					19	74	23
23.01	CLINICAL PASTORAL EDUCATION							23.01
23.02	PHARMACY RESIDENCY PROGRAM					52	37	23.02
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics		5,240,977	2,864,506	8,105,483	4,813	6,800	30
31	Intensive Care Unit		658,974	360,168	1,019,142	972	558	31
35	NEONATAL INTENSIVE CARE UNIT		233,137	127,423	360,560	509	261	35
41	Subprovider - IRF					450	1,067	41
43	Nursery					509		43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room		2,200,340	1,202,617	3,402,957	2,116	3,102	50
51	Recovery Room		145,814	79,696	225,510	277	459	51
52	Delivery Room & Labor Room					163		52
54	Radiology-Diagnostic		614,760	336,003	950,763	881	1,750	54
55	Radiology-Therapeutic					59		55
57	CT Scan		78,572	42,944	121,516	180	112	57
58	MRI						161	58
59	Cardiac Catheterization		675,508	369,205	1,044,713	658	968	59
60	Laboratory		90,639	49,540	140,179		484	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		165,388	90,394	255,782	462	484	65
66	Physical Therapy		149,867	81,911	231,778	628	683	66
67	Occupational Therapy					180	112	67
68	Speech Pathology					96	50	68
69	Electrocardiology		123,891	67,714	191,605	244	397	69
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients		21,554	11,781	33,335	83	74	73
74	Renal Dialysis		52,182	28,520	80,702		12	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					15	25	76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	MOBILE MEDICAL UNIT					23		90.02
90.03	FAMILY MEDICINE CENTER					168	695	90.03
90.04	WOUND HEALING CENTER					117	186	90.04
90.05	OUTPATIENT TREATMENT & INFUSION		71,295	38,967	110,262	143	149	90.05
90.06	PEDIATRIC SPECIALTY CLINIC					63	211	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC					99	87	90.07
90.08	PODIATRY RESIDENCY CLINIC					13	199	90.08
90.09	FACULTY PRACTICE CLINIC					112		90.09
90.10	OUR LADY OF ROSARY CLINIC					111		90.10
91	Emergency		816,901	446,485	1,263,386	1,166	1,750	91
92	Observation Beds (Non-Distinct Part)							92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
<b>SPECIAL PURPOSE COST CENTERS</b>								
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)		22,125,078	12,092,673	34,217,751	21,433	30,453	118
<b>NONREIMBURSABLE COST CENTERS</b>								
190	Gift, Flower, Coffee Shop & Canteen		86,724	47,400	134,124		62	190
192	Physicians' Private Offices		5,343	2,920	8,263		3,313	192
192.01	MATERNAL FETAL MEDICINE/LABORIST		4,652	2,542	7,194			192.01

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ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	NON- PATIENT TELEPHONES	
		0	1	2	2A	4	5.01	
192.02	NEONATOLOGISTS					358	37	192.02
192.03	HOSPITALISTS/INTENSIVISTS					109	149	192.03
194	SPORTS MED-ATHLETIC TRAINERS					49		194
194.01	OUTREACH SERVICES					556	571	194.01
194.02	KINDRED/OUR LADY OF PEACE					4	236	194.02
194.03	ADVANCED SPECIALTIES							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		22,221,797	12,145,535	34,367,332	22,509	34,821	202

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	ADMITTING	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		5.04	5.06	7	8	9	10	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.04	ADMITTING	133,689						5.04
5.06	OTHER ADMINISTRATIVE & GENERAL		4,304,997					5.06
6	Maintenance & Repairs							6
7	Operation of Plant		309,476	9,408,898				7
8	Laundry & Linen Service		19,637		19,699			8
9	Housekeeping		64,244	194,742		689,663		9
10	Dietary		59,372	276,341		20,684	967,320	10
11	Cafeteria		16,950	375,551		28,109		11
12	Maintenance of Personnel							12
13	Nursing Administration		68,887	61,312		4,589		13
14	Central Services & Supply		19,525					14
15	Pharmacy		86,458	164,070		12,280		15
16	Medical Records & Library		73,826	31,446		2,354		16
17	Social Service		46,221	19,126		1,432		17
18	STERILE SUPPLY		54,097	248,411		18,593		18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		46,939	29,027		2,173		21
22	I&R Services-Other Prgm Costs Apprvd		40,035					22
23	PARAMED ED PRGM-(SPECIFY)		3,662					23
23.01	CLINICAL PASTORAL EDUCATION							23.01
23.02	PHARMACY RESIDENCY PROGRAM		4,223					23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	16,522	654,776	3,670,202	2,412	274,707	773,014	30
31	Intensive Care Unit	3,045	116,058	461,472	445	34,540	46,754	31
35	NEONATAL INTENSIVE CARE UNIT	1,339	60,155	163,263	195	12,220	2,148	35
41	Subprovider - IRF	906	55,303		132		59,089	41
43	Nursery	680	61,855		99			43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	27,647	448,781	1,540,875	4,220	115,332		50
51	Recovery Room	2,325	34,101	102,112	339	7,643		51
52	Delivery Room & Labor Room	1,271	20,073		186			52
54	Radiology-Diagnostic	7,732	119,788	430,510	1,129	32,223		54
55	Radiology-Therapeutic	71	6,412		10			55
57	CT Scan	8,848	25,792	55,023	1,292	4,118		57
58	MRI	810	7,064		118			58
59	Cardiac Catheterization	7,879	164,876	473,051	1,150	35,407		59
60	Laboratory	14,277	256,499	63,473	2,084	4,751		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,383	67,407	115,820	348	8,669		65
66	Physical Therapy	1,947	64,929	104,950	284	7,855		66
67	Occupational Therapy	759	17,515		111			67
68	Speech Pathology	419	8,773		61			68
69	Electrocardiology	3,049	28,689	86,760	445	6,494		69
72	Impl. Dev. Charged to Patients	9,538	400,642		1,392			72
73	Drugs Charged to Patients	11,328	276,453	15,094	1,654	1,130		73
74	Renal Dialysis	282	14,662	36,542	41	2,735		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	217	1,207		32			76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT	60	2,304		9			90.02
90.03	FAMILY MEDICINE CENTER	394	24,332		58			90.03
90.04	WOUND HEALING CENTER	434	32,122		63			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	480	15,691	49,927	70	3,737	867	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	35	5,905		5			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC		10,551					90.07
90.08	PODIATRY RESIDENCY CLINIC		3,786					90.08
90.09	FACULTY PRACTICE CLINIC	90	9,800		13			90.09
90.10	OUR LADY OF ROSARY CLINIC	77	10,519		11			90.10
91	Emergency	8,845	152,136	572,067	1,291	42,818		91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	133,689	4,092,508	9,341,167	19,699	684,593	881,872	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		2,628	60,732		4,546		190
192	Physicians' Private Offices		802	3,741		280		192
192.01	MATERNAL FETAL MEDICINE/LABORIST		26,645	3,258		244		192.01



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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	ADMITTING	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		5.04	5.06	7	8	9	10	
192.02	NEONATOLOGISTS		32,620					192.02
192.03	HOSPITALISTS/INTENSIVISTS		83,015					192.03
194	SPORTS MED-ATHLETIC TRAINERS		4,465					194
194.01	OUTREACH SERVICES		59,372					194.01
194.02	KINDRED/OUR LADY OF PEACE		355				85,448	194.02
194.03	ADVANCED SPECIALTIES		2,587					194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	133,689	4,304,997	9,408,898	19,699	689,663	967,320	202

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.04	ADMITTING							5.04
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria	1,250,434						11
12	Maintenance of Personnel							12
13	Nursing Administration	42,546	313,778					13
14	Central Services & Supply	15,566	5,570	40,831				14
15	Pharmacy	38,395			665,116			15
16	Medical Records & Library	39,433				217,574		16
17	Social Service	25,943			940		136,820	17
18	STERILE SUPPLY	20,754			5			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	46,697						22
23	PARAMED ED PRGM-(SPECIFY)	1,038						23
23.01	CLINICAL PASTORAL EDUCATION							23.01
23.02	PHARMACY RESIDENCY PROGRAM	4,151						23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	351,777	125,884	5,065	179	26,893	109,456	30
31	Intensive Care Unit	60,187	21,537	934	3	4,957	12,314	31
35	NEONATAL INTENSIVE CARE UNIT	29,056	10,397	411		2,180	1,368	35
41	Subprovider - IRF	33,207	11,883	278		1,475		41
43	Nursery	32,169	11,511	209		1,107		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	136,977	49,016	8,318	5,300	44,961		50
51	Recovery Room	17,641	6,313	713		3,785		51
52	Delivery Room & Labor Room	10,377	3,713	390		2,069		52
54	Radiology-Diagnostic	57,074		2,370	25,315	12,586		54
55	Radiology-Therapeutic	3,113	1,114	22		116		55
57	CT Scan	10,377	3,713	2,713	5,757	14,402		57
58	MRI			248		1,318		58
59	Cardiac Catheterization	37,357	13,368	2,415	4,229	12,824		59
60	Laboratory			4,377		23,239		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	29,056		731	9	3,879		65
66	Physical Therapy	33,207		597	99	3,170		66
67	Occupational Therapy	9,339		233	14	1,236		67
68	Speech Pathology	5,189		128		682		68
69	Electrocardiology	15,566		935	10	4,962		69
72	Impl. Dev. Charged to Patients			2,924		15,526		72
73	Drugs Charged to Patients	5,189		3,473	609,607	18,440		73
74	Renal Dialysis			87		459		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,038	371	66		353		76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT	2,075	743	18		97		90.02
90.03	FAMILY MEDICINE CENTER	16,603	5,941	121	3,972	642		90.03
90.04	WOUND HEALING CENTER	8,302	2,971	133	1,396	706		90.04
90.05	OUTPATIENT TREATMENT & INFUSION	8,302	2,971	147		782		90.05
90.06	PEDIATRIC SPECIALTY CLINIC	4,151	1,485	11	39	58		90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	3,113	1,114		119			90.07
90.08	PODIATRY RESIDENCY CLINIC	1,038	371		71			90.08
90.09	FACULTY PRACTICE CLINIC	5,189	1,857	28	2,258	147		90.09
90.10	OUR LADY OF ROSARY CLINIC			24	1,687	125		90.10
91	Emergency	79,903	28,593	2,712	194	14,398	13,682	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	1,241,095	310,436	40,831	661,203	217,574	136,820	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
192.01	MATERNAL FETAL MEDICINE/LABORIST							192.01

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
192.02	NEONATOLOGISTS	7,264	2,599					192.02
192.03	HOSPITALISTS/INTENSIVISTS	2,075	743					192.03
194	SPORTS MED-ATHLETIC TRAINERS							194
194.01	OUTREACH SERVICES				3,913			194.01
194.02	KINDRED/OUR LADY OF PEACE							194.02
194.03	ADVANCED SPECIALTIES							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,250,434	313,778	40,831	665,116	217,574	136,820	202

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	STERILE SUPPLY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PHARMACY RESIDENCY PROGRAM	SUBTOTAL	
		18	21	22	23	23.02	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.04	ADMITTING							5.04
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							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	890,786						18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		142,781					21
22	I&R Services-Other Prgm Costs Apprvd			87,676				22
23	PARAMED ED PRGM-(SPECIFY)				4,793			23
23.01	CLINICAL PASTORAL EDUCATION							23.01
23.02	PHARMACY RESIDENCY PROGRAM					8,463		23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	17,566					14,145,549	30
31	Intensive Care Unit	294					1,783,212	31
35	NEONATAL INTENSIVE CARE UNIT	1,264					645,326	35
41	Subprovider - IRF	1,909					165,699	41
43	Nursery						108,139	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	793,179					6,582,781	50
51	Recovery Room						401,218	51
52	Delivery Room & Labor Room						38,242	52
54	Radiology-Diagnostic	1,285					1,643,406	54
55	Radiology-Therapeutic						10,917	55
57	CT Scan						253,843	57
58	MRI						9,719	58
59	Cardiac Catheterization	4,288					1,803,183	59
60	Laboratory						509,363	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,662					486,692	65
66	Physical Therapy						450,127	66
67	Occupational Therapy						29,499	67
68	Speech Pathology						15,398	68
69	Electrocardiology						339,156	69
72	Impl. Dev. Charged to Patients						430,022	72
73	Drugs Charged to Patients						975,860	73
74	Renal Dialysis						135,522	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY						3,324	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT						5,329	90.02
90.03	FAMILY MEDICINE CENTER	5,300					58,226	90.03
90.04	WOUND HEALING CENTER	3,277					49,707	90.04
90.05	OUTPATIENT TREATMENT & INFUSION						193,528	90.05
90.06	PEDIATRIC SPECIALTY CLINIC						11,963	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	351					15,434	90.07
90.08	PODIATRY RESIDENCY CLINIC						5,478	90.08
90.09	FACULTY PRACTICE CLINIC	77					19,571	90.09
90.10	OUR LADY OF ROSARY CLINIC						12,554	90.10
91	Emergency	846					2,183,787	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	831,298					33,521,774	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen						202,092	190
192	Physicians' Private Offices						16,399	192
192.01	MATERNAL FETAL MEDICINE/LABORIST						37,341	192.01

