

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PROVENA MERCY CENTER (14-0174) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
1	HOSPITAL	2	3	4
2	SUBPROVIDER I	736373	152271	1
3	SWING BED - SNF	1		2
4	SWING BED - NF			3
5	SKILLED NURSING FACILITY			4
6	NURSING FACILITY			5
7	HOME HEALTH AGENCY			6
8	OUTPATIENT REHABILITATION PROVIDER			7
9	HEALTH CLINIC			8
100	TOTAL	736374	152271	9
				100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1325 NORTH HIGHLAND AVENUE P.O.BOX: 1
 1.01 CITY: AURORA STATE: IL ZIP CODE: 60506 COUNTY: KANE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0174	07/01/1996	N	P	O	2
3	SUBPROVIDER I	14-S174	07/01/1985	N	P	O	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2008 TO: 12/31/2008 17
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 4 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? YES 21.01

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

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? NO 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? NO 25.01

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. NO 25.02

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. NO 25.03

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 NO 25.04

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) NO NO 25.05

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE NO NO 25.06

RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>					
28.03	STAFFING	0.00	N		28.03
28.04	RECRUITMENT	0.00	N		28.04
28.05	RETENTION OF EMPLOYEES	0.00	N		28.05
28.06	TRAINING	0.00	N		28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.01
<p>MISCELLANEOUS COST REPORTING INFORMATION</p>					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
<p>PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL</p>					
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	4-8003	40
40.01	NAME: NATIONAL GOVERNMENT SERVICE FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICE/CONTRACTOR'S NUMBER: 00131			40.01
40.02	STREET: P.O. BOX 7149		P.O.BOX:	40.02
40.03	CITY: INDIANAPOLIS, IN 46207-7149		STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1782491 PAID LOSSES: 4190677 AND/OR SELF INSURANCE:					54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / / Y/N 1 LIMIT 2 0.00 Y/N 3 NO FEES 4		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO		58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO				60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES		04/30/2009		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2799	2615	8882	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		2799	2615	8882	12
13	RPCCH VISITS					13
14	SUBPROVIDER I		554	434	1929	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART II
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
	1	2	3	4	5	6	
1 SALARIES							
1 TOTAL SALARIES	55251046	-53910	55197136	1989676.00	27.74		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL	7243205		7243205	120744.00	59.99	SAL,EB, CONTR	7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	5694790	-554098	5140692	181652.00	28.30		8.01
9 OTHER WAGES & RELATED COSTS							9
9 CONTRACT LABOR	3286637		3286637	86326.00	38.07		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'	3059848		3059848	33124.88	92.37		9.03
10 CONTRACT LABOR: PHYSICIAN PART A	366864		366864	3014.25	121.71		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	7243205		7243205	120744.00	59.99	SAL,BEN,CONTRAC	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
13 WAGE-RELATED COSTS							13
13 WAGE RELATED COSTS (CORE)	12575595		12575595			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1167387		1167387			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
21 OVERHEAD COSTS - DIRECT SALARIES							21
21 EMPLOYEE BENEFITS	642611	-627	641984	19969.00	32.15		21
22 ADMINISTRATIVE & GENERAL	7043743	-6872	7036871	258922.00	27.18		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS	562055	-548	561507	21969.00	25.56		23
24 OPERATION OF PLANT	1050715	-1025	1049690	44565.00	23.55		24
25 LAUNDRY & LINEN SERVICE	31093	-30	31063	2699.00	11.51		25
26 HOUSEKEEPING	1423471	-1389	1422082	104762.00	13.57		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1236874	-813219	423655	23881.00	17.74		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		812012	812012	68777.00	11.81		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	2082047	-2032	2080015	48333.00	43.04		30
31 CENTRAL SERVICES AND SUPPLY	715862	-698	715164	38972.00	18.35		31
32 PHARMACY	1612555	-1573	1610982	40460.00	39.82		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1203047	-1174	1201873	57848.00	20.78		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART III
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
	1	2	3	4	5	6	
1 NET SALARIES	48007841	-53910	47953931	1868932.00	25.66		1
2 EXCLUDED AREA SALARIES	5694790	-554098	5140692	181652.00	28.30		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	42313051	500188	42813239	1687280.00	25.37		3
4 SUBTOTAL OTHER WAGES & REL COSTS	13956554		13956554	243209.13	57.38		4
5 SUBTOTAL WAGE-RELATED COSTS	12575595		12575595		29.37%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	68845200	500188	69345388	1930489.13	35.92		6
7 NET SALARIES							7
8 EXCLUDED AREA SALARIES							8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10 SUBTOTAL OTHER WAGES & REL COSTS							10
11 SUBTOTAL WAGE-RELATED COSTS							11
12 TOTAL (SUM OF LINES 9 THRU 11)							12
13 TOTAL OVERHEAD COSTS	17604073	-17175	17586898	731157.00	24.05		13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE	46621069	17
17.01	GROSS MEDICAID REVENUES	113053276	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS	6000	20
21	NON-RESTRICTED GRANTS	64380	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	159744725	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.203304	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS		28
29	TOTAL GROSS MEDICAID COST		29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)		30
31	UNCOMPENSATED CARE COST		31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL		32

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 05/21/2009 06:05

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER			SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
			1	2	3	4	5	6	7
99.03	9903	ADOL SCHOOL	53654	1056	54710	14894	69604	-65736	3868 99.03
99.04	9904	FOUNDATION	239568	268908	508476	-234	508242	-96291	411951 99.04
99.05	9905	LEASED BLDG		648178	648178		648178		648178 99.05
99.07	9907	PARISH NURSING	266546	1314	267860	-260	267600	-83498	184102 99.07
100	7950	OP PHARMACY	199517	644142	843659	-195	843464		843464 100
101		TOTAL	55251046	98313085	153564131		153564131	-10784401	142779730 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE					
		COST CENTER	LINE #	SALARY			
	1	2	3	4	5		
1 RECLASS SUPPLY COST	A	MEDICAL SUPPLIES CHARGED TO P	55		1044149	1	
2 RECLASS PHARMACY	B	DRUGS CHARGED TO PATIENTS	56		3749093	2	
3 RECLASS INTEREST	C	NEW CAP REL COSTS-BLDG & FIXT	3		3488231	3	
4 RECLASS PSYCH ADMIN EXP	D	ADULTS & PEDIATRICS	25	369955	31584	4	
5	D	ECT	54.01	17280	1475	5	
6	D	PSYCHOLOGY	58.01	160878	13735	6	
7	D	ADOL SCHOOL	99.03	13770	1176	7	
8 RECLASS DEFERED COMP TO BENEFITS	E	EMPLOYEE BENEFITS	5		53910	8	
9	E					9	
10	E					10	
11	E					11	
12	E					12	
13	E					13	
14	E					14	
15	E					15	
16	E					16	
17	E					17	
18	E					18	
19	E					19	
20	E					20	
21	E					21	
22	E					22	
23	E					23	
24	E					24	
25	E					25	
26	E					26	
27	E					27	
28	E					28	
29	E					29	
30	E					30	
31	E					31	
32	E					32	
33	E					33	
34	E					34	
35	E					35	
36 SUBTOTAL					561883	8383353	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7 REF. 10	
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
		1					
1	RECLASS SUPPLY COST	A	CENTRAL SERVICES & SUPPLY	15		1044149	1
2	RECLASS PHARMACY	B	PHARMACY	16		3749093	2
3	RECLASS INTEREST	C	INTEREST EXPENSE	88		3488231	11 3
4	RECLASS PSYCH ADMIN EXP	D	SUBPROVIDER I	31	561883	47970	4
5		D					5
6		D					6
7		D					7
8	RECLASS DEFERED COMP TO BENEFITS	E	EMPLOYEE BENEFITS	5	627		8
9		E	ADMINISTRATIVE & GENERAL	6	6872		9
10		E	MAINTENANCE & REPAIRS	7	548		10
11		E	OPERATION OF PLANT	8	1025		11
12		E	LAUNDRY & LINEN SERVICE	9	30		12
13		E	HOUSEKEEPING	10	1389		13
14		E	DIETARY	11	1207		14
15		E	NURSING ADMINISTRATION	14	2032		15
16		E	CENTRAL SERVICES & SUPPLY	15	698		16
17		E	PHARMACY	16	1573		17
18		E	MEDICAL RECORDS & LIBRARY	17	1174		18
19		E	ADULTS & PEDIATRICS	25	9918		19
20		E	INTENSIVE CARE UNIT	26	2730		20
21		E	SUBPROVIDER I	31	4745		21
22		E	NURSERY	33	565		22
23		E	OPERATING ROOM	37	1914		23
24		E	RECOVERY ROOM	38	1144		24
25		E	DELIVERY ROOM & LABOR ROOM	39	2446		25
26		E	ANESTHESIOLOGY	40	72		26
27		E	RADIOLOGY-DIAGNOSTIC	41	2207		27
28		E	CAT SCAN	41.01	542		28
29		E	ULTRASOUND	41.02	535		29
30		E	LABORATORY	44	48		30
31		E					31
32		E	RESPIRATORY THERAPY	49	863		32
33		E	PHYSICAL THERAPY	50	616		33
34		E	OCCUPATIONAL THERAPY	51	154		34
35		E	SPEECH PATHOLOGY	52	190		35
36	SUBTOTAL				607747	8329443	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	E				1
2	E				2
3	E				3
4	E				4
5	E				5
6	E				6
7	E				7
8	E				8
9	E				9
10	E				10
11	E				11
12	E				12
13	F				13
14 CAFETERIA EXPENSE RECLASS	F	CAFETERIA	12	812012	1061980
15					15
16 RECLASS O/P PROCEDURE EXPENSES	G	OUTPATIENT PROCEDURES	60.01	816431	73019
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				2190326	9518352