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	STERILE SUPPLY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PHARMACY RESIDENCY PROGRAM	SUBTOTAL	
		18	21	22	23	23.02	24	
192.02	NEONATOLOGISTS						42,878	192.02
192.03	HOSPITALISTS/INTENSIVISTS						86,091	192.03
194	SPORTS MED-ATHLETIC TRAINERS						4,514	194
194.01	OUTREACH SERVICES	43,615					108,027	194.01
194.02	KINDRED/OUR LADY OF PEACE						86,043	194.02
194.03	ADVANCED SPECIALTIES	15,873					18,460	194.03
200	Cross Foot Adjustments		142,781	87,676	4,793	8,463	243,713	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	890,786	142,781	87,676	4,793	8,463	34,367,332	202

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.04	ADMITTING						5.04
5.06	OTHER ADMINISTRATIVE & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics		14,145,549				30
31	Intensive Care Unit		1,783,212				31
35	NEONATAL INTENSIVE CARE UNIT		645,326				35
41	Subprovider - IRF		165,699				41
43	Nursery		108,139				43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		6,582,781				50
51	Recovery Room		401,218				51
52	Delivery Room & Labor Room		38,242				52
54	Radiology-Diagnostic		1,643,406				54
55	Radiology-Therapeutic		10,917				55
57	CT Scan		253,843				57
58	MRI		9,719				58
59	Cardiac Catheterization		1,803,183				59
60	Laboratory		509,363				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		486,692				65
66	Physical Therapy		450,127				66
67	Occupational Therapy		29,499				67
68	Speech Pathology		15,398				68
69	Electrocardiology		339,156				69
72	Impl. Dev. Charged to Patients		430,022				72
73	Drugs Charged to Patients		975,860				73
74	Renal Dialysis		135,522				74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY		3,324				76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02	MOBILE MEDICAL UNIT		5,329				90.02
90.03	FAMILY MEDICINE CENTER		58,226				90.03
90.04	WOUND HEALING CENTER		49,707				90.04
90.05	OUTPATIENT TREATMENT & INFUSION		193,528				90.05
90.06	PEDIATRIC SPECIALTY CLINIC		11,963				90.06
90.07	SPORTS MED FELLOWSHIP CLINIC		15,434				90.07
90.08	PODIATRY RESIDENCY CLINIC		5,478				90.08
90.09	FACULTY PRACTICE CLINIC		19,571				90.09
90.10	OUR LADY OF ROSARY CLINIC		12,554				90.10
91	Emergency		2,183,787				91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	Interest Expense						113
118	SUBTOTALS (sum of lines 1-117)		33,521,774				118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen		202,092				190
192	Physicians' Private Offices		16,399				192
192.01	MATERNAL FETAL MEDICINE/LABORIST		37,341				192.01

**KPMG LLP Compu-Max 2552-10**

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
192.02	NEONATOLOGISTS		42,878				192.02
192.03	HOSPITALISTS/INTENSIVISTS		86,091				192.03
194	SPORTS MED-ATHLETIC TRAINERS		4,514				194
194.01	OUTREACH SERVICES		108,027				194.01
194.02	KINDRED/OUR LADY OF PEACE		86,043				194.02
194.03	ADVANCED SPECIALTIES		18,460				194.03
200	Cross Foot Adjustments		243,713				200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		34,367,332				202

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON-PATIENT TELEPHONES PHONE EXTENSIONS	ADMITTING GROSS REVENUE	RECONCILIATION	
		1	2	4	5.01	5.04	5A.06	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	482,492						1
2	Cap Rel Costs-Mvble Equip		482,492					2
4	Employee Benefits Department	316	316	84,101,738				4
5.01	NONPATIENT TELEPHONES	488	488	231,619	2,806			5.01
5.04	ADMITTING	1,866	1,866	1,088,213	39	974,435,843		5.04
5.06	OTHER ADMINISTRATIVE & GENERAL	60,370	60,370	1,618,121	361		-95,387,379	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	127,728	127,728	1,695,636	85			7
8	Laundry & Linen Service				5			8
9	Housekeeping	6,038	6,038	1,440,909	17			9
10	Dietary	8,568	8,568	1,256,791	24			10
11	Cafeteria	11,644	11,644	647,437	21			11
12	Maintenance of Personnel							12
13	Nursing Administration	1,901	1,901	2,577,669	28			13
14	Central Services & Supply			495,700	3			14
15	Pharmacy	5,087	5,087	3,229,265	57			15
16	Medical Records & Library	975	975	1,942,564	44			16
17	Social Service	593	593	1,764,083	36			17
18	STERILE SUPPLY	7,702	7,702	687,644	11			18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	900	900	2,000,886				21
22	I&R Services-Other Prgm Costs Apprvd			1,904,811	35			22
23	PARAMED ED PRGM-(SPECIFY)			72,381	6			23
23.01	CLINICAL PASTORAL EDUCATION							23.01
23.02	PHARMACY RESIDENCY PROGRAM			194,622	3			23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	113,795	113,795	18,076,897	548	120,598,060		30
31	Intensive Care Unit	14,308	14,308	3,625,797	45	22,229,879		31
35	NEONATAL INTENSIVE CARE UNIT	5,062	5,062	1,898,069	21	9,774,102		35
41	Subprovider - IRF			1,679,908	86	6,616,094		41
43	Nursery			1,899,190		4,966,184		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	47,775	47,775	7,896,113	250	200,382,318		50
51	Recovery Room	3,166	3,166	1,035,191	37	16,971,592		51
52	Delivery Room & Labor Room			608,486		9,278,304		52
54	Radiology-Diagnostic	13,348	13,348	3,287,743	141	56,438,124		54
55	Radiology-Therapeutic			219,771		520,639		55
57	CT Scan	1,706	1,706	669,854	9	64,585,093		57
58	MRI				13	5,912,074		58
59	Cardiac Catheterization	14,667	14,667	2,454,910	78	57,507,593		59
60	Laboratory	1,968	1,968		39	104,212,280		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,591	3,591	1,725,451	39	17,395,005		65
66	Physical Therapy	3,254	3,254	2,342,392	55	14,215,022		66
67	Occupational Therapy			670,653	9	5,542,375		67
68	Speech Pathology			359,957	4	3,057,143		68
69	Electrocardiology	2,690	2,690	910,432	32	22,251,956		69
72	Impl. Dev. Charged to Patients					69,623,520		72
73	Drugs Charged to Patients	468	468	310,677	6	82,689,599		73
74	Renal Dialysis	1,133	1,133	143	1	2,060,052		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY			54,762	2	1,582,420		76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT			84,613		434,380		90.02
90.03	FAMILY MEDICINE CENTER			626,809	56	2,877,072		90.03
90.04	WOUND HEALING CENTER			435,598	15	3,167,504		90.04
90.05	OUTPATIENT TREATMENT & INFUSION	1,548	1,548	533,209	12	3,507,176		90.05
90.06	PEDIATRIC SPECIALTY CLINIC			235,055	17	257,950		90.06
90.07	SPORTS MED FELLOWSHIP CLINIC			370,922	7			90.07
90.08	PODIATRY RESIDENCY CLINIC			47,331	16			90.08
90.09	FACULTY PRACTICE CLINIC			416,935		657,040		90.09
90.10	OUR LADY OF ROSARY CLINIC			414,828		561,395		90.10
91	Emergency	17,737	17,737	4,351,966	141	64,563,898		91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	480,392	480,392	80,092,013	2,454	974,435,843	-95,387,379	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	1,883	1,883		5			190
192	Physicians' Private Offices	116	116		267			192
192.01	MATERNAL FETAL MEDICINE/LABORIST	101	101					192.01



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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON- PATIENT TELEPHONES PHONE EXTENSIONS	ADMITTING  GROSS REVENUE	RECON- CILIATION	
		1	2	4	5.01	5.04	5A.06	
192.02	NEONATOLOGISTS			1,334,241	3			192.02
192.03	HOSPITALISTS/INTENSIVISTS			405,237	12			192.03
194	SPORTS MED-ATHLETIC TRAINERS			181,814				194
194.01	OUTREACH SERVICES			2,073,933	46			194.01
194.02	KINDRED/OUR LADY OF PEACE			14,500	19			194.02
194.03	ADVANCED SPECIALTIES							194.03
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	22,221,797	12,145,535	4,801,877	345,234	1,657,753		202
203	Unit Cost Multiplier (Wkst. B, Part I)	46.056301	25.172511	0.057096	123.034212	0.001701		203
204	Cost to be allocated (Per Wkst. B, Part II)			22,509	34,821	133,689		204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000268	12.409480	0.000137		205

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	OTHER ADMIN & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE GROSS REVENUE	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTE'S	
		5.06	7	8	9	10	11	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.04	ADMITTING							5.04
5.06	OTHER ADMINISTRATIVE & GENERAL	220,692,750						5.06
6	Maintenance & Repairs							6
7	Operation of Plant	15,864,884	291,724					7
8	Laundry & Linen Service	1,006,658		974,435,843				8
9	Housekeeping	3,293,389	6,038		285,686			9
10	Dietary	3,043,622	8,568		8,568	226,570		10
11	Cafeteria	868,939	11,644		11,644		1,205	11
12	Maintenance of Personnel							12
13	Nursing Administration	3,531,403	1,901		1,901		41	13
14	Central Services & Supply	1,000,927					15	14
15	Pharmacy	4,432,174	5,087		5,087		37	15
16	Medical Records & Library	3,784,608	975		975		38	16
17	Social Service	2,369,449	593		593		25	17
18	STERILE SUPPLY	2,773,226	7,702		7,702		20	18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	2,406,273	900		900			21
22	I&R Services-Other Prgm Costs Apprvd	2,052,344					45	22
23	PARAMED ED PRGM-(SPECIFY)	187,729					1	23
23.01	CLINICAL PASTORAL EDUCATION							23.01
23.02	PHARMACY RESIDENCY PROGRAM	216,497					4	23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	33,568,878	113,795	120,598,060	113,795	181,059	339	30
31	Intensive Care Unit	5,949,549	14,308	22,229,879	14,308	10,951	58	31
35	NEONATAL INTENSIVE CARE UNIT	3,083,769	5,062	9,774,102	5,062	503	28	35
41	Subprovider - IRF	2,835,025		6,616,094		13,840	32	41
43	Nursery	3,170,896		4,966,184			31	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	23,006,149	47,775	200,382,318	47,775		132	50
51	Recovery Room	1,748,163	3,166	16,971,592	3,166		17	51
52	Delivery Room & Labor Room	1,029,006		9,278,304			10	52
54	Radiology-Diagnostic	6,140,760	13,348	56,438,124	13,348		55	54
55	Radiology-Therapeutic	328,710		520,639			3	55
57	CT Scan	1,322,191	1,706	64,585,093	1,706		10	57
58	MRI	362,102		5,912,074				58
59	Cardiac Catheterization	8,452,171	14,667	57,507,593	14,667		36	59
60	Laboratory	13,149,056	1,968	104,212,280	1,968			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,455,544	3,591	17,395,005	3,591		28	65
66	Physical Therapy	3,328,517	3,254	14,215,022	3,254		32	66
67	Occupational Therapy	897,898		5,542,375			9	67
68	Speech Pathology	449,749		3,057,143			5	68
69	Electrocardiology	1,470,724	2,690	22,251,956	2,690		15	69
72	Impl. Dev. Charged to Patients	20,538,372		69,623,520				72
73	Drugs Charged to Patients	14,171,979	468	82,689,599	468		5	73
74	Renal Dialysis	751,627	1,133	2,060,052	1,133			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	61,865		1,582,420			1	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT	118,122		434,380			2	90.02
90.03	FAMILY MEDICINE CENTER	1,247,337		2,877,072			16	90.03
90.04	WOUND HEALING CENTER	1,646,696		3,167,504			8	90.04
90.05	OUTPATIENT TREATMENT & INFUSION	804,377	1,548	3,507,176	1,548	203	8	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	302,695		257,950			4	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	540,908					3	90.07
90.08	PODIATRY RESIDENCY CLINIC	194,068					1	90.08
90.09	FACULTY PRACTICE CLINIC	502,397		657,040			5	90.09
90.10	OUR LADY OF ROSARY CLINIC	539,251		561,395				90.10
91	Emergency	7,799,047	17,737	64,563,898	17,737		77	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	209,799,720	289,624	974,435,843	283,586	206,556	1,196	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	134,739	1,883		1,883			190
192	Physicians' Private Offices	41,113	116		116			192
192.01	MATERNAL FETAL MEDICINE/LABORIST	1,365,943	101		101			192.01