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF. 10
			COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1		E	ELECTROCARDIOLOGY	53	1778		1
2		E	ECT	54.01	66		2
3		E					3
4		E	PSYCHOLOGY	58.01	612		4
5		E	CLINIC	60	790		5
6		E	EMERGENCY	61	3560		6
7		E	MASSAGE THERAPY	99.01	454		7
8		E	ADOL SCHOOL	99.03	52		8
9		E	FOUNDATION	99.04	234		9
10		E	PARISH NURSING	99.07	260		10
11		E	OP PHARMACY	100	195		11
12		E	PHYSICIAN PRACTICE MANAGEMENT	98.01	45		12
13		F					13
14	CAFETERIA EXPENSE RECLASS	F	DIETARY	11	812012	1061980	14
15							15
16	RECLASS O/P PROCEDURE EXPENSES	G	ADULTS & PEDIATRICS	25	816431	73019	16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				2244236	9464442	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	4545766					4545766		1
2 LAND IMPROVEMENTS	3672677	118550		118550	16252	3774975		2
3 BUILDINGS AND FIXTURES	97356726	3474872		3474872	258651	100572947		3
4 BUILDING IMPROVEMENTS	1016878	5000		5000		1021878		4
5 FIXED EQUIPMENT	7643718	74237		74237	5873	7712082		5
6 MOVABLE EQUIPMENT	44300826	2290876		2290876	156046	46435656		6
7 SUBTOTAL	158536591	5963535		5963535	436822	164063304		7
8 RECONCILING ITEMS								8
9 TOTAL	158536591	5963535		5963535	436822	164063304		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	100572947		100572947	.650029				3
4 NEW CAP REL COSTS-MVBLE EQUIP	54147738		54147738	.349971				4
5 TOTAL	154720685		154720685	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		8426919		2245351			-1951370	8720900 3
4 NEW CAP REL COSTS-MVBLE EQUIP		3967297						3967297 4
5 TOTAL		12394216		2245351			-1951370	12688197 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		5643161						5643161 3
4 NEW CAP REL COSTS-MVBLE EQUIP		3967297						3967297 4
5 TOTAL		9610458						9610458 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-17444	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-155170	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1966559			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	2578500			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-3624	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	24
25 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	25
26 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	26
27 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	27
28 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	28
29 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	29
30 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	30
31 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	31
32 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	32
33 PHYSICIANS' ASSISTANT					33
34 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				34
35 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 MISC MEDICAL STAFF INCOME	B	-46000	ADMINISTRATIVE & GENERAL	6	36
37 MISC EMPLOYEE BENEFIT REV. OFFSET	B	-65	EMPLOYEE BENEFITS	5	37
38 MISC A&G INCOME OFFSET	B	-85847	ADMINISTRATIVE & GENERAL	6	38
39 INTEREST INCOME	B	-751528	NEW CAP REL COSTS-BLDG & FIXT	3	39
40 MISC OPERATION OF PLANT INCOME	B	-11808	OPERATION OF PLANT	8	40
41 CAFETERIA AND VENDING SALES	B	-829121	CAFETERIA	12	41
42					42
43					43
44					44
45 MISC RADIOLOGY INCOME	B	-640	RADIOLOGY-DIAGNOSTIC	41	45
46					46
47 MISC INCOME - EKG	B	-2530	ELECTROCARDIOLOGY	53	47
48 MISC DIABETIC INCOME	B	-59793	CLINIC	60	48
48.02 ADOL SCHOOL MISC REVENUE	B	-65736	ADOL SCHOOL	99.03	48.02
49 OCC HEALTH MISC INCOME/RENTAL	B	-520	OCCUPATIONAL HEALTH	59	49
49.03 FAITH COM NURSING MISC INCOME	B	-83498	PARISH NURSING	99.07	49.03
49.04 REMOVE PHYSICIAN RECRUITMENT COST	A	-2275	ADMINISTRATIVE & GENERAL	6	49.04
49.05 PROVIDER TAX	A	-6532073	ADMINISTRATIVE & GENERAL	6	49.05
49.06 NON-ALLOW DONATIONS, SPONSORSHIP,	A	-3400	CLINIC	60	49.06
49.07 NON-ALLOW DONATIONS, SPONSORSHIPS	A	-59096	ADMINISTRATIVE & GENERAL	6	49.07
49.08 NON-ALLOW DONATIONS, SPONSORSHIP,	A	-96291	FOUNDATION	99.04	49.08
49.09 REMOVE 50% OF MARKETING COST	A	-540521	ADMINISTRATIVE & GENERAL	6	49.09
49.10 REMOVE PHYSICIAN LOAN AMORTIZATIO	A	-1951370	NEW CAP REL COSTS-BLDG & FIXT	3	49.10
49.12 MISC NURSING ADMIN REVENUE	B	-10000	NURSING ADMINISTRATION	14	49.12
49.13 MISC PHARMACY REVENUE	B	-7278	PHARMACY	16	49.13
49.14 MISC A&P REVENUE	B	-214	ADULTS & PEDIATRICS	25	49.14
49.16 MISC ER INCOME	B	-80500	EMERGENCY	61	49.16
50 TOTAL		-10784401			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	3	NEW CAP REL COSTS-BLDG & FIXT	CAPITAL	2783758		2783758	9 1
2	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	1911409	748128	1163281	2
3	6	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	14338048	14669264	-331216	3
4	16	PHARMACY	EMM	249168	249168		4
4.01	26	INTENSIVE CARE UNIT	EICU	454133	1000104	-545971	4.01
4.02	41	RADIOLOGY-DIAGNOSTIC	PACS	529704	529704		4.02
4.03	53	ELECTROCARDIOLOGY	CPACS	59952	59952		4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	2907708	3399060	-491352	11 4.04
5		TOTALS		23233880	20655380	2578500	5

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

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	PROVENA MERCY CENTER	PROVENA HEALTH		HEALTHCARE CHAIN	1
2						2
3						3
4						4
5						5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
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 05/21/2009 06:05

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	31 SUBPROVIDER I			PSYCH PHYSICIANS				15757
2	33 NURSERY			NURSERY				255000
3	60 CLINIC			AMBULATORY CARE				150000
4	61 EMERGENCY			EMERGENCY				432393
5	41 RADIOLOGY-DIAGNOSTIC			MAMMOGRAPHY				17720
6	40 ANESTHESIOLOGY			ANESTHESIOLOGY				350000
7	59 OCCUPATIONAL HEALTH			OCCUPATIONAL HEALTH				525411
9	6 ADMINISTRATIVE & GENERAL			UTILIZATION REVIEW		33055	41510	41510
10	25 ADULTS & PEDIATRICS			ADOLESCENT PSYCH		22150	25640	25640
11	26 INTENSIVE CARE UNIT			ICU		4174	4556	4556
12	31 SUBPROVIDER I			ADULT PSYCH		67749	119549	119549
13	33 NURSERY			NURSERY		14312	688	688
14	44 LABORATORY			PATHOLOGY		188634		
15	60 CLINIC					767	403	403
16	61 EMERGENCY					72073	27932	27932
101	TOTAL					402914	220278	1966559

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OF PLANT
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL	REPAIRS	
	0	3	4	5	5A	6	7	8
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	8720900	8720900						3
4 NEW CAP REL COSTS-MVBLE EQUIP	3967297		3967297					4
5 EMPLOYEE BENEFITS	15272116	94352	42923	15409391				5
6 ADMINISTRATIVE & GENERAL	28154607	826323	375910	1987603	31344443	31344443		6
7 MAINTENANCE & REPAIRS	3353444	724177	329441	158601	4565663	1284225	5849888	7
8 OPERATION OF PLANT	4269063	912058	414912	296491	5892524	1657443	754014	8303981 8
9 LAUNDRY & LINEN SERVICE	559473	98606	44858	8774	711711	200189	81519	132839 9
10 HOUSEKEEPING	1836869	58210	26481	401675	2323235	653477	48123	78420 10
11 DIETARY	979305	344251	156606	349021	1829183	514511	284598	463767 11
12 CAFETERIA	1044871				1044871	293900		
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION	2110475	19975	9087	587512	2727049	767062	16514	26910 14
15 CENTRAL SERVICES & SUPPLY	878120	289181	131554	202002	1500857	422160	239071	389578 15
16 PHARMACY	2541073	60459	27504	455031	3084067	867483	49983	81450 16
17 MEDICAL RECORDS & LIBRARY	1923972	137264	62444	339476	2463156	692834	113479	184919 17
18 SOCIAL SERVICE								
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL								
22 I&R SERVICES-SALARY & FRINGES A								
23 I&R SERVICES-OTHER PRGM COSTS A								
24 PARAMED ED PRGM-(SPECIFY)								
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	10549975	1042017	474029	2868220	14934241	4200727	861455	1403779 25
26 INTENSIVE CARE UNIT	3763255	352402	160314	789599	5065570	1424838	291336	474747 26
31 SUBPROVIDER I	4479069	651158	296224	1372194	6798645	1912316	538323	877225 31
33 NURSERY	660111	26255	11944	163345	861655	242365	21705	35370 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	9098782	747114	339876	553481	10739253	3020726	617652	1006494 37
38 RECOVERY ROOM	1307495	459915	209224	330744	2307378	649017	380219	619586 38
39 DELIVERY ROOM & LABOR ROOM	2831825	291764	132729	707347	3963665	1114896	241206	393058 39
40 ANESTHESIOLOGY	237174	16546	7527	20754	282001	79321	13679	22290 40
41 RADIOLOGY-DIAGNOSTIC	3460863	283614	129021	638180	4511678	1269040	234468	382078 41
41.01 CAT SCAN	786643	24740	11255	156612	979250	275442	20453	33330 41.01
41.02 ULTRASOUND	606640	10578	4812	154782	776812	218501	8745	14250 41.02
44 LABORATORY	4233493	197924	90039	13881	4535337	1275695	163627	266638 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	1039917	6681	3039		1049637	295241	5523	9000 47
49 RESPIRATORY THERAPY	956674	24518	11154	249574	1241920	349326	20269	33030 49
50 PHYSICAL THERAPY	857391	35674	16229	178183	1087477	305884	29493	48060 50
51 OCCUPATIONAL THERAPY	201142	6948	3161	44547	255798	71951	5744	9360 51
52 SPEECH PATHOLOGY	229111	6903	3140	55090	294244	82765	5707	9300 52
53 ELECTROCARDIOLOGY	6011932	263216	119742	514295	6909185	1943409	217605	354598 53
54.01 ECT	90630	4587	2087	19000	116304	32714	3792	6180 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1044149				1044149	293697		55
56 DRUGS CHARGED TO PATIENTS	3749093				3749093	1054541		56
57 RENAL DIALYSIS	331985	7393	3363		342741	96406	6112	9960 57
58.01 PSYCHOLOGY	806020	87739	39914	176887	1110560	312377	72535	118199 58.01
59 OCCUPATIONAL HEALTH	837568				837568	235590		59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1245571	46742	21264	228351	1541928	433712	38642	62970 60
60.01 OUTPATIENT PROCEDURES	889450				889450	250184		60.01
61 EMERGENCY	4687810	355586	161763	1029501	6234660	1753679	293969	479037 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	140605353	8514870	3873570	15050753	139946958	30547644	5679560	8026422 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		30130	13706		43836	12330	24909	40590 96
98.01 PHYSICIAN PRACTICE MANAGEMENT	55860			13048	68908	19382		98.01
99.01 MASSAGE THERAPY	26954	5456	2482	131335	166227	46756	4510	7350 99.01
99.02 IDOL SPACE/HOME HEALTH		142586	64865		207451	58352	117878	192089 99.02
99.03 ADOL SCHOOL	3868	9486	4316	15140	32810	9229	7843	12780 99.03