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	OTHER ADMIN & GENERAL ACCUM COST	OPERATION OF PLANT  SQUARE FEET	LAUNDRY + LINEN SERVICE GROSS REVENUE	HOUSE- KEEPING  SQUARE FEET	DIETARY  MEALS SERVED	CAFETERIA  FTE'S	
		5.06	7	8	9	10	11	
192.02	NEONATOLOGISTS	1,672,214					7	192.02
192.03	HOSPITALISTS/INTENSIVISTS	4,255,650					2	192.03
194	SPORTS MED-ATHLETIC TRAINERS	228,887						194
194.01	OUTREACH SERVICES	3,043,648						194.01
194.02	KINDRED/OUR LADY OF PEACE	18,199				20,014		194.02
194.03	ADVANCED SPECIALTIES	132,637						194.03
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	95,387,379	22,721,972	1,441,754	5,187,142	5,182,046	2,362,863	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.432218	77.888593	0.001480	18.156795	22.871722	1,960.882158	203
204	Cost to be allocated (Per Wkst. B, Part II)	4,304,997	9,408,898	19,699	689,663	967,320	1,250,434	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.019507	32.252739	0.000020	2.414059	4.269409	1,037.704564	205

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION FTE'S	CENTRAL SERVICES & SUPPLY GROSS REVENUE	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	STERILE SUPPLY COSTED REQUIS	
		13	14	15	16	17	18	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.04	ADMITTING							5.04
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	845						13
14	Central Services & Supply	15	974,435,843					14
15	Pharmacy			14,418,726				15
16	Medical Records & Library				974,435,843			16
17	Social Service			20,373		100		17
18	STERILE SUPPLY			100			172,621	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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	339	120,598,060	3,888	120,598,060	80	3,404	30
31	Intensive Care Unit	58	22,229,879	67	22,229,879	9	57	31
35	NEONATAL INTENSIVE CARE UNIT	28	9,774,102		9,774,102	1	245	35
41	Subprovider - IRF	32	6,616,094		6,616,094		370	41
43	Nursery	31	4,966,184		4,966,184			43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	132	200,382,318	114,899	200,382,318		153,706	50
51	Recovery Room	17	16,971,592		16,971,592			51
52	Delivery Room & Labor Room	10	9,278,304		9,278,304			52
54	Radiology-Diagnostic		56,438,124	548,787	56,438,124		249	54
55	Radiology-Therapeutic	3	520,639		520,639			55
57	CT Scan	10	64,585,093	124,804	64,585,093			57
58	MRI		5,912,074		5,912,074			58
59	Cardiac Catheterization	36	57,507,593	91,672	57,507,593		831	59
60	Laboratory		104,212,280		104,212,280			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		17,395,005	202	17,395,005		322	65
66	Physical Therapy		14,215,022	2,137	14,215,022			66
67	Occupational Therapy		5,542,375	302	5,542,375			67
68	Speech Pathology		3,057,143		3,057,143			68
69	Electrocardiology		22,251,956	218	22,251,956			69
72	Impl. Dev. Charged to Patients		69,623,520		69,623,520			72
73	Drugs Charged to Patients		82,689,599	13,215,391	82,689,599			73
74	Renal Dialysis		2,060,052	6	2,060,052			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	1	1,582,420		1,582,420			76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT	2	434,380		434,380			90.02
90.03	FAMILY MEDICINE CENTER	16	2,877,072	86,100	2,877,072		1,027	90.03
90.04	WOUND HEALING CENTER	8	3,167,504	30,261	3,167,504		635	90.04
90.05	OUTPATIENT TREATMENT & INFUSION	8	3,507,176		3,507,176			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	4	257,950	846	257,950			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	3		2,571			68	90.07
90.08	PODIATRY RESIDENCY CLINIC	1		1,537				90.08
90.09	FACULTY PRACTICE CLINIC	5	657,040	48,954	657,040		15	90.09
90.10	OUR LADY OF ROSARY CLINIC		561,395	36,579	561,395			90.10
91	Emergency	77	64,563,898	4,198	64,563,898	10	164	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	836	974,435,843	14,333,892	974,435,843	100	161,093	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
192.01	MATERNAL FETAL MEDICINE/LABORIST							192.01

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION FTE'S	CENTRAL SERVICES & SUPPLY GROSS REVENUE	PHARMACY  COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE  TIME SPENT	STERILE SUPPLY  COSTED REQUIS	
		13	14	15	16	17	18	
192.02	NEONATOLOGISTS	7						192.02
192.03	HOSPITALISTS/INTENSIVISTS	2						192.03
194	SPORTS MED-ATHLETIC TRAINERS							194
194.01	OUTREACH SERVICES			84,834			8,452	194.01
194.02	KINDRED/OUR LADY OF PEACE							194.02
194.03	ADVANCED SPECIALTIES						3,076	194.03
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	5,320,717	1,557,410	6,908,975	5,588,542	3,509,307	4,750,872	202
203	Unit Cost Multiplier (Wkst. B, Part I)	6,296,706509	0.001598	0.479167	0.005735	35,093.070000	27.521982	203
204	Cost to be allocated (Per Wkst. B, Part II)	313,778	40,831	665,116	217,574	136,820	890,786	204
205	Unit Cost Multiplier (Wkst. B, Part II)	371.334911	0.000042	0.046129	0.000223	1,368.200000	5.160357	205

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	PHARMACY RESIDENCY PROGRAM PATIENT DAYS		
	21	22	23	23.02		

<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.04	ADMITTING						5.04
5.06	OTHER ADMINISTRATIVE & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						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	624					21
22	I&R Services-Other Prgm Costs Apprvd		624				22
23	PARAMED ED PRGM-(SPECIFY)			100			23
23.01	CLINICAL PASTORAL EDUCATION						23.01
23.02	PHARMACY RESIDENCY PROGRAM				100		23.02
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	353	353				30
31	Intensive Care Unit	34	34				31
35	NEONATAL INTENSIVE CARE UNIT	19	19				35
41	Subprovider - IRF						41
43	Nursery	23	23				43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	18	18				50
51	Recovery Room						51
52	Delivery Room & Labor Room	5	5				52
54	Radiology-Diagnostic	5	5				54
55	Radiology-Therapeutic						55
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization	2	2				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	17	17				69
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients				100		73
74	Renal Dialysis	5	5				74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT						90.02
90.03	FAMILY MEDICINE CENTER	90	90				90.03
90.04	WOUND HEALING CENTER						90.04
90.05	OUTPATIENT TREATMENT & INFUSION						90.05
90.06	PEDIATRIC SPECIALTY CLINIC						90.06
90.07	SPORTS MED FELLOWSHIP CLINIC						90.07
90.08	PODIATRY RESIDENCY CLINIC						90.08
90.09	FACULTY PRACTICE CLINIC						90.09
90.10	OUR LADY OF ROSARY CLINIC						90.10
91	Emergency	53	53	100			91
92	Observation Beds (Non-Distinct Part)						92
<b>OTHER REIMBURSABLE COST CENTERS</b>							
<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	624	624	100	100		118
<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen						190

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	PHARMACY RESIDENCY PROGRAM PATIENT DAYS		
		21	22	23	23.02		
192	Physicians' Private Offices						192
192.01	MATERNAL FETAL MEDICINE/LABORIST						192.01
192.02	NEONATOLOGISTS						192.02
192.03	HOSPITALISTS/INTENSIVISTS						192.03
194	SPORTS MED-ATHLETIC TRAINERS						194
194.01	OUTREACH SERVICES						194.01
194.02	KINDRED/OUR LADY OF PEACE						194.02
194.03	ADVANCED SPECIALTIES						194.03
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	3,532,749	3,027,644	270,830	317,915		202
203	Unit Cost Multiplier (Wkst. B, Part I)	5,661.456731	4,851.993590	2,708.300000	3,179.150000		203
204	Cost to be allocated (Per Wkst. B, Part II)	142,781	87,676	4,793	8,463		204
205	Unit Cost Multiplier (Wkst. B, Part II)	228.815705	140.506410	47.930000	84.630000		205

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ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT	
		PART	LINE NO.		
	1	2	3	4	



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ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics	69,913,711		69,913,711	6,650	69,920,361	30
31	Intensive Care Unit	11,138,026		11,138,026	71,726	11,209,752	31
35	NEONATAL INTENSIVE CARE UNIT	5,273,503		5,273,503		5,273,503	35
41	Subprovider - IRF	4,709,653		4,709,653		4,709,653	41
43	Nursery	4,841,166		4,841,166		4,841,166	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	44,679,709		44,679,709	83,265	44,762,974	50
51	Recovery Room	3,097,780		3,097,780		3,097,780	51
52	Delivery Room & Labor Room	1,638,107		1,638,107		1,638,107	52
54	Radiology-Diagnostic	10,951,973		10,951,973	10,793	10,962,766	54
55	Radiology-Therapeutic	500,146		500,146		500,146	55
57	CT Scan	2,769,086		2,769,086		2,769,086	57
58	MRI	570,712		570,712		570,712	58
59	Cardiac Catheterization	14,384,933		14,384,933	44,235	14,429,168	59
60	Laboratory	19,939,755		19,939,755		19,939,755	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	5,511,157		5,511,157		5,511,157	65
66	Physical Therapy	5,268,742		5,268,742		5,268,742	66
67	Occupational Therapy	1,352,625		1,352,625		1,352,625	67
68	Speech Pathology	680,886		680,886		680,886	68
69	Electrocardiology	2,590,383		2,590,383	7,513	2,597,896	69
72	Impl. Dev. Charged to Patients	30,029,018		30,029,018		30,029,018	72
73	Drugs Charged to Patients	27,731,152		27,731,152		27,731,152	73
74	Renal Dialysis	1,203,472		1,203,472		1,203,472	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	110,808		110,808		110,808	76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02	MOBILE MEDICAL UNIT	189,519		189,519		189,519	90.02
90.03	FAMILY MEDICINE CENTER	2,013,457		2,013,457		2,013,457	90.03
90.04	WOUND HEALING CENTER	2,484,381		2,484,381		2,484,381	90.04
90.05	OUTPATIENT TREATMENT & INFUSION	1,402,335		1,402,335		1,402,335	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	469,234		469,234	6,019	475,253	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	802,574		802,574		802,574	90.07
90.08	PODIATRY RESIDENCY CLINIC	286,942		286,942	20,803	307,745	90.08
90.09	FACULTY PRACTICE CLINIC	790,490		790,490	125,515	916,005	90.09
90.10	OUR LADY OF ROSARY CLINIC	794,800		794,800	12,667	807,467	90.10
91	Emergency	14,706,615		14,706,615	105,693	14,812,308	91
92	Observation Beds (Non-Distinct Part)	6,105,269		6,105,269		6,105,269	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
113	Interest Expense						113
200	Subtotal (sum of lines 30 thru 199)	298,932,119		298,932,119	494,879	299,426,998	200
201	Less Observation Beds	6,105,269		6,105,269		6,105,269	201
202	Total (line 200 minus line 201)	292,826,850		292,826,850		293,321,729	202