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
99.04 FOUNDATION	411951	18372	8358	67601	506282	142406	15188	24750	99.04
99.05 LEASED BLDG	648178				648178	182319			99.05
99.07 PARISH NURSING	184102			75214	259316	72940			99.07
100 OP PHARMACY	843464			56300	899764	253085			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	142779730	8720900	3967297	15409391	142779730	31344443	5849888	8303981	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	1126258								9
10 HOUSEKEEPING		3103255							10
11 DIETARY		177837	3269896						11
12 CAFETERIA				1338771					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		10319			3547854				14
15 CENTRAL SERVICES & SUPPLY	4076	149388				2705130			15
16 PHARMACY		31233				535319	4649535		16
17 MEDICAL RECORDS & LIBRARY		70909				5575		3530872	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	477105	538298	1982688	802895	1284816	62732	106978	345931	25
26 INTENSIVE CARE UNIT	96140	182048	177027	71219	271510	29995	40506	86814	26
31 SUBPROVIDER I	48969	336383	835202	358494	516677	7170	269	95214	31
33 NURSERY		13563			51561	4115	6383	18353	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	51110	385953	1338	544	181466	909535	19291	659759	37
38 RECOVERY ROOM	78830	237588	23714	10011	108044	16246	78377	151860	38
39 DELIVERY ROOM & LABOR ROOM	124805	150723	210468	79027	257742	25181	31970	67898	39
40 ANESTHESIOLOGY		8547	3229	1256	13127	12012	2470	36104	40
41 RADIOLOGY-DIAGNOSTIC	67284	146512	1433	591		55460	2774	253763	41
41.01 CAT SCAN		12781				24523	46	301600	41.01
41.02 ULTRASOUND	7335	5464				1080		80441	41.02
44 LABORATORY		102246				9848		346234	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		3451				146984		7057	47
49 RESPIRATORY THERAPY		12666				8943		110531	49
50 PHYSICAL THERAPY	1801	18429				986		32068	50
51 OCCUPATIONAL THERAPY		3589				230		6471	51
52 SPEECH PATHOLOGY		3566				311		4638	52
53 ELECTROCARDIOLOGY	21647	135975			170093	566394	4502	385207	53
54.01 ECT		2370			9104	627		6156	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						155042	16476		55
56 DRUGS CHARGED TO PATIENTS							4130914		56
57 RENAL DIALYSIS		3819						14749	57
58.01 PSYCHOLOGY		45325			87725	717		22881	58.01
59 OCCUPATIONAL HEALTH					60034	11451	24963	9303	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1793	24146			102577	8100	18990	14036	60
60.01 OUTPATIENT PROCEDURES									60.01
61 EMERGENCY	145363	183693	29810	12288	403807	101934	164626	473803	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1126258	2996821	3264909	1336325	3518283	2700510	4649535	3530871	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		15565	4987	2446					96
98.01 PHYSICIAN PRACTICE MANAGEMENT						101			98.01
99.01 MASSAGE THERAPY		2818				117			99.01
99.02 IDOL SPACE/HOME HEALTH		73659							99.02
99.03 ADOL SCHOOL		4901				148		1	99.03

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
99.04 FOUNDATION		9491				3800			99.04
99.05 LEASED BLDG									99.05
99.07 PARISH NURSING					29571	124			99.07
100 OP PHARMACY						330			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1126258	3103255	3269896	1338771	3547854	2705130	4649535	3530872	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	27001645		27001645	25
26 INTENSIVE CARE UNIT	8211750		8211750	26
31 SUBPROVIDER I	12324887		12324887	31
33 NURSERY	1255070		1255070	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	17593121		17593121	37
38 RECOVERY ROOM	4660870		4660870	38
39 DELIVERY ROOM & LABOR ROOM	6660639		6660639	39
40 ANESTHESIOLOGY	474036		474036	40
41 RADIOLOGY-DIAGNOSTIC	6925081		6925081	41
41.01 CAT SCAN	1647425		1647425	41.01
41.02 ULTRASOUND	1112628		1112628	41.02
44 LABORATORY	6699625		6699625	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1516893		1516893	47
49 RESPIRATORY THERAPY	1776685		1776685	49
50 PHYSICAL THERAPY	1524198		1524198	50
51 OCCUPATIONAL THERAPY	353143		353143	51
52 SPEECH PATHOLOGY	400531		400531	52
53 ELECTROCARDIOLOGY	10708615		10708615	53
54.01 ECT	177247		177247	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1509364		1509364	55
56 DRUGS CHARGED TO PATIENTS	8934548		8934548	56
57 RENAL DIALYSIS	473787		473787	57
58.01 PSYCHOLOGY	1770319		1770319	58.01
59 OCCUPATIONAL HEALTH	1178909		1178909	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2246894		2246894	60
60.01 OUTPATIENT PROCEDURES	1139634		1139634	60.01
61 EMERGENCY	10276669		10276669	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	138554213		138554213	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	144663		144663	96
98.01 PHYSICIAN PRACTICE MANAGEMENT	88391		88391	98.01
99.01 MASSAGE THERAPY	227778		227778	99.01
99.02 IDOL SPACE/HOME HEALTH	649429		649429	99.02
99.03 ADOL SCHOOL	67712		67712	99.03

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
99.04 FOUNDATION	701917		701917	99.04
99.05 LEASED BLDG	830497		830497	99.05
99.07 PARISH NURSING	361951		361951	99.07
100 OP PHARMACY	1153179		1153179	100
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	142779730		142779730	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		94352	42923	137275	137275				5
6 ADMINISTRATIVE & GENERAL	826323	375910	1202233	17708	1219941				6
7 MAINTENANCE & REPAIRS	724177	329441	1053618	1413	49985	1105016			7
8 OPERATION OF PLANT	912058	414912	1326970	2641	64511	142430	1536552		8
9 LAUNDRY & LINEN SERVICE	98606	44858	143464	78	7792	15399	24580		9
10 HOUSEKEEPING	58210	26481	84691	3579	25435	9090	14511		10
11 DIETARY	344251	156606	500857	3110	20026	53759	85815		11
12 CAFETERIA						11439			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	19975	9087	29062	5234	29856	3119	4979		14
15 CENTRAL SERVICES & SUPPLY	289181	131554	420735	1800	16431	45159	72087		15
16 PHARMACY	60459	27504	87963	4054	33764	9442	15071		16
17 MEDICAL RECORDS & LIBRARY	137264	62444	199708	3024	26967	21436	34217		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1042017	474029	1516046	25543	163449	162723	259751		25
26 INTENSIVE CARE UNIT	352402	160314	512716	7035	55458	55032	87846		26
31 SUBPROVIDER I	651158	296224	947382	12225	74432	101687	162320		31
33 NURSERY	26255	11944	38199	1455	9433	4100	6545		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	747114	339876	1086990	4931	117573	116671	186240		37
38 RECOVERY ROOM	459915	209224	669139	2947	25261	71822	114647		38
39 DELIVERY ROOM & LABOR ROOM	291764	132729	424493	6302	43394	45563	72731		39
40 ANESTHESIOLOGY	16546	7527	24073	185	3087	2584	4124		40
41 RADIOLOGY-DIAGNOSTIC	283614	129021	412635	5686	49394	44290	70699		41
41.01 CAT SCAN	24740	11255	35995	1395	10721	3864	6167		41.01
41.02 ULTRASOUND	10578	4812	15390	1379	8505	1652	2637		41.02
44 LABORATORY	197924	90039	287963	124	49653	30908	49338		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	6681	3039	9720		11491	1043	1665		47
49 RESPIRATORY THERAPY	24518	11154	35672	2224	13597	3829	6112		49
50 PHYSICAL THERAPY	35674	16229	51903	1587	11906	5571	8893		50
51 OCCUPATIONAL THERAPY	6948	3161	10109	397	2800	1085	1732		51
52 SPEECH PATHOLOGY	6903	3140	10043	491	3221	1078	1721		52
53 ELECTROCARDIOLOGY	263216	119742	382958	4582	75642	41105	65614		53
54.01 ECT	4587	2087	6674	169	1273	716	1144		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						11431			55
56 DRUGS CHARGED TO PATIENTS						41045			56
57 RENAL DIALYSIS	7393	3363	10756		3752	1155	1843		57
58.01 PSYCHOLOGY	87739	39914	127653	1576	12158	13702	21871		58.01
59 OCCUPATIONAL HEALTH						9170			59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	46742	21264	68006	2034	16881	7299	11652		60
60.01 OUTPATIENT PROCEDURES						9738			60.01
61 EMERGENCY	355586	161763	517349	9172	68257	55529	88640		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	8514870	3873570	12388440	134080	1188928	1072842	1485192		95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	30130	13706	43836		480	4705	7511		96
98.01 PHYSICIAN PRACTICE MANAGEMENT					116	754			98.01
99.01 MASSAGE THERAPY	5456	2482	7938		1170	1820	1360		99.01
99.02 IDOL SPACE/HOME HEALTH	142586	64865	207451		2271	22267	35544		99.02
99.03 ADOL SCHOOL	9486	4316	13802		135	359	2365		99.03