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	111,060,776		111,060,776				30
31	Intensive Care Unit	22,229,879		22,229,879				31
35	NEONATAL INTENSIVE CARE UNIT	9,774,102		9,774,102				35
41	Subprovider - IRF	6,616,094		6,616,094				41
43	Nursery	4,966,184		4,966,184				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	99,374,602	101,007,716	200,382,318	0.222972	0.222972	0.223388	50
51	Recovery Room	7,279,499	9,692,093	16,971,592	0.182527	0.182527	0.182527	51
52	Delivery Room & Labor Room	9,252,997	25,307	9,278,304	0.176552	0.176552	0.176552	52
54	Radiology-Diagnostic	12,261,810	44,176,314	56,438,124	0.194053	0.194053	0.194244	54
55	Radiology-Therapeutic	365,998	154,641	520,639	0.960639	0.960639	0.960639	55
57	CT Scan	18,517,465	46,067,628	64,585,093	0.042875	0.042875	0.042875	57
58	MRI	4,591,844	1,320,230	5,912,074	0.096533	0.096533	0.096533	58
59	Cardiac Catheterization	23,186,121	34,321,472	57,507,593	0.250140	0.250140	0.250909	59
60	Laboratory	62,341,993	41,870,287	104,212,280	0.191338	0.191338	0.191338	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	10,733,509	6,661,496	17,395,005	0.316824	0.316824	0.316824	65
66	Physical Therapy	5,592,899	8,622,123	14,215,022	0.370646	0.370646	0.370646	66
67	Occupational Therapy	4,255,173	1,287,202	5,542,375	0.244052	0.244052	0.244052	67
68	Speech Pathology	2,441,043	616,100	3,057,143	0.222720	0.222720	0.222720	68
69	Electrocardiology	7,651,254	14,600,702	22,251,956	0.116411	0.116411	0.116749	69
72	Impl. Dev. Charged to Patients	51,217,195	18,406,325	69,623,520	0.431306	0.431306	0.431306	72
73	Drugs Charged to Patients	52,604,961	30,084,638	82,689,599	0.335364	0.335364	0.335364	73
74	Renal Dialysis	1,422,595	637,457	2,060,052	0.584195	0.584195	0.584195	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	26,670	1,555,750	1,582,420	0.070024	0.070024	0.070024	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT		434,380	434,380	0.436298	0.436298	0.436298	90.02
90.03	FAMILY MEDICINE CENTER		2,877,072	2,877,072	0.699829	0.699829	0.699829	90.03
90.04	WOUND HEALING CENTER	19,433	3,148,071	3,167,504	0.784334	0.784334	0.784334	90.04
90.05	OUTPATIENT TREATMENT & INFUSION	40,791	3,466,385	3,507,176	0.399847	0.399847	0.399847	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	895	257,055	257,950	1.819089	1.819089	1.842423	90.06
90.07	SPORTS MED FELLOWSHIP CLINIC							90.07
90.08	PODIATRY RESIDENCY CLINIC							90.08
90.09	FACULTY PRACTICE CLINIC		657,040	657,040	1.203108	1.203108	1.394139	90.09
90.10	OUR LADY OF ROSARY CLINIC		561,395	561,395	1.415759	1.415759	1.438322	90.10
91	Emergency	16,165,756	48,398,142	64,563,898	0.227784	0.227784	0.229421	91
92	Observation Beds (Non-Distinct Part)	2,077,519	7,459,765	9,537,284	0.640148	0.640148	0.640148	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
113	Interest Expense							113
200	Subtotal (sum of lines 30 thru 199)	546,069,057	428,366,786	974,435,843				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	546,069,057	428,366,786	974,435,843				202

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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

Check            [ ] Title V                            [XX] PPS  
Applicable     [XX] Title XVIII, Part A        [ ] TEFRA  
Boxes:         [ ] Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjust-ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	14,145,549		14,145,549	57,984	243.96	22,017	5,371,267	30
31	Intensive Care Unit	1,783,212		1,783,212	5,354	333.06	1,862	620,158	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATAL INTENSIVE CARE UNIT	645,326		645,326	1,169	552.03			35
40	Subprovider - IPF								40
41	Subprovider - IRF	165,699		165,699	3,868	42.84	2,436	104,358	41
42	Subprovider I								42
43	Nursery	108,139		108,139	5,859	18.46			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	16,847,925		16,847,925	74,234		26,315	6,095,783	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 15-0012**

**WORKSHEET D  
PART II**

Check  Title V  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	6,582,781	200,382,318	0.032851	32,575,862	1,070,150	50
51	Recovery Room	401,218	16,971,592	0.023641	2,843,459	67,222	51
52	Delivery Room & Labor Room	38,242	9,278,304	0.004122	29,262	121	52
54	Radiology-Diagnostic	1,643,406	56,438,124	0.029119	5,810,790	169,204	54
55	Radiology-Therapeutic	10,917	520,639	0.020968	91,766	1,924	55
57	CT Scan	253,843	64,585,093	0.003930	8,354,449	32,833	57
58	MRI	9,719	5,912,074	0.001644	2,376,569	3,907	58
59	Cardiac Catheterization	1,803,183	57,507,593	0.031356	8,684,832	272,322	59
60	Laboratory	509,363	104,212,280	0.004888	26,747,675	130,743	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	486,692	17,395,005	0.027979	4,223,225	118,162	65
66	Physical Therapy	450,127	14,215,022	0.031666	1,883,267	59,636	66
67	Occupational Therapy	29,499	5,542,375	0.005322	1,348,868	7,179	67
68	Speech Pathology	15,398	3,057,143	0.005037	650,489	3,277	68
69	Electrocardiology	339,156	22,251,956	0.015242	4,548,395	69,327	69
72	Impl. Dev. Charged to Patients	430,022	69,623,520	0.006176	20,328,073	125,546	72
73	Drugs Charged to Patients	975,860	82,689,599	0.011801	22,236,334	262,411	73
74	Renal Dialysis	135,522	2,060,052	0.065786	544,402	35,814	74
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	HYPERBARIC OXYGEN THERAPY	3,324	1,582,420	0.002101	16,433	35	76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02	MOBILE MEDICAL UNIT	5,329	434,380	0.012268			90.02
90.03	FAMILY MEDICINE CENTER	58,226	2,877,072	0.020238			90.03
90.04	WOUND HEALING CENTER	49,707	3,167,504	0.015693			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	193,528	3,507,176	0.055181			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	11,963	257,950	0.046377			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	15,434					90.07
90.08	PODIATRY RESIDENCY CLINIC	5,478					90.08
90.09	FACULTY PRACTICE CLINIC	19,571	657,040	0.029787			90.09
90.10	OUR LADY OF ROSARY CLINIC	12,554	561,395	0.022362			90.10
91	Emergency	2,183,787	64,563,898	0.033824	5,239,083	177,207	91
92	Observation Beds (Non-Distinct	1,235,151	9,537,284	0.129508	1,229,928	159,286	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	17,909,000	819,788,808		149,763,161	2,766,306	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

Check            [ ] Title V                            [XX] PPS  
Applicable    [XX] Title XVIII, Part A        [ ] TEFRA  
Boxes:         [ ] Title XIX                        [ ] Other

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	NEONATAL INTENSIVE CARE UNIT						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

Check            [ ] Title V                            [XX] PPS  
Applicable     [XX] Title XVIII, Part A        [ ] TEFRA  
Boxes:         [ ] Title XIX                        [ ] Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	57,984		22,017		30
31	Intensive Care Unit	5,354		1,862		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATAL INTENSIVE CARE UNIT	1,169				35
40	Subprovider - IPF					40
41	Subprovider - IRF	3,868		2,436		41
42	Subprovider I					42
43	Nursery	5,859				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	74,234		26,315		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 15-0012**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1	2	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
54	Radiology-Diagnostic							54
55	Radiology-Therapeutic							55
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			317,915		317,915	317,915	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT							90.02
90.03	FAMILY MEDICINE CENTER							90.03
90.04	WOUND HEALING CENTER							90.04
90.05	OUTPATIENT TREATMENT & INFUSION							90.05
90.06	PEDIATRIC SPECIALTY CLINIC							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC							90.07
90.08	PODIATRY RESIDENCY CLINIC							90.08
90.09	FACULTY PRACTICE CLINIC							90.09
90.10	OUR LADY OF ROSARY CLINIC							90.10
91	Emergency			270,830		270,830	270,830	91
92	Observation Beds (Non-Distinct							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			588,745		588,745	588,745	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 15-0012**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	200,382,318			32,575,862		17,304,274		50
51	Recovery Room	16,971,592			2,843,459		1,915,160		51
52	Delivery Room & Labor Room	9,278,304			29,262				52
54	Radiology-Diagnostic	56,438,124			5,810,790		9,710,911		54
55	Radiology-Therapeutic	520,639			91,766		116,374		55
57	CT Scan	64,585,093			8,354,449		11,611,959		57
58	MRI	5,912,074			2,376,569		499,892		58
59	Cardiac Catheterization	57,507,593			8,684,832		12,225,283		59
60	Laboratory	104,212,280			26,747,675		8,592,354		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	17,395,005			4,223,225		486,900		65
66	Physical Therapy	14,215,022			1,883,267		68,489		66
67	Occupational Therapy	5,542,375			1,348,868		40,085		67
68	Speech Pathology	3,057,143			650,489		1,355		68
69	Electrocardiology	22,251,956			4,548,395		6,101,692		69
72	Impl. Dev. Charged to Patients	69,623,520			20,328,073		3,775,528		72
73	Drugs Charged to Patients	82,689,599	0.003845	0.003845	22,236,334	85,499	12,883,556	49,537	73
74	Renal Dialysis	2,060,052			544,402		40,119		74
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,582,420			16,433		270,631		76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	MOBILE MEDICAL UNIT	434,380							90.02
90.03	FAMILY MEDICINE CENTER	2,877,072							90.03
90.04	WOUND HEALING CENTER	3,167,504					25,062		90.04
90.05	OUTPATIENT TREATMENT & INFUSION	3,507,176							90.05
90.06	PEDIATRIC SPECIALTY CLINIC	257,950					2,249		90.06
90.07	SPORTS MED FELLOWSHIP CLINIC								90.07
90.08	PODIATRY RESIDENCY CLINIC								90.08
90.09	FACULTY PRACTICE CLINIC	657,040							90.09
90.10	OUR LADY OF ROSARY CLINIC	561,395							90.10
91	Emergency	64,563,898	0.004195	0.004195	5,239,083	21,978	7,787,058	32,667	91
92	Observation Beds (Non-Distinct)	9,537,284			1,229,928		1,443,742		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	819,788,808			149,763,161	107,477	94,902,673	82,204	200

(A) Worksheet A line numbers



**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-0012

WORKSHEET D  
PART V

Check [ ] Title V - O/P [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.222972	17,304,274			3,858,369			50
51	Recovery Room	0.182527	1,915,160			349,568			51
52	Delivery Room & Labor Room	0.176552							52
54	Radiology-Diagnostic	0.194053	9,710,911			1,884,431			54
55	Radiology-Therapeutic	0.960639	116,374			111,793			55
57	CT Scan	0.042875	11,611,959			497,863			57
58	MRI	0.096533	499,892			48,256			58
59	Cardiac Catheterization	0.250140	12,225,283			3,058,032			59
60	Laboratory	0.191338	8,592,354			1,644,044			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.316824	486,900			154,262			65
66	Physical Therapy	0.370646	68,489			25,385			66
67	Occupational Therapy	0.244052	40,085			9,783			67
68	Speech Pathology	0.222720	1,355			302			68
69	Electrocardiology	0.116411	6,101,692			710,304			69
72	Impl. Dev. Charged to Patients	0.431306	3,775,528			1,628,408			72
73	Drugs Charged to Patients	0.335364	12,883,556	53,903	120,989	4,320,681	18,077	40,575	73
74	Renal Dialysis	0.584195	40,119			23,437			74
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.070024	270,631			18,951			76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	MOBILE MEDICAL UNIT	0.436298							90.02
90.03	FAMILY MEDICINE CENTER	0.699829							90.03
90.04	WOUND HEALING CENTER	0.784334	25,062			19,657			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.399847							90.05
90.06	PEDIATRIC SPECIALTY CLINIC	1.819089	2,249			4,091			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC								90.07
90.08	PODIATRY RESIDENCY CLINIC								90.08
90.09	FACULTY PRACTICE CLINIC	1.203108							90.09
90.10	OUR LADY OF ROSARY CLINIC	1.415759							90.10
91	Emergency	0.227784	7,787,058			1,773,767			91
92	Observation Beds (Non-Distinct	0.640148	1,443,742			924,209			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		94,902,673	53,903	120,989	21,065,593	18,077	40,575	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		94,902,673	53,903	120,989	21,065,593	18,077	40,575	202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 15-T012**

**WORKSHEET D  
PART II**

Check  Title V  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	6,582,781	200,382,318	0.032851			50
51	Recovery Room	401,218	16,971,592	0.023641			51
52	Delivery Room & Labor Room	38,242	9,278,304	0.004122			52
54	Radiology-Diagnostic	1,643,406	56,438,124	0.029119	43,082	1,255	54
55	Radiology-Therapeutic	10,917	520,639	0.020968	7,380	155	55
57	CT Scan	253,843	64,585,093	0.003930	28,121	111	57
58	MRI	9,719	5,912,074	0.001644	11,640	19	58
59	Cardiac Catheterization	1,803,183	57,507,593	0.031356	3,973	125	59
60	Laboratory	509,363	104,212,280	0.004888	477,725	2,335	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	486,692	17,395,005	0.027979			65
66	Physical Therapy	450,127	14,215,022	0.031666	1,141,874	36,159	66
67	Occupational Therapy	29,499	5,542,375	0.005322	1,101,328	5,861	67
68	Speech Pathology	15,398	3,057,143	0.005037	693,481	3,493	68
69	Electrocardiology	339,156	22,251,956	0.015242	552	8	69
72	Impl. Dev. Charged to Patients	430,022	69,623,520	0.006176			72
73	Drugs Charged to Patients	975,860	82,689,599	0.011801	250,624	2,958	73
74	Renal Dialysis	135,522	2,060,052	0.065786	16,605	1,092	74
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	HYPERBARIC OXYGEN THERAPY	3,324	1,582,420	0.002101			76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02	MOBILE MEDICAL UNIT	5,329	434,380	0.012268			90.02
90.03	FAMILY MEDICINE CENTER	58,226	2,877,072	0.020238			90.03
90.04	WOUND HEALING CENTER	49,707	3,167,504	0.015693			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	193,528	3,507,176	0.055181			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	11,963	257,950	0.046377			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	15,434					90.07
90.08	PODIATRY RESIDENCY CLINIC	5,478					90.08
90.09	FACULTY PRACTICE CLINIC	19,571	657,040	0.029787			90.09
90.10	OUR LADY OF ROSARY CLINIC	12,554	561,395	0.022362			90.10
91	Emergency	2,183,787	64,563,898	0.033824	33,421	1,130	91
92	Observation Beds (Non-Distinct)		9,537,284				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	16,673,849	819,788,808		3,809,806	54,701	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 15-T012**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
54	Radiology-Diagnostic							54
55	Radiology-Therapeutic							55
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			317,915		317,915	317,915	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT							90.02
90.03	FAMILY MEDICINE CENTER							90.03
90.04	WOUND HEALING CENTER							90.04
90.05	OUTPATIENT TREATMENT & INFUSION							90.05
90.06	PEDIATRIC SPECIALTY CLINIC							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC							90.07
90.08	PODIATRY RESIDENCY CLINIC							90.08
90.09	FACULTY PRACTICE CLINIC							90.09
90.10	OUR LADY OF ROSARY CLINIC							90.10
91	Emergency			270,830		270,830	270,830	91
92	Observation Beds (Non-Distinct							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			588,745		588,745	588,745	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 15-T012**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
7	8	9	10	11	12	13		
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	200,382,318						50
51	Recovery Room	16,971,592						51
52	Delivery Room & Labor Room	9,278,304						52
54	Radiology-Diagnostic	56,438,124			43,082			54
55	Radiology-Therapeutic	520,639			7,380			55
57	CT Scan	64,585,093			28,121			57
58	MRI	5,912,074			11,640			58
59	Cardiac Catheterization	57,507,593			3,973			59
60	Laboratory	104,212,280			477,725			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	17,395,005						65
66	Physical Therapy	14,215,022			1,141,874			66
67	Occupational Therapy	5,542,375			1,101,328			67
68	Speech Pathology	3,057,143			693,481			68
69	Electrocardiology	22,251,956			552			69
72	Impl. Dev. Charged to Patients	69,623,520						72
73	Drugs Charged to Patients	82,689,599	0.003845	0.003845	250,624	964		73
74	Renal Dialysis	2,060,052			16,605			74
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,582,420						76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT	434,380						90.02
90.03	FAMILY MEDICINE CENTER	2,877,072						90.03
90.04	WOUND HEALING CENTER	3,167,504						90.04
90.05	OUTPATIENT TREATMENT & INFUSION	3,507,176						90.05
90.06	PEDIATRIC SPECIALTY CLINIC	257,950						90.06
90.07	SPORTS MED FELLOWSHIP CLINIC							90.07
90.08	PODIATRY RESIDENCY CLINIC							90.08
90.09	FACULTY PRACTICE CLINIC	657,040						90.09
90.10	OUR LADY OF ROSARY CLINIC	561,395						90.10
91	Emergency	64,563,898	0.004195	0.004195	33,421	140		91
92	Observation Beds (Non-Distinct	9,537,284						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)	819,788,808			3,809,806	1,104		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-T012

WORKSHEET D  
PART V

Check [ ] Title V - O/P [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [XX] IRF [ ] NF [ ] ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.222972						50	
51	Recovery Room	0.182527						51	
52	Delivery Room & Labor Room	0.176552						52	
54	Radiology-Diagnostic	0.194053						54	
55	Radiology-Therapeutic	0.960639						55	
57	CT Scan	0.042875						57	
58	MRI	0.096533						58	
59	Cardiac Catheterization	0.250140						59	
60	Laboratory	0.191338						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	Respiratory Therapy	0.316824						65	
66	Physical Therapy	0.370646						66	
67	Occupational Therapy	0.244052						67	
68	Speech Pathology	0.222720						68	
69	Electrocardiology	0.116411						69	
72	Impl. Dev. Charged to Patients	0.431306						72	
73	Drugs Charged to Patients	0.335364		3,416	950		1,146	319	
74	Renal Dialysis	0.584195						74	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY	0.070024						76.98	
76.99	LITHOTRIPSY							76.99	
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	MOBILE MEDICAL UNIT	0.436298						90.02	
90.03	FAMILY MEDICINE CENTER	0.699829						90.03	
90.04	WOUND HEALING CENTER	0.784334						90.04	
90.05	OUTPATIENT TREATMENT & INFUSION	0.399847						90.05	
90.06	PEDIATRIC SPECIALTY CLINIC	1.819089						90.06	
90.07	SPORTS MED FELLOWSHIP CLINIC							90.07	
90.08	PODIATRY RESIDENCY CLINIC							90.08	
90.09	FACULTY PRACTICE CLINIC	1.203108						90.09	
90.10	OUR LADY OF ROSARY CLINIC	1.415759						90.10	
91	Emergency	0.227784						91	
92	Observation Beds (Non-Distinct	0.640148						92	
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)			3,416	950		1,146	319	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)			3,416	950		1,146	319	202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

Check            [ ] Title V                            [XX] PPS  
Applicable    [ ] Title XVIII, Part A        [ ] TEFRA  
Boxes:         [XX] Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjust-ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	14,145,549		14,145,549	57,984	243.96	1,189	290,068	30
31	Intensive Care Unit	1,783,212		1,783,212	5,354	333.06	136	45,296	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATAL INTENSIVE CARE UNIT	645,326		645,326	1,169	552.03	459	253,382	35
40	Subprovider - IPF								40
41	Subprovider - IRF	165,699		165,699	3,868	42.84	332	14,223	41
42	Subprovider I								42
43	Nursery	108,139		108,139	5,859	18.46	396	7,310	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	16,847,925		16,847,925	74,234		2,512	610,279	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 15-0012**

**WORKSHEET D  
PART II**

Check  Title V  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	6,582,781	200,382,318	0.032851	11,936,032	392,111	50
51	Recovery Room	401,218	16,971,592	0.023641	697,071	16,479	51
52	Delivery Room & Labor Room	38,242	9,278,304	0.004122			52
54	Radiology-Diagnostic	1,643,406	56,438,124	0.029119	1,787,216	52,042	54
55	Radiology-Therapeutic	10,917	520,639	0.020968	133,011	2,789	55
57	CT Scan	253,843	64,585,093	0.003930	2,229,438	8,762	57
58	MRI	9,719	5,912,074	0.001644	752,010	1,236	58
59	Cardiac Catheterization	1,803,183	57,507,593	0.031356	2,399,718	75,246	59
60	Laboratory	509,363	104,212,280	0.004888	9,577,467	46,815	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	486,692	17,395,005	0.027979	1,759,017	49,216	65
66	Physical Therapy	450,127	14,215,022	0.031666	357,937	11,334	66
67	Occupational Therapy	29,499	5,542,375	0.005322	212,892	1,133	67
68	Speech Pathology	15,398	3,057,143	0.005037	114,962	579	68
69	Electrocardiology	339,156	22,251,956	0.015242	839,861	12,801	69
72	Impl. Dev. Charged to Patients	430,022	69,623,520	0.006176			72
73	Drugs Charged to Patients	975,860	82,689,599	0.011801	8,207,288	96,854	73
74	Renal Dialysis	135,522	2,060,052	0.065786	189,994	12,499	74
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	HYPERBARIC OXYGEN THERAPY	3,324	1,582,420	0.002101			76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02	MOBILE MEDICAL UNIT	5,329	434,380	0.012268			90.02
90.03	FAMILY MEDICINE CENTER	58,226	2,877,072	0.020238			90.03
90.04	WOUND HEALING CENTER	49,707	3,167,504	0.015693	3,175	50	90.04
90.05	OUTPATIENT TREATMENT & INFUSION	193,528	3,507,176	0.055181			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	11,963	257,950	0.046377			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	15,434					90.07
90.08	PODIATRY RESIDENCY CLINIC	5,478					90.08
90.09	FACULTY PRACTICE CLINIC	19,571	657,040	0.029787			90.09
90.10	OUR LADY OF ROSARY CLINIC	12,554	561,395	0.022362			90.10
91	Emergency	2,183,787	64,563,898	0.033824	2,275,829	76,978	91
92	Observation Beds (Non-Distinct	1,235,151	9,537,284	0.129508			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	17,909,000	819,788,808		43,472,918	856,924	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

Check             Title V                             PPS  
 Applicable     Title XVIII, Part A             TEFRA  
 Boxes:         Title XIX                             Other

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	NEONATAL INTENSIVE CARE UNIT						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers



**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

Check            [ ] Title V                            [XX] PPS  
 Applicable    [ ] Title XVIII, Part A            [ ] TEFRA  
 Boxes:        [XX] Title XIX                        [ ] Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	57,984		1,189		30
31	Intensive Care Unit	5,354		136		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATAL INTENSIVE CARE UNIT	1,169		459		35
40	Subprovider - IPF					40
41	Subprovider - IRF	3,868		332		41
42	Subprovider I					42
43	Nursery	5,859		396		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	74,234		2,512		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 15-0012**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
54	Radiology-Diagnostic							54
55	Radiology-Therapeutic							55
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			317,915		317,915	317,915	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT							90.02
90.03	FAMILY MEDICINE CENTER							90.03
90.04	WOUND HEALING CENTER							90.04
90.05	OUTPATIENT TREATMENT & INFUSION							90.05
90.06	PEDIATRIC SPECIALTY CLINIC							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC							90.07
90.08	PODIATRY RESIDENCY CLINIC							90.08
90.09	FACULTY PRACTICE CLINIC							90.09
90.10	OUR LADY OF ROSARY CLINIC							90.10
91	Emergency			270,830		270,830	270,830	91
92	Observation Beds (Non-Distinct							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			588,745		588,745	588,745	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 15-0012**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	200,382,318			11,936,032				50
51	Recovery Room	16,971,592			697,071				51
52	Delivery Room & Labor Room	9,278,304							52
54	Radiology-Diagnostic	56,438,124			1,787,216				54
55	Radiology-Therapeutic	520,639			133,011				55
57	CT Scan	64,585,093			2,229,438				57
58	MRI	5,912,074			752,010				58
59	Cardiac Catheterization	57,507,593			2,399,718				59
60	Laboratory	104,212,280			9,577,467				60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	17,395,005			1,759,017				65
66	Physical Therapy	14,215,022			357,937				66
67	Occupational Therapy	5,542,375			212,892				67
68	Speech Pathology	3,057,143			114,962				68
69	Electrocardiology	22,251,956			839,861				69
72	Impl. Dev. Charged to Patients	69,623,520							72
73	Drugs Charged to Patients	82,689,599	0.003845	0.003845	8,207,288	31,557			73
74	Renal Dialysis	2,060,052			189,994				74
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,582,420							76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	MOBILE MEDICAL UNIT	434,380							90.02
90.03	FAMILY MEDICINE CENTER	2,877,072							90.03
90.04	WOUND HEALING CENTER	3,167,504			3,175				90.04
90.05	OUTPATIENT TREATMENT & INFUSION	3,507,176							90.05
90.06	PEDIATRIC SPECIALTY CLINIC	257,950							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC								90.07
90.08	PODIATRY RESIDENCY CLINIC								90.08
90.09	FACULTY PRACTICE CLINIC	657,040							90.09
90.10	OUR LADY OF ROSARY CLINIC	561,395							90.10
91	Emergency	64,563,898	0.004195	0.004195	2,275,829	9,547			91
92	Observation Beds (Non-Distinct	9,537,284							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	819,788,808			43,472,918	41,104			200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-0012