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ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	MAIN-	OPERATION	
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT	
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL	REPAIRS		
	0	3	4	4A	5	6	7	8	
99.04 FOUNDATION		18372	8358	26730	602	5543	2869	4580	99.04
99.05 LEASED BLDG						7096			99.05
99.07 PARISH NURSING					670	2839			99.07
100 OP PHARMACY					502	9851			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		8720900	3967297	12688197	137275	1219941	1105016	1536552	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	191313								9
10 HOUSEKEEPING		137306							10
11 DIETARY		7869	671436						11
12 CAFETERIA				11439					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		457			72707				14
15 CENTRAL SERVICES & SUPPLY	692	6610				563514			15
16 PHARMACY		1382				111516	263192		16
17 MEDICAL RECORDS & LIBRARY		3137				1161		289650	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	81044	23816	407124	6859	26330	13068	6056	28382	25
26 INTENSIVE CARE UNIT	16331	8055	36350	609	5564	6249	2293	7123	26
31 SUBPROVIDER I	8318	14884	171499	3063	10588	1494	15	7812	31
33 NURSERY		600			1057	857	361	1506	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	8682	17077	275	5	3719	189464	1092	54090	37
38 RECOVERY ROOM	13391	10512	4869	86	2214	3384	4437	12459	38
39 DELIVERY ROOM & LABOR ROOM	21200	6669	43217	675	5282	5246	1810	5571	39
40 ANESTHESIOLOGY		378	663	11	269	2502	140	2962	40
41 RADIOLOGY-DIAGNOSTIC	11429	6483	294	5		11553	157	20820	41
41.01 CAT SCAN		565				5108	3	24745	41.01
41.02 ULTRASOUND	1246	242				225		6600	41.02
44 LABORATORY		4524				2051		28407	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		153				30619		579	47
49 RESPIRATORY THERAPY		560				1863		9068	49
50 PHYSICAL THERAPY	306	815				205		2631	50
51 OCCUPATIONAL THERAPY		159				48		531	51
52 SPEECH PATHOLOGY		158				65		380	52
53 ELECTROCARDIOLOGY	3677	6016			3486	117989	255	31604	53
54.01 ECT		105			187	131		505	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						32298	933		55
56 DRUGS CHARGED TO PATIENTS							233833		56
57 RENAL DIALYSIS		169						1210	57
58.01 PSYCHOLOGY		2005			1798	149		1877	58.01
59 OCCUPATIONAL HEALTH					1230	2385	1413	763	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	305	1068			2102	1687	1075	1152	60
60.01 OUTPATIENT PROCEDURES									60.01
61 EMERGENCY	24692	8128	6121	105	8275	21234	9319	38873	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	191313	132596	670412	11418	72101	562551	263192	289650	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		689	1024	21					96
98.01 PHYSICIAN PRACTICE MANAGEMENT						21			98.01
99.01 MASSAGE THERAPY		125				24			99.01
99.02 IDOL SPACE/HOME HEALTH		3259							99.02
99.03 ADOL SCHOOL		217				31			99.03

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
99.04 FOUNDATION		420				792			99.04
99.05 LEASED BLDG									99.05
99.07 PARISH NURSING					606	26			99.07
100 OP PHARMACY						69			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	191313	137306	671436	11439	72707	563514	263192	289650	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	2720191		2720191	25
26 INTENSIVE CARE UNIT	800661		800661	26
31 SUBPROVIDER I	1515719		1515719	31
33 NURSERY	64113		64113	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1786809		1786809	37
38 RECOVERY ROOM	935168		935168	38
39 DELIVERY ROOM & LABOR ROOM	682153		682153	39
40 ANESTHESIOLOGY	40978		40978	40
41 RADIOLOGY-DIAGNOSTIC	633445		633445	41
41.01 CAT SCAN	88563		88563	41.01
41.02 ULTRASOUND	37876		37876	41.02
44 LABORATORY	452968		452968	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	55270		55270	47
49 RESPIRATORY THERAPY	72925		72925	49
50 PHYSICAL THERAPY	83817		83817	50
51 OCCUPATIONAL THERAPY	16861		16861	51
52 SPEECH PATHOLOGY	17157		17157	52
53 ELECTROCARDIOLOGY	732928		732928	53
54.01 ECT	10904		10904	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	44662		44662	55
56 DRUGS CHARGED TO PATIENTS	274878		274878	56
57 RENAL DIALYSIS	18885		18885	57
58.01 PSYCHOLOGY	182789		182789	58.01
59 OCCUPATIONAL HEALTH	14961		14961	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	113261		113261	60
60.01 OUTPATIENT PROCEDURES	9738		9738	60.01
61 EMERGENCY	855694		855694	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	12263374		12263374	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	58266		58266	96
98.01 PHYSICIAN PRACTICE MANAGEMENT	891		891	98.01
99.01 MASSAGE THERAPY	13289		13289	99.01
99.02 IDOL SPACE/HOME HEALTH	270792		270792	99.02
99.03 ADOL SCHOOL	18390		18390	99.03