WORKSHEET D  
PART V

Check  Title V - O/P       Hospital       SUB (Other)       Swing Bed SNF  
 Applicable  Title XVIII, Part B       IPF       SNF       Swing Bed NF  
 Boxes:  Title XIX - O/P       IRF       NF       ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.222972							50
51	Recovery Room	0.182527							51
52	Delivery Room & Labor Room	0.176552							52
54	Radiology-Diagnostic	0.194053							54
55	Radiology-Therapeutic	0.960639							55
57	CT Scan	0.042875							57
58	MRI	0.096533							58
59	Cardiac Catheterization	0.250140							59
60	Laboratory	0.191338							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.316824							65
66	Physical Therapy	0.370646							66
67	Occupational Therapy	0.244052							67
68	Speech Pathology	0.222720							68
69	Electrocardiology	0.116411							69
72	Impl. Dev. Charged to Patients	0.431306							72
73	Drugs Charged to Patients	0.335364							73
74	Renal Dialysis	0.584195							74
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.070024							76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	MOBILE MEDICAL UNIT	0.436298							90.02
90.03	FAMILY MEDICINE CENTER	0.699829							90.03
90.04	WOUND HEALING CENTER	0.784334							90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.399847							90.05
90.06	PEDIATRIC SPECIALTY CLINIC	1.819089							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC								90.07
90.08	PODIATRY RESIDENCY CLINIC								90.08
90.09	FACULTY PRACTICE CLINIC	1.203108							90.09
90.10	OUR LADY OF ROSARY CLINIC	1.415759							90.10
91	Emergency	0.227784							91
92	Observation Beds (Non-Distinct	0.640148							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 15-T012**

**WORKSHEET D  
PART II**

Check  Title V  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	6,582,781	200,382,318	0.032851			50
51	Recovery Room	401,218	16,971,592	0.023641			51
52	Delivery Room & Labor Room	38,242	9,278,304	0.004122			52
54	Radiology-Diagnostic	1,643,406	56,438,124	0.029119	8,187	238	54
55	Radiology-Therapeutic	10,917	520,639	0.020968			55
57	CT Scan	253,843	64,585,093	0.003930	4,287	17	57
58	MRI	9,719	5,912,074	0.001644			58
59	Cardiac Catheterization	1,803,183	57,507,593	0.031356			59
60	Laboratory	509,363	104,212,280	0.004888	85,481	418	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	486,692	17,395,005	0.027979			65
66	Physical Therapy	450,127	14,215,022	0.031666	141,847	4,492	66
67	Occupational Therapy	29,499	5,542,375	0.005322	125,003	665	67
68	Speech Pathology	15,398	3,057,143	0.005037	115,119	580	68
69	Electrocardiology	339,156	22,251,956	0.015242			69
72	Impl. Dev. Charged to Patients	430,022	69,623,520	0.006176			72
73	Drugs Charged to Patients	975,860	82,689,599	0.011801	34,549	408	73
74	Renal Dialysis	135,522	2,060,052	0.065786			74
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	HYPERBARIC OXYGEN THERAPY	3,324	1,582,420	0.002101			76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02	MOBILE MEDICAL UNIT	5,329	434,380	0.012268			90.02
90.03	FAMILY MEDICINE CENTER	58,226	2,877,072	0.020238			90.03
90.04	WOUND HEALING CENTER	49,707	3,167,504	0.015693			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	193,528	3,507,176	0.055181	792	44	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	11,963	257,950	0.046377			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC	15,434					90.07
90.08	PODIATRY RESIDENCY CLINIC	5,478					90.08
90.09	FACULTY PRACTICE CLINIC	19,571	657,040	0.029787			90.09
90.10	OUR LADY OF ROSARY CLINIC	12,554	561,395	0.022362			90.10
91	Emergency	2,183,787	64,563,898	0.033824			91
92	Observation Beds (Non-Distinct)		9,537,284				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	16,673,849	819,788,808		515,265	6,862	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 15-T012**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
54	Radiology-Diagnostic							54
55	Radiology-Therapeutic							55
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			317,915		317,915	317,915	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT							90.02
90.03	FAMILY MEDICINE CENTER							90.03
90.04	WOUND HEALING CENTER							90.04
90.05	OUTPATIENT TREATMENT & INFUSION							90.05
90.06	PEDIATRIC SPECIALTY CLINIC							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC							90.07
90.08	PODIATRY RESIDENCY CLINIC							90.08
90.09	FACULTY PRACTICE CLINIC							90.09
90.10	OUR LADY OF ROSARY CLINIC							90.10
91	Emergency			270,830		270,830	270,830	91
92	Observation Beds (Non-Distinct							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			588,745		588,745	588,745	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 15-T012**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	200,382,318							50
51	Recovery Room	16,971,592							51
52	Delivery Room & Labor Room	9,278,304							52
54	Radiology-Diagnostic	56,438,124			8,187				54
55	Radiology-Therapeutic	520,639							55
57	CT Scan	64,585,093			4,287				57
58	MRI	5,912,074							58
59	Cardiac Catheterization	57,507,593							59
60	Laboratory	104,212,280			85,481				60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	17,395,005							65
66	Physical Therapy	14,215,022			141,847				66
67	Occupational Therapy	5,542,375			125,003				67
68	Speech Pathology	3,057,143			115,119				68
69	Electrocardiology	22,251,956							69
72	Impl. Dev. Charged to Patients	69,623,520							72
73	Drugs Charged to Patients	82,689,599	0.003845	0.003845	34,549	133			73
74	Renal Dialysis	2,060,052							74
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,582,420							76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	MOBILE MEDICAL UNIT	434,380							90.02
90.03	FAMILY MEDICINE CENTER	2,877,072							90.03
90.04	WOUND HEALING CENTER	3,167,504							90.04
90.05	OUTPATIENT TREATMENT & INFUSION	3,507,176			792				90.05
90.06	PEDIATRIC SPECIALTY CLINIC	257,950							90.06
90.07	SPORTS MED FELLOWSHIP CLINIC								90.07
90.08	PODIATRY RESIDENCY CLINIC								90.08
90.09	FACULTY PRACTICE CLINIC	657,040							90.09
90.10	OUR LADY OF ROSARY CLINIC	561,395							90.10
91	Emergency	64,563,898	0.004195	0.004195					91
92	Observation Beds (Non-Distinct	9,537,284							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	819,788,808			515,265	133			200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 15-T012**

**WORKSHEET D  
PART V**

Check  Title V - O/P  Hospital  SUB (Other)  Swing Bed SNF  
 Applicable  Title XVIII, Part B  IPF  SNF  Swing Bed NF  
 Boxes:  Title XIX - O/P  IRF  NF  ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	0.222972						50
51	Recovery Room	0.182527						51
52	Delivery Room & Labor Room	0.176552						52
54	Radiology-Diagnostic	0.194053						54
55	Radiology-Therapeutic	0.960639						55
57	CT Scan	0.042875						57
58	MRI	0.096533						58
59	Cardiac Catheterization	0.250140						59
60	Laboratory	0.191338						60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	0.316824						65
66	Physical Therapy	0.370646						66
67	Occupational Therapy	0.244052						67
68	Speech Pathology	0.222720						68
69	Electrocardiology	0.116411						69
72	Impl. Dev. Charged to Patients	0.431306						72
73	Drugs Charged to Patients	0.335364						73
74	Renal Dialysis	0.584195						74
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.070024						76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	MOBILE MEDICAL UNIT	0.436298						90.02
90.03	FAMILY MEDICINE CENTER	0.699829						90.03
90.04	WOUND HEALING CENTER	0.784334						90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.399847						90.05
90.06	PEDIATRIC SPECIALTY CLINIC	1.819089						90.06
90.07	SPORTS MED FELLOWSHIP CLINIC							90.07
90.08	PODIATRY RESIDENCY CLINIC							90.08
90.09	FACULTY PRACTICE CLINIC	1.203108						90.09
90.10	OUR LADY OF ROSARY CLINIC	1.415759						90.10
91	Emergency	0.227784						91
92	Observation Beds (Non-Distinct	0.640148						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers



**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0012

WORKSHEET D-1  
PART I

Check [ ] Title V - I/P [XX] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [ ] Title XIX - I/P [ ] IRF [ ] NF [ ] Other

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	57,984	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	57,984	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	52,921	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	22,017	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 XIX only)		15
16	Nursery days (title V or 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)	69,920,361	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 (line 21 minus line 26)	69,920,361	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	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 minus line 36)	69,920,361	37

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0012

WORKSHEET D-1  
PART II

Check  Title V - I/P  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,205.86	38
39	Program general inpatient routine service cost (line 9 x line 38)					26,549,420	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)					26,549,420	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	<b>Intensive Care Type Inpatient Hospital Units</b>						
43	Intensive Care Unit	11,209,752	5,354	2,093.72	1,862	3,898,507	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	NEONATAL INTENSIVE CARE UNIT	5,273,503	1,169	4,511.12			47

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					38,477,162	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					68,925,089	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,991,425	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,873,783	51
52	Total Program excludable cost (sum of lines 50 and 51)					8,865,208	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					60,059,881	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63

**PROGRAM INPATIENT ROUTINE SWING BED COST**

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0012

WORKSHEET D-1  
PARTS III & IV

Check             Title V - I/P                     Hospital             SUB (Other)                     ICF/IID                     PPS  
 Applicable     Title XVIII, Part A             IPF                     SNF                     TEFRA  
 Boxes:         Title XIX - I/P                     IRF                     NF                     Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					5,063	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,205.86	88
89	Observation bed cost (line 87 x line 88) (see instructions)					6,105,269	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	14,145,549	69,920,361	0.202309	6,105,269	1,235,151	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T012

WORKSHEET D-1  
PART I

Check [ ] Title V - I/P [ ] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [ ] Title XIX - I/P [XX] IRF [ ] NF [ ] Other

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,868	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,868	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,868	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,436	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 XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	4,709,653	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 (line 21 minus line 26)	4,709,653	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	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 minus line 36)	4,709,653	37

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T012

WORKSHEET D-1  
PART II

Check            [ ] Title V - I/P                            [ ] Hospital            [ ] SUB (Other)                            [XX] PPS  
Applicable      [XX] Title XVIII, Part A                    [ ] IPF    [ ] TEFRA  
Boxes:            [ ] Title XIX - I/P                            [XX] IRF    [ ] Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,217.59	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,966,049	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)	2,966,049	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,058,138	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	4,024,187	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	104,358	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	55,805	51
52	Total Program excludable cost (sum of lines 50 and 51)	160,163	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	3,864,024	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

**PROGRAM INPATIENT ROUTINE SWING BED COST**

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0012

WORKSHEET D-1  
PART I

Check [ ] Title V - I/P [XX] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX - I/P [ ] IRF [ ] NF [ ] Other

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	57,984	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	57,984	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	52,921	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,189	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 XIX only)	5,859	15
16	Nursery days (title V or XIX only)	396	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)	69,920,361	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 (line 21 minus line 26)	69,920,361	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	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 minus line 36)	69,920,361	37

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0012

WORKSHEET D-1  
PART II

Check  Title V - I/P  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,205.86	38	
39	Program general inpatient routine service cost (line 9 x line 38)					1,433,768	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40	
41	Total Program general inpatient routine service cost (line 39 + line 40)					1,433,768	41	
42	Nursery (Titles V and XIX only)	4,841,166	5,859	826.28	396	327,207	42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	11,209,752	5,354	2,093.72	136	284,746	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	NEONATAL INTENSIVE CARE UNIT	5,273,503	1,169	4,511.12	459	2,070,604	47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,124,974	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					14,241,299	49	

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					596,056	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					898,028	51
52	Total Program excludable cost (sum of lines 50 and 51)					1,494,084	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					12,747,215	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63

**PROGRAM INPATIENT ROUTINE SWING BED COST**

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0012

WORKSHEET D-1  
PARTS III & IV

Check  Title V - I/P                     Hospital                     SUB (Other)                     ICF/IID                     PPS  
 Applicable  Title XVIII, Part A                     IPF                     SNF                     TEFRA  
 Boxes:  Title XIX - I/P                     IRF                     NF                     Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					5,063	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 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93



**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T012

WORKSHEET D-1  
PART I

Check [ ] Title V - I/P [ ] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX - I/P [XX] IRF [ ] NF [ ] Other

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,868	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,868	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,868	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	332	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 XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	4,709,653	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 (line 21 minus line 26)	4,709,653	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	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 minus line 36)	4,709,653	37

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T012

WORKSHEET D-1  
PART II

Check  Title V - I/P  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,217.59	38
39	Program general inpatient routine service cost (line 9 x line 38)	404,240	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)	404,240	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	138,754	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	542,994	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	14,223	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	6,995	51
52	Total Program excludable cost (sum of lines 50 and 51)	21,218	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	521,776	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