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
99.04 FOUNDATION	41536		41536	99.04
99.05 LEASED BLDG	7096		7096	99.05
99.07 PARISH NURSING	4141		4141	99.07
100 OP PHARMACY	10422		10422	100
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	12688197		12688197	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	3	4	5	6A	6	7	8	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	391622							3
4 NEW CAP REL COSTS-MVBLE EQUIP		391622						4
5 EMPLOYEE BENEFITS	4237	4237	54608435					5
6 ADMINISTRATIVE & GENERAL	37107	37107	7043743	-31344443	111435287			6
7 MAINTENANCE & REPAIRS	32520	32520	562055		4565663	317758		7
8 OPERATION OF PLANT	40957	40957	1050715		5892524	40957	276801	8
9 LAUNDRY & LINEN SERVICE	4428	4428	31093		711711	4428	4428	9
10 HOUSEKEEPING	2614	2614	1423471		2323235	2614	2614	10
11 DIETARY	15459	15459	1236874		1829183	15459	15459	11
12 CAFETERIA					1044871			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	897	897	2082047		2727049	897	897	14
15 CENTRAL SERVICES & SUPPLY	12986	12986	715862		1500857	12986	12986	15
16 PHARMACY	2715	2715	1612555		3084067	2715	2715	16
17 MEDICAL RECORDS & LIBRARY	6164	6164	1203047		2463156	6164	6164	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	46793	46793	10164577		14934241	46793	46793	25
26 INTENSIVE CARE UNIT	15825	15825	2798209		5065570	15825	15825	26
31 SUBPROVIDER I	29241	29241	4862833		6798645	29241	29241	31
33 NURSERY	1179	1179	578867		861655	1179	1179	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	33550	33550	1961445		10739253	33550	33550	37
38 RECOVERY ROOM	20653	20653	1172102		2307378	20653	20653	38
39 DELIVERY ROOM & LABOR ROOM	13102	13102	2506722		3963665	13102	13102	39
40 ANESTHESIOLOGY	743	743	73548		282001	743	743	40
41 RADIOLOGY-DIAGNOSTIC	12736	12736	2261606		4511678	12736	12736	41
41.01 CAT SCAN	1111	1111	555006		979250	1111	1111	41.01
41.02 ULTRASOUND	475	475	548523		776812	475	475	41.02
44 LABORATORY	8888	8888	49192		4535337	8888	8888	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	300	300			1049637	300	300	47
49 RESPIRATORY THERAPY	1101	1101	884448		1241920	1101	1101	49
50 PHYSICAL THERAPY	1602	1602	631451		1087477	1602	1602	50
51 OCCUPATIONAL THERAPY	312	312	157868		255798	312	312	51
52 SPEECH PATHOLOGY	310	310	195230		294244	310	310	52
53 ELECTROCARDIOLOGY	11820	11820	1822579		6909185	11820	11820	53
54.01 ECT	206	206	67332		116304	206	206	54.01
55 MEDICAL SUPPLIES CHARGED TO P					1044149			55
56 DRUGS CHARGED TO PATIENTS					3749093			56
57 RENAL DIALYSIS	332	332			342741	332	332	57
58.01 PSYCHOLOGY	3940	3940	626859		1110560	3940	3940	58.01
59 OCCUPATIONAL HEALTH					837568			59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	2099	2099	809239		1541928	2099	2099	60
60.01 OUTPATIENT PROCEDURES					889450			60.01
61 EMERGENCY	15968	15968	3648383		6234660	15968	15968	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	382370	382370	53337481	-31344443	108602515	308506	267549	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1353	1353			43836	1353	1353	96
98.01 PHYSICIAN PRACTICE MANAGEMENT			46239		68908			98.01
99.01 MASSAGE THERAPY	245	245	465430		166227	245	245	99.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	MAIN-	OPERATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		CILATION	TRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS SQUARE FEET
	3	4	5	6A	6	7	8
99.02 IDOL SPACE/HOME HEALTH	6403	6403			207451	6403	6403 99.02
99.03 ADOL SCHOOL	426	426	53654		32810	426	426 99.03
99.04 FOUNDATION	825	825	239568		506282	825	825 99.04
99.05 LEASED BLDG					648178		99.05
99.07 PARISH NURSING			266546		259316		99.07
100 OP PHARMACY			199517		899764		100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	8720900	3967297	15409391		31344443	5849888	8303981 103
104 UNIT COST MULT-WS B PT I		10.130424				18.409884	104
104 UNIT COST MULT-WS B PT I	22.268667		.282180		.281279		29.999823 104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			137275		1219941	1105016	1536552 107
108 UNIT COST MULT-WS B PT III						3.477540	108
108 UNIT COST MULT-WS B PT III			.002514		.010948		5.551107 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	NURSING-ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	9	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	1438117								9
10 HOUSEKEEPING		269759							10
11 DIETARY		15459	171117						11
12 CAFETERIA				142827					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		897			1074038				14
15 CENTRAL SERVICES & SUPPLY	5205	12986				19110848			15
16 PHARMACY		2715				3781867	4219780		16
17 MEDICAL RECORDS & LIBRARY		6164				39384		593655912	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES									22
23 I&R SERVICES-OTHER PRGM COSTS									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	609214	46793	103756	85657	388951	443185	97090	58159257	25
26 INTENSIVE CARE UNIT	122761	15825	9264	7598	82194	211908	36762	14595534	26
31 SUBPROVIDER I	62529	29241	43707	38246	156413	50653	244	16007807	31
33 NURSERY		1179			15609	29068	5793	3085543	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	65262	33550	70	58	54935	6425536	17508	110953409	37
38 RECOVERY ROOM	100658	20653	1241	1068	32708	114771	71133	25531314	38
39 DELIVERY ROOM & LABOR ROOM	159363	13102	11014	8431	78026	177893	29015	11415276	39
40 ANESTHESIOLOGY		743	169	134	3974	84861	2242	6069991	40
41 RADIOLOGY-DIAGNOSTIC	85915	12736	75	63		391811	2518	42663622	41
41.01 CAT SCAN		1111				173245	42	50706115	41.01
41.02 ULTRASOUND	9366	475				7631		13524032	41.02
44 LABORATORY		8888				69570		58210210	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		300				1038394		1186504	47
49 RESPIRATORY THERAPY		1101				63181		18582841	49
50 PHYSICAL THERAPY	2300	1602				6965		5391364	50
51 OCCUPATIONAL THERAPY		312				1623		1087846	51
52 SPEECH PATHOLOGY		310				2194		779706	52
53 ELECTROCARDIOLOGY	27641	11820			51492	4001399	4086	64762404	53
54.01 ECT		206			2756	4430		1035031	54.01
55 MEDICAL SUPPLIES CHARGED TO P						1095323	14953		55
56 DRUGS CHARGED TO PATIENTS							3749093		56
57 RENAL DIALYSIS		332						2479682	57
58.01 PSYCHOLOGY		3940			26557	5068		3846762	58.01
59 OCCUPATIONAL HEALTH					18174	80895	22656	1564139	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	2289	2099			31053	57225	17235	2359703	60
60.01 OUTPATIENT PROCEDURES									60.01
61 EMERGENCY	185614	15968	1560	1311	122244	720129	149410	79657570	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1438117	260507	170856	142566	1065086	19078209	4219780	593655662	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		1353	261	261					96
98.01 PHYSICIAN PRACTICE MANAGEMENT							715		98.01
99.01 MASSAGE THERAPY		245					824		99.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINISTRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
99.02 IDOL SPACE/HOME HEALTH		6403							99.02
99.03 ADOL SCHOOL		426				1046		250	99.03
99.04 FOUNDATION		825				26844			99.04
99.05 LEASED BLDG									99.05
99.07 PARISH NURSING					8952	879			99.07
100 OP PHARMACY						2331			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1126258	3103255	3269896	1338771	3547854	2705130	4649535	3530872	103
104 UNIT COST MULT-WS B PT I	.783148		19.109124		3.303285		1.101843		104
104 UNIT COST MULT-WS B PT I		11.503805		9.373375		.141549		.005948	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	191313	137306	671436	11439	72707	563514	263192	289650	107
108 UNIT COST MULT-WS B PT III	.133030		3.923842		.067695		.062371		108
108 UNIT COST MULT-WS B PT III		.508995		.080090		.029487		.000488	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6	ADMINISTRATIVE & GENERAL	6
7	MAINTENANCE & REPAIRS	7
8	OPERATION OF PLANT	8
9	LAUNDRY & LINEN SERVICE	9
10	HOUSEKEEPING	10
11	DIETARY	11
12	CAFETERIA	12
13	MAINTENANCE OF PERSONNEL	13
14	NURSING ADMINISTRATION	14
15	CENTRAL SERVICES & SUPPLY	15
16	PHARMACY	16
17	MEDICAL RECORDS & LIBRARY	17
18	SOCIAL SERVICE	18
20	NONPHYSICIAN ANESTHETISTS	20
21	NURSING SCHOOL	21
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	23
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	25
26	INTENSIVE CARE UNIT	26
31	SUBPROVIDER I	31
33	NURSERY	33
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
38	RECOVERY ROOM	38
39	DELIVERY ROOM & LABOR ROOM	39
40	ANESTHESIOLOGY	40
41	RADIOLOGY-DIAGNOSTIC	41
41.01	CAT SCAN	41.01
41.02	ULTRASOUND	41.02
44	LABORATORY	44
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
47	BLOOD STORING, PROCESSING & T	47
49	RESPIRATORY THERAPY	49
50	PHYSICAL THERAPY	50
51	OCCUPATIONAL THERAPY	51
52	SPEECH PATHOLOGY	52
53	ELECTROCARDIOLOGY	53
54.01	ECT	54.01
55	MEDICAL SUPPLIES CHARGED TO P	55
56	DRUGS CHARGED TO PATIENTS	56
57	RENAL DIALYSIS	57
58.01	PSYCHOLOGY	58.01
59	OCCUPATIONAL HEALTH	59
OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	60
60.01	OUTPATIENT PROCEDURES	60.01
61	EMERGENCY	61
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC	69.10
69.20	OUTPATIENT PHYSICAL THERAPY	69.20
69.30	OUTPATIENT OCCUPATIONAL THERA	69.30
69.40	OUTPATIENT SPEECH PATHOLOGY	69.40
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		
85.01	PANCREAS ACQUISITION	85.01
85.02	INTESTINAL ACQUISITION	85.02
85.03	ISLET CELL ACQUISITION	85.03
95	SUBTOTALS	95
NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & C	96
98.01	PHYSICIAN PRACTICE MANAGEMENT	98.01
99.01	MASSAGE THERAPY	99.01

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2009.01
05/21/2009 06:05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

99.02	IDOL SPACE/HOME HEALTH	99.02
99.03	ADOL SCHOOL	99.03
99.04	FOUNDATION	99.04
99.05	LEASED BLDG	99.05
99.07	PARISH NURSING	99.07
100	OP PHARMACY	100
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	27001645		27001645	25640	27027285	25
26 INTENSIVE CARE UNIT	8211750		8211750	4556	8216306	26
31 SUBPROVIDER I	12324887		12324887	119549	12444436	31
33 NURSERY	1255070		1255070	688	1255758	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	17593121		17593121		17593121	37
38 RECOVERY ROOM	4660870		4660870		4660870	38
39 DELIVERY ROOM & LABOR ROOM	6660639		6660639		6660639	39
40 ANESTHESIOLOGY	474036		474036		474036	40
41 RADIOLOGY-DIAGNOSTIC	6925081		6925081		6925081	41
41.01 CAT SCAN	1647425		1647425		1647425	41.01
41.02 ULTRASOUND	1112628		1112628		1112628	41.02
44 LABORATORY	6699625		6699625		6699625	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1516893		1516893		1516893	47
49 RESPIRATORY THERAPY	1776685		1776685		1776685	49
50 PHYSICAL THERAPY	1524198		1524198		1524198	50
51 OCCUPATIONAL THERAPY	353143		353143		353143	51
52 SPEECH PATHOLOGY	400531		400531		400531	52
53 ELECTROCARDIOLOGY	10708615		10708615		10708615	53
54.01 ECT	177247		177247		177247	54.01
55 MEDICAL SUPPLIES CHARGED TO	1509364		1509364		1509364	55
56 DRUGS CHARGED TO PATIENTS	8934548		8934548		8934548	56
57 RENAL DIALYSIS	473787		473787		473787	57
58.01 PSYCHOLOGY	1770319		1770319		1770319	58.01
59 OCCUPATIONAL HEALTH	1178909		1178909		1178909	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2246894		2246894	403	2247297	60
60.01 OUTPATIENT PROCEDURES	1139634		1139634		1139634	60.01
61 EMERGENCY	10276669		10276669	27932	10304601	61
62 OBSERVATION BEDS (NON-DISTI	3200701		3200701		3200701	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	141754914		141754914	178768	141933682	101
102 LESS OBSERVATION BEDS	3200701		3200701		3200701	102
103 TOTAL	138554213		138554213	178768	138732981	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	48059796		48059796			25
26 INTENSIVE CARE UNIT	14176699		14176699			26
31 SUBPROVIDER I	16007807		16007807			31
33 NURSERY	3085543		3085543			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	71134672	39818737	110953409	.158563	.158563	.158563 37
38 RECOVERY ROOM	11125181	14406133	25531314	.182555	.182555	.182555 38
39 DELIVERY ROOM & LABOR ROOM	10345222	1070054	11415276	.583485	.583485	.583485 39
40 ANESTHESIOLOGY	3089374	2980617	6069991	.078095	.078095	.078095 40
41 RADIOLOGY-DIAGNOSTIC	11276468	31387154	42663622	.162318	.162318	.162318 41
41.01 CAT SCAN	12789629	37916486	50706115	.032490	.032490	.032490 41.01
41.02 ULTRASOUND	3153645	10370387	13524032	.082270	.082270	.082270 41.02
44 LABORATORY	29848374	28361836	58210210	.115094	.115094	.115094 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1051598	134906	1186504	1.278456	1.278456	1.278456 47
49 RESPIRATORY THERAPY	14988500	3594341	18582841	.095609	.095609	.095609 49
50 PHYSICAL THERAPY	2436099	2955265	5391364	.282711	.282711	.282711 50
51 OCCUPATIONAL THERAPY	552009	535837	1087846	.324626	.324626	.324626 51
52 SPEECH PATHOLOGY	397907	381799	779706	.513695	.513695	.513695 52
53 ELECTROCARDIOLOGY	36295229	28467174	64762403	.165352	.165352	.165352 53
54.01 ECT	420629	614402	1035031	.171248	.171248	.171248 54.01
55 MEDICAL SUPPLIES CHARGED TO	7225469	2993662	10219131	.147700	.147700	.147700 55
56 DRUGS CHARGED TO PATIENTS	56062261	21993028	78055289	.114464	.114464	.114464 56
57 RENAL DIALYSIS	2341909	137773	2479682	.191068	.191068	.191068 57
58.01 PSYCHOLOGY	78648	3768114	3846762	.460210	.460210	.460210 58.01
59 OCCUPATIONAL HEALTH	60	1564079	1564139	.753711	.753711	.753711 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	35289	2324414	2359703	.952194	.952194	.952364 60
60.01 OUTPATIENT PROCEDURES		4671422	4671422	.243959	.243959	.243959 60.01
61 EMERGENCY	15386613	64270957	79657570	.129011	.129011	.129361 61
62 OBSERVATION BEDS (NON-DISTI	446574	4981465	5428039	.589661	.589661	.589661 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	371811204	309700042	681511246			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	371811204	309700042	681511246			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2720191		2720191
26 INTENSIVE CARE UNIT				800661		800661
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				1515719		1515719
33 NURSERY				64113		64113
101 TOTAL				5100684		5100684

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	33329	10616			81.62	866478
26 INTENSIVE CARE UNIT	3945	1945			202.96	394757
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	12109	5068			125.17	634362
33 NURSERY	2961				21.65	
101 TOTAL	52344	17629				1895597