**PROGRAM INPATIENT ROUTINE SWING BED COST**

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-0012

WORKSHEET D-3

Check  Title V  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/IID  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		46,830,347		30
31	Intensive Care Unit		7,899,128		31
35	NEONATAL INTENSIVE CARE UNIT				35
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.223388	32,575,862	7,277,057	50
51	Recovery Room	0.182527	2,843,459	519,008	51
52	Delivery Room & Labor Room	0.176552	29,262	5,166	52
54	Radiology-Diagnostic	0.194244	5,810,790	1,128,711	54
55	Radiology-Therapeutic	0.960639	91,766	88,154	55
57	CT Scan	0.042875	8,354,449	358,197	57
58	MRI	0.096533	2,376,569	229,417	58
59	Cardiac Catheterization	0.250909	8,684,832	2,179,103	59
60	Laboratory	0.191338	26,747,675	5,117,847	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.316824	4,223,225	1,338,019	65
66	Physical Therapy	0.370646	1,883,267	698,025	66
67	Occupational Therapy	0.244052	1,348,868	329,194	67
68	Speech Pathology	0.222720	650,489	144,877	68
69	Electrocardiology	0.116749	4,548,395	531,021	69
72	Impl. Dev. Charged to Patients	0.431306	20,328,073	8,767,620	72
73	Drugs Charged to Patients	0.335364	22,236,334	7,457,266	73
74	Renal Dialysis	0.584195	544,402	318,037	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.070024	16,433	1,151	76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.02	MOBILE MEDICAL UNIT	0.436298			90.02
90.03	FAMILY MEDICINE CENTER	0.699829			90.03
90.04	WOUND HEALING CENTER	0.784334			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.399847			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	1.842423			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC				90.07
90.08	PODIATRY RESIDENCY CLINIC				90.08
90.09	FACULTY PRACTICE CLINIC	1.394139			90.09
90.10	OUR LADY OF ROSARY CLINIC	1.438322			90.10
91	Emergency	0.229421	5,239,083	1,201,956	91
92	Observation Beds (Non-Distinct Part)	0.640148	1,229,928	787,336	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		149,763,161	38,477,162	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		149,763,161		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**

**COMPONENT CCN: 15-T012**

**WORKSHEET D-3**

Check  Title V  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/IID  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
35	NEONATAL INTENSIVE CARE UNIT				35
41	Subprovider - IRF		4,131,007		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.223388			50
51	Recovery Room	0.182527			51
52	Delivery Room & Labor Room	0.176552			52
54	Radiology-Diagnostic	0.194244	43,082	8,368	54
55	Radiology-Therapeutic	0.960639	7,380	7,090	55
57	CT Scan	0.042875	28,121	1,206	57
58	MRI	0.096533	11,640	1,124	58
59	Cardiac Catheterization	0.250909	3,973	997	59
60	Laboratory	0.191338	477,725	91,407	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.316824			65
66	Physical Therapy	0.370646	1,141,874	423,231	66
67	Occupational Therapy	0.244052	1,101,328	268,781	67
68	Speech Pathology	0.222720	693,481	154,452	68
69	Electrocardiology	0.116749	552	64	69
72	Impl. Dev. Charged to Patients	0.431306			72
73	Drugs Charged to Patients	0.335364	250,624	84,050	73
74	Renal Dialysis	0.584195	16,605	9,701	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.070024			76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.02	MOBILE MEDICAL UNIT	0.436298			90.02
90.03	FAMILY MEDICINE CENTER	0.699829			90.03
90.04	WOUND HEALING CENTER	0.784334			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.399847			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	1.842423			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC				90.07
90.08	PODIATRY RESIDENCY CLINIC				90.08
90.09	FACULTY PRACTICE CLINIC	1.394139			90.09
90.10	OUR LADY OF ROSARY CLINIC	1.438322			90.10
91	Emergency	0.229421	33,421	7,667	91
92	Observation Beds (Non-Distinct Part)	0.640148			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		3,809,806	1,058,138	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,809,806		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-0012

WORKSHEET D-3

Check  Title V  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/TID  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		23,165,489		30
31	Intensive Care Unit		2,823,168		31
35	NEONATAL INTENSIVE CARE UNIT		7,005,537		35
41	Subprovider - IRF				41
43	Nursery				43
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.223388	11,936,032	2,666,366	50
51	Recovery Room	0.182527	697,071	127,234	51
52	Delivery Room & Labor Room	0.176552			52
54	Radiology-Diagnostic	0.194244	1,787,216	347,156	54
55	Radiology-Therapeutic	0.960639	133,011	127,776	55
57	CT Scan	0.042875	2,229,438	95,587	57
58	MRI	0.096533	752,010	72,594	58
59	Cardiac Catheterization	0.250909	2,399,718	602,111	59
60	Laboratory	0.191338	9,577,467	1,832,533	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.316824	1,759,017	557,299	65
66	Physical Therapy	0.370646	357,937	132,668	66
67	Occupational Therapy	0.244052	212,892	51,957	67
68	Speech Pathology	0.222720	114,962	25,604	68
69	Electrocardiology	0.116749	839,861	98,053	69
72	Impl. Dev. Charged to Patients	0.431306			72
73	Drugs Charged to Patients	0.335364	8,207,288	2,752,429	73
74	Renal Dialysis	0.584195	189,994	110,994	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.070024			76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.02	MOBILE MEDICAL UNIT	0.436298			90.02
90.03	FAMILY MEDICINE CENTER	0.699829			90.03
90.04	WOUND HEALING CENTER	0.784334	3,175	2,490	90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.399847			90.05
90.06	PEDIATRIC SPECIALTY CLINIC	1.842423			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC				90.07
90.08	PODIATRY RESIDENCY CLINIC				90.08
90.09	FACULTY PRACTICE CLINIC	1.394139			90.09
90.10	OUR LADY OF ROSARY CLINIC	1.438322			90.10
91	Emergency	0.229421	2,275,829	522,123	91
92	Observation Beds (Non-Distinct Part)	0.640148			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		43,472,918	10,124,974	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		43,472,918		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-T012

WORKSHEET D-3

Check  Title V  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/IID  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
35	NEONATAL INTENSIVE CARE UNIT				35
41	Subprovider - IRF		503,394		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.223388			50
51	Recovery Room	0.182527			51
52	Delivery Room & Labor Room	0.176552			52
54	Radiology-Diagnostic	0.194244	8,187	1,590	54
55	Radiology-Therapeutic	0.960639			55
57	CT Scan	0.042875	4,287	184	57
58	MRI	0.096533			58
59	Cardiac Catheterization	0.250909			59
60	Laboratory	0.191338	85,481	16,356	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.316824			65
66	Physical Therapy	0.370646	141,847	52,575	66
67	Occupational Therapy	0.244052	125,003	30,507	67
68	Speech Pathology	0.222720	115,119	25,639	68
69	Electrocardiology	0.116749			69
72	Impl. Dev. Charged to Patients	0.431306			72
73	Drugs Charged to Patients	0.335364	34,549	11,586	73
74	Renal Dialysis	0.584195			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.070024			76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.02	MOBILE MEDICAL UNIT	0.436298			90.02
90.03	FAMILY MEDICINE CENTER	0.699829			90.03
90.04	WOUND HEALING CENTER	0.784334			90.04
90.05	OUTPATIENT TREATMENT & INFUSION	0.399847	792	317	90.05
90.06	PEDIATRIC SPECIALTY CLINIC	1.842423			90.06
90.07	SPORTS MED FELLOWSHIP CLINIC				90.07
90.08	PODIATRY RESIDENCY CLINIC				90.08
90.09	FACULTY PRACTICE CLINIC	1.394139			90.09
90.10	OUR LADY OF ROSARY CLINIC	1.438322			90.10
91	Emergency	0.229421			91
92	Observation Beds (Non-Distinct Part)	0.640148			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		515,265	138,754	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		515,265		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	10,593,585			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	32,197,647			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	998,991			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	18,857,083			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	255.05			4
	<b>Indirect Medical Education Adjustment Calculation for Hospitals</b>				
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)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 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 line 8 plus lines (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	25.35			10
11	FTE count for residents in dental and podiatric programs	5.00			11
12	Current year allowable FTE (see instructions)	27.46			12
13	Total allowable FTE count for the prior year	27.46			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	26.46			14
15	Sum of lines 12 through 14 divided by 3	27.13			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	27.13			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.106371			19
20	Prior year resident to bed ratio (see instructions)	0.106902			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.106371			21
22	IME payment adjustment (see instructions)	2,414,067			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,063,822			22.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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)	2.89			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 factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	2,414,067			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,063,822			29.01
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0479			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2259			31
32	Sum of lines 30 and 31	0.2738			32
33	Allowable disproportionate share percentage (see instructions)	0.1180			33
34	Disproportionate share adjustment (see instructions)	1,262,342			34
		<b>Prior to</b>		<b>On or after</b>	
		<b>October 1 (1.00)</b>	<b>(1.01)</b>	<b>October 1 (2.00)</b>	
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,541,556		2,093,738	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	640,612		1,567,443	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,208,055			36
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
40	Total Medicare discharges, 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
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
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 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
47	Subtotal (see instructions)	49,674,687			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 (see instructions)	50,738,509			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,179,934			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	1,541,116			52
53	Nursing and allied health managed care payment	394,526			53
54	Special add-on payments for new technologies	2,071			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	107,477			58
59	Total (sum of amounts on lines 49 through 58)	56,963,633			59
60	Primary payer payments	34,575			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	56,929,058			61
62	Deductibles billed to program beneficiaries	4,788,760			62
63	Coinsurance billed to program beneficiaries	182,805			63
64	Allowable bad debts (see instructions)	490,213			64
65	Adjusted reimbursable bad debts (see instructions)	318,638			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	170,195			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	52,276,131			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-57,772			70.93
71	Amount due provider (see instructions)	52,218,359			71
71.01	Sequestration adjustment (see instructions)	1,044,367			71.01
72	Interim payments	50,948,065			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	225,927			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	888,264			75

**TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)**

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. 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

**HSP Bonus Payment Amount**

**Prior to 10/1      On or After 10/1**

100	HSP bonus amount (see instructions)				100
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**HVBP Adjustment for HSP Bonus Payment**

**Prior to 10/1      On or After 10/1**

101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

**HRR Adjustment for HSP Bonus Payment**

**Prior to 10/1      On or After 10/1**

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104



**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 15-0012**

**WORKSHEET E  
PART B**

Check applicable box:       Hospital       IPF       IRF       SUB (Other)       SNF

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	58,652			1
2	Medical and other services reimbursed under OPSS (see instructions)	20,983,389			2
3	PPS payments	18,970,616			3
4	Outlier payment (see instructions)	81,858			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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	82,204			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	58,652			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	174,892			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	174,892			14
	<b>CUSTOMARY CHARGES</b>				
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)	174,892			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	116,240			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)	58,652			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	19,134,678			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	3,610,325			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	15,583,005			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	446,320			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	16,029,325			30
31	Primary payer payments	8,928			31
32	Subtotal (line 30 minus line 31)	16,020,397			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	753,048			34
35	Adjusted reimbursable bad debts (see instructions)	489,481			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	536,267			36
37	Subtotal (see instructions)	16,509,878			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	16,509,878			40
40.01	Sequestration adjustment (see instructions)	330,198			40.01
41	Interim payments	16,073,674			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	106,006			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 15-T012**

**WORKSHEET E  
PART B**

Check applicable box:       Hospital       IPF       IRF       SUB (Other)       SNF

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	1,465			1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	1,465			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	4,366			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	4,366			14
	<b>CUSTOMARY CHARGES</b>				
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)	4,366			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	2,901			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)	1,465			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	1,465			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)	1,465			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	1,465			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	4,095			34
35	Adjusted reimbursable bad debts (see instructions)	2,662			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	4,095			36
37	Subtotal (see instructions)	4,127			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	4,127			40
40.01	Sequestration adjustment (see instructions)	83			40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	4,044			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 15-0012

WORKSHEET E-1  
PART I

Check  Hospital  SUB (Other)  
Applicable  IPF  SNF  
Boxes:  IRF  Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B			
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT		
		1	2	3	4		
1	Total interim payments paid to provider		50,790,865		15,991,774	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					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. (1)	.01	01/22/2016	157,200	01/22/2016	81,900	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
		.10					3.10
		.50					3.50
		.51					3.51
	Provider	.52					3.52
	to	.53					3.53
	Program	.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		157,200		81,900	3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			50,948,065		16,073,674	4
<b>TO BE COMPLETED BY CONTRACTOR</b>							
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01					5.01
		.02					5.02
	Program	.03					5.03
	to	.04					5.04
	Provider	.05					5.05
		.06					5.06
		.07					5.07
		.08					5.08
		.09					5.09
		.10					5.10
		.50					5.50
		.51					5.51
	Provider	.52					5.52
	to	.53					5.53
	Program	.54					5.54
		.55					5.55
		.56					5.56
		.57					5.57
		.58					5.58
		.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01		225,927		106,006	6.01
		.02					6.02
7	Total Medicare program liability (see instructions)			51,173,992		16,179,680	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)		8

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

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 15-T012

WORKSHEET E-1  
PART I

Check  Hospital  SUB (Other)  
Applicable  IPF  SNF  
Boxes:  IRF  Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		3,169,201		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				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. (1)				
		.01			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
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,169,201		4
<b>TO BE COMPLETED BY CONTRACTOR</b>					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			4,044
		.02	-87,332		6.02
7	Total Medicare program liability (see instructions)		3,081,869		4,044
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

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

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**

**WORKSHEET E-1  
PART II**

Check applicable box:             Hospital             CAH

**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 (Wkst. S-3, Pt. I, col. 15, line 14)	14,987	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	23,879	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	10,064	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	59,444	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	974,435,843	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	21,437,488	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

**INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH**

30	Initial/interim HIT payment(s)		30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)		32

(\* ) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-T012

WORKSHEET E-3  
PART III

Check [ ] Hospital  
Applicable [XX] Subprovider IRF  
Box:

**PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS**

		1	1.01	
1	Net Federal PPS payment (see instructions)	3,054,255		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.024300		2
3	Inpatient Rehabilitation LIP payments (see instructions)	102,928		3
4	Outlier payments	7,783		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.80		5
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 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			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)			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)			9
10	Average daily census (see instructions)	10,568306		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	3,164,966		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	3,164,966		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	3,164,966		19
20	Deductibles	16,408		20
21	Subtotal (line 19 minus line 20)	3,148,558		21
22	Coinsurance	7,560		22
23	Subtotal (line 21 minus line 22)	3,140,998		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)	4,095		24
25	Adjusted reimbursable bad debts (see instructions)	2,662		25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)	4,095		26
27	Subtotal (sum of lines 23 and 25)	3,143,660		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)	1,104		29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	3,144,764		32
32.01	Sequestration adjustment (see instructions)	62,895		32.01
33	Interim payments	3,169,201		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	-87,332		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	15,317		36

**TO BE COMPLETED BY CONTRACTOR**

50	Original outlier amount from Wkst. E-3, Pt. 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

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-0012

WORKSHEET E-3  
PART VII

Check  Title V  Hospital  NF  PPS  
 Applicable  Title XIX  SUB (Other)  ICF/IID  TEFRA  
 Boxes:  SNF  Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8			8
9	43,472,918		9
10			10
11			11
12	43,472,918		12
<b>CUSTOMARY CHARGES</b>			
13			13
14			14
15	1.000000	1.000000	15
16	43,472,918		16
17	43,472,918		17
18			18
19			19
20			20
21			21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22			22
23			23
24			24
25			25
26	41,104		26
27	41,104		27
28			28
29	41,104		29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30			30
31	41,104		31
32			32
33			33
34			34
35			35
36	41,104		36
37			37
38	41,104		38
39			39
40	41,104		40
41			41
42	41,104		42
43			43

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-T012

WORKSHEET E-3  
PART VII

Check [ ] Title V [ ] Hospital [ ] NF [XX] PPS  
 Applicable [XX] Title XIX [XX] Subprovider IRF [ ] ICF/IID [ ] TEFRA  
 Boxes: [ ] SNF [ ] Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8			8
9	515,265		9
10			10
11			11
12	515,265		12
<b>CUSTOMARY CHARGES</b>			
13			13
14			14
15	1.000000	1.000000	15
16	515,265		16
17	515,265		17
18			18
19			19
20			20
21			21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22			22
23			23
24			24
25			25
26	133		26
27	133		27
28			28
29	133		29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30			30
31	133		31
32			32
33			33
34			34
35			35
36	133		36
37			37
38	133		38
39			39
40	133		40
41			41
42	133		42
43			43



**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**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) (see instructions)				2
3	Amount of reduction to Direct GME cap under §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 §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §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)			28.09	6
7	Enter the lesser of line 5 or line 6			27.73	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	27.09	0.50	27.59	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	26.74	0.49	27.23	9
10	Weighted dental and podiatric resident FTE count for the current year		5.00		10
11	Total weighted FTE count	26.74	5.49		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	26.40	1.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	25.26	4.50		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	26.13	3.66		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	26.13	3.66		17
18	Per resident amount	122,929.61	116,767.11		18
19	Approved amount for resident costs	3,212,151	427,368	3,639,519	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			0.36	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)			94,772.76	23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			3,639,519	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	26,317	10,064		26
27	Total inpatient days (see instructions)	64,019	64,019		27
28	Ratio of inpatient days to total inpatient days	0.411081	0.157203		28
29	Program direct GME amount	1,496,137	572,143		29
30	Reduction for direct GME payments for Medicare Advantage		80,844		30
31	Net Program direct GME amount			1,987,436	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, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			2,060,052	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)			72,949,276	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			34,575	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			72,914,701	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			21,125,710	42
43	Primary payer payments (see instructions)			8,928	43
44	Total Part B reasonable cost (line 42 minus line 43)			21,116,782	44
45	Total reasonable cost (sum of lines 41 and 44)			94,031,483	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.775429	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.224571	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			1,987,436	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			1,541,116	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			446,320	50

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

Check  Title V  
 Applicable  Title XVIII  
 Box:  Title XIX

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>				
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) (see instructions)			2
3	Amount of reduction to Direct GME cap under §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 §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)			4.01
4.02	ACA §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
		Primary Care	Other	Total
		1	2	3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00
10	Weighted dental and podiatric resident FTE count for the current year		0.00	
11	Total weighted FTE count	0.00	0.00	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
17	Adjusted rolling average FTE count	0.00	0.00	
18	Per resident amount	0.00	0.00	
19	Approved amount for resident costs			
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>				
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	2,444	12,401	26
27	Total inpatient days (see instructions)	64,019	64,019	27
28	Ratio of inpatient days to total inpatient days	0.038176	0.193708	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. 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
<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>				
<b>Part A Reasonable Cost</b>				
37	Reasonable cost (see instructions)			37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38
39	Cost of physicians' services in a teaching hospital (see instructions)			39
40	Primary payer payments (see instructions)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
<b>Part B Reasonable Cost</b>				
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
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</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

**KPMG LLP Compu-Max 2552-10**

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**BALANCE SHEET**

**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	50,480,821				1
2	Temporary investments					2
3	Notes receivable	-7,772,512				3
4	Accounts receivable	50,063,227				4
5	Other receivables	2,948,318				5
6	Allowances for uncollectible notes and accounts receivable	-8,338,648				6
7	Inventory	6,270,385				7
8	Prepaid expenses	565,724				8
9	Other current assets	1,672,350				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	95,889,665				11
<b>FIXED ASSETS</b>						
12	Land	820,349				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	227,082,440				15
16	Accumulated depreciation	-34,335,687				16
17	Leasehold improvements	1,147,468				17
18	Accumulated depreciation	-6,023,316				18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Audomobiles and trucks	616,302				21
22	Accumulated depreciation	-602,092				22
23	Major movable equipment	193,405,030				23
24	Accumulated depreciation	-80,995,460				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)	301,115,034				30
<b>OTHER ASSETS</b>						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	3,107,436				34
35	Total other assets (sum of lines 31-34)	3,107,436				35
36	Total assets (sum of lines 11, 30 and 35)	400,112,135				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	14,563,514				37
38	Salaries, wages and fees payable	11,518,881				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	6,699,447				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	728,198				44
45	Total current liabilities (sum of lines 37 thru 44)	33,510,040				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable	295,035,933				47
48	Unsecured loans					48
49	Other long term liabilities	12,167,969				49
50	Total long term liabilities (sum of lines 46 thru 49)	307,203,902				50
51	Total liabilities (sum of lines 45 and 50)	340,713,942				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	59,398,193				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	59,398,193				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	400,112,135				60

**KPMG LLP Compu-Max 2552-10**

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**STATEMENT OF CHANGES IN FUND BALANCES**

**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		66,527,002		
2	Net income (loss) (from Worksheet G-3, line 29)		28,686,155		
3	Total (sum of line 1 and line 2)		95,213,157		
4	Additions (credit adjustments) (specify)				
5	TOTAL UNREST EQ TRANSFERS - EXT				
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)		95,213,157		
12	Deductions (debit adjustments) (specify)				
13	TOTAL UNREST NA ACTIVITY	35,814,964			
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)		35,814,964		
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		59,398,193		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	Fund balances at beginning of period				
2	Net income (loss) (from Worksheet G-3, line 29)				
3	Total (sum of line 1 and line 2)				
4	Additions (credit adjustments) (specify)				
5	TOTAL UNREST EQ TRANSFERS - EXT				
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)				
12	Deductions (debit adjustments) (specify)				
13	TOTAL UNREST NA ACTIVITY				
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				

**KPMG LLP Compu-Max 2552-10**

ST. JOSEPH'S REG MED CENTER S. BEND Provider CCN: 15-0012	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 18:18 Version: 2016.05 (09/21/2016)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2  
PARTS I & II**

**PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	513,362,208		513,362,208	1
2	Subprovider IPF				2
3	Subprovider IRF	6,616,094		6,616,094	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	519,978,302		519,978,302	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	22,346,157		22,346,157	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	NEONATAL INTENSIVE CARE UNIT	9,947,539		9,947,539	15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	32,293,696		32,293,696	16
17	Total inpatient routine care services (sum of lines 10 and 16)	552,271,998		552,271,998	17
18	Ancillary services		430,159,017	430,159,017	18
19	Outpatient services		10,411,332	10,411,332	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	552,271,998	440,570,349	992,842,347	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		291,754,462	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	NON OPERATING INVESTMENT EARNINGS	-842,313		38
39	NON OPERATING DERIVATIVES	-1,112,312		39
40				40
41				41
42	Total deductions (sum of lines 37-41)		-1,954,625	42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		289,799,837	43

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## STATEMENT OF REVENUES AND EXPENSES

## WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	992,842,347	1
2	Less contractual allowances and discounts on patients' accounts	676,874,157	2
3	Net patient revenues (line 1 minus line 2)	315,968,190	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	289,799,837	4
5	Net income from service to patients (line 3 minus line 4)	26,168,353	5

## OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr 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, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospitial space		22
23	Governmental appropriations		23
24	Other (OTHER REVENUE)	2,517,802	24
25	Total other income (sum of lines 6-24)	2,517,802	25
26	Total (line 5 plus line 25)	28,686,155	26
29	Net income (or loss) for the period (line 26 minus line 28)	28,686,155	29

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**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 15-0012**

**WORKSHEET L**

Check  Title V  Hospital  PPS  
 Applicable  Title XVIII, Part A  SUB (Other)  Cost Method  
 Boxes:  Title XIX

**PART I - FULLY PROSPECTIVE METHOD**

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	3,407,506	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	415,662	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	164.35	3
4	Number of interns & residents (see instructions)	27.13	4
5	Indirect medical education percentage (see instructions)	4.77	5
6	Indirect medical education adjustment (see instructions)	162,538	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0479	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2259	8
9	Sum of lines 7 and 8	0.2738	9
10	Allowable disproportionate share percentage (see instructions)	0.0570	10
11	Disproportionate share adjustment (see instructions)	194,228	11
12	Total prospective capital payments (see instructions)	4,179,934	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 (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is 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

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**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 15-0012**

**WORKSHEET L**

Check  Title V  Hospital  PPS  
 Applicable  Title XVIII, Part A  SUB (Other)  Cost Method  
 Boxes:  Title XIX

**PART I - FULLY PROSPECTIVE METHOD**

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier		1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments		2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)		3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (see instructions)		11
12	Total prospective capital payments (see instructions)		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 (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is 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



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**ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.04	ADMITTING						5.04
5.06	OTHER ADMINISTRATIVE & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						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
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
35	NEONATAL INTENSIVE CARE UNIT						35
41	Subprovider - IRF						41
43	Nursery						43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
54	Radiology-Diagnostic						54
55	Radiology-Therapeutic						55
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
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
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02	MOBILE MEDICAL UNIT						90.02
90.03	FAMILY MEDICINE CENTER						90.03
90.04	WOUND HEALING CENTER						90.04
90.05	OUTPATIENT TREATMENT & INFUSION						90.05
90.06	PEDIATRIC SPECIALTY CLINIC						90.06
90.07	SPORTS MED FELLOWSHIP CLINIC						90.07
90.08	PODIATRY RESIDENCY CLINIC						90.08
90.09	FACULTY PRACTICE CLINIC						90.09
90.10	OUR LADY OF ROSARY CLINIC						90.10
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	Interest Expense						113
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen						190
192	Physicians' Private Offices						192
192.01	MATERNAL FETAL MEDICINE/LABORIST						192.01

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**ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
192.02	NEONATOLOGISTS							192.02
192.03	HOSPITALISTS/INTENSIVISTS							192.03
194	SPORTS MED-ATHLETIC TRAINERS							194
194.01	OUTREACH SERVICES							194.01
194.02	KINDRED/OUR LADY OF PEACE							194.02
194.03	ADVANCED SPECIALTIES							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202