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2		TOTAL CHARGES 3	PROGRAM CHARGES 4	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1786809	110953409	27195171			.016104	437951 37
38 RECOVERY ROOM		935168	25531314	4309469			.036628	157847 38
39 DELIVERY ROOM & LABOR ROOM		682153	11415276	6610			.059758	395 39
40 ANESTHESIOLOGY		40978	6069991	932919			.006751	6298 40
41 RADIOLOGY-DIAGNOSTIC		633445	42663622	5210161			.014847	77355 41
41.01 CAT SCAN		88563	50706115	5152182			.001747	9001 41.01
41.02 ULTRASOUND		37876	13524032	1316859			.002801	3689 41.02
44 LABORATORY		452968	58210210	11093793			.007782	86332 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		55270	1186504	535363			.046582	24938 47
49 RESPIRATORY THERAPY		72925	18582841	8034299			.003924	31527 49
50 PHYSICAL THERAPY		83817	5391364	1424680			.015547	22149 50
51 OCCUPATIONAL THERAPY		16861	1087846	346580			.015499	5372 51
52 SPEECH PATHOLOGY		17157	779706	240667			.022004	5296 52
53 ELECTROCARDIOLOGY		732928	64762403	17211935			.011317	194787 53
54.01 ECT		10904	1035031	45418			.010535	478 54.01
55 MEDICAL SUPPLIES CHARGED TO P		44662	10219131	2071906			.004370	9054 55
56 DRUGS CHARGED TO PATIENTS		274878	78055289	22970593			.003522	80902 56
57 RENAL DIALYSIS		18885	2479682	1593303			.007616	12135 57
58.01 PSYCHOLOGY		182789	3846762	1770			.047518	84 58.01
59 OCCUPATIONAL HEALTH		14961	1564139				.009565	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		113261	2359703	10917			.047998	524 60
60.01 OUTPATIENT PROCEDURES		9738	4671422				.002085	60.01
61 EMERGENCY		855694	79657570	6901742			.010742	74139 61
62 OBSERVATION BEDS (NON-DISTINC		322138	5428039	220370			.059347	13078 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7484828	600181401	116826707				1253331 101

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 05/21/2009 06:05

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT	COSTS	DAYS	DAYS	DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					33329		10616	25
26	INTENSIVE CARE UNIT					3945		1945	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					12109		5068	31
33	NURSERY					2961			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					52344		17629	101

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.01
 05/21/2009 06:05

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		110953409			27195171		6778089 37
38 RECOVERY ROOM		25531314			4309469		2482249 38
39 DELIVERY ROOM & LABOR ROOM		11415276			6610		39
40 ANESTHESIOLOGY		6069991			932919		416814 40
41 RADIOLOGY-DIAGNOSTIC		42663622			5210161		5558125 41
41.01 CAT SCAN		50706115			5152182		6475807 41.01
41.02 ULTRASOUND		13524032			1316859		1057506 41.02
44 LABORATORY		58210210			11093793		1152637 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		1186504			535363		52692 47
49 RESPIRATORY THERAPY		18582841			8034299		905513 49
50 PHYSICAL THERAPY		5391364			1424680		4908 50
51 OCCUPATIONAL THERAPY		1087846			346580		51
52 SPEECH PATHOLOGY		779706			240667		52
53 ELECTROCARDIOLOGY		64762403			17211935		8980901 53
54.01 ECT		1035031			45418		280068 54.01
55 MEDICAL SUPPLIES CHARGED TO P		10219131			2071906		636432 55
56 DRUGS CHARGED TO PATIENTS		78055289			22970593		5472859 56
57 RENAL DIALYSIS		2479682			1593303		76489 57
58.01 PSYCHOLOGY		3846762			1770		36533 58.01
59 OCCUPATIONAL HEALTH		1564139					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2359703			10917		273690 60
60.01 OUTPATIENT PROCEDURES		4671422					60.01
61 EMERGENCY		79657570			6901742		7544436 61
62 OBSERVATION BEDS (NON-DISTINC		5428039			220370		2749748 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		600181401			116826707		50935496 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 CAT SCAN						41.01
41.02 ULTRASOUND						41.02
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54.01 ECT						54.01
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58.01 PSYCHOLOGY						58.01
59 OCCUPATIONAL HEALTH						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 OUTPATIENT PROCEDURES						60.01
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0174) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.158563	.158563	.158563			37
38 RECOVERY ROOM	.182555	.182555	.182555			38
39 DELIVERY ROOM & LABOR ROOM	.583485	.583485	.583485			39
40 ANESTHESIOLOGY	.078095	.078095	.078095			40
41 RADIOLOGY-DIAGNOSTIC	.162318	.162318	.162318			41
41.01 CAT SCAN	.032490	.032490	.032490			41.01
41.02 ULTRASOUND	.082270	.082270	.082270			41.02
44 LABORATORY	.115094	.115094	.115094			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	1.278456	1.278456	1.278456			47
49 RESPIRATORY THERAPY	.095609	.095609	.095609			49
50 PHYSICAL THERAPY	.282711	.282711	.282711			50
51 OCCUPATIONAL THERAPY	.324626	.324626	.324626			51
52 SPEECH PATHOLOGY	.513695	.513695	.513695			52
53 ELECTROCARDIOLOGY	.165352	.165352	.165352			53
54.01 ECT	.171248	.171248	.171248			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.147700	.147700	.147700			55
56 DRUGS CHARGED TO PATIENTS	.114464	.114464	.114464			56
57 RENAL DIALYSIS	.191068	.191068	.191068			57
58.01 PSYCHOLOGY	.460210	.460210	.460210			58.01
59 OCCUPATIONAL HEALTH	.753711	.753711	.753711			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.952194	.952194	.952194			60
60.01 OUTPATIENT PROCEDURES	.243959	.243959	.243959			60.01
61 EMERGENCY	.129011	.129011	.129011			61
62 OBSERVATION BEDS (NON-DISTINCT	.589661	.589661	.589661			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.114464	1
2 PROGRAM VACCINE CHARGES	13537	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	1549	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0174) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6778089	54377					37
38 RECOVERY ROOM		2482249	1					38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		416814						40
41 RADIOLOGY-DIAGNOSTIC		5558125						41
41.01 CAT SCAN		6475807	124					41.01
41.02 ULTRASOUND		1057506						41.02
44 LABORATORY		1152637						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		52692						47
49 RESPIRATORY THERAPY		905513	507					49
50 PHYSICAL THERAPY		4908						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		8980901	7676					53
54.01 ECT		280068						54.01
55 MEDICAL SUPPLIES CHARGED TO PA		636432	34					55
56 DRUGS CHARGED TO PATIENTS		5472859						56
57 RENAL DIALYSIS		76489						57
58.01 PSYCHOLOGY		36533						58.01
59 OCCUPATIONAL HEALTH								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		273690						60
60.01 OUTPATIENT PROCEDURES								60.01
61 EMERGENCY		7544436	18					61
62 OBSERVATION BEDS (NON-DISTINCT		2749748						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		50935496	62737					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		50935496	62737					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0174) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.) COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		1074754	8622			37
38 RECOVERY ROOM		453147				38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY		32551				40
41 RADIOLOGY-DIAGNOSTIC		902184				41
41.01 CAT SCAN		210399	4			41.01
41.02 ULTRASOUND		87001				41.02
44 LABORATORY		132662				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA		67364				47
49 RESPIRATORY THERAPY		86575	48			49
50 PHYSICAL THERAPY		1388				50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY		1485010	1269			53
54.01 ECT		47961				54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		94001	5			55
56 DRUGS CHARGED TO PATIENTS		626445				56
57 RENAL DIALYSIS		14615				57
58.01 PSYCHOLOGY		16813				58.01
59 OCCUPATIONAL HEALTH						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		260606				60
60.01 OUTPATIENT PROCEDURES						60.01
61 EMERGENCY		973315	2			61
62 OBSERVATION BEDS (NON-DISTINCT)		1621419				62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL		8188210	9950			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		8188210	9950			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	1	2	3	4	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
					5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1786809	110953409	39327			.016104	633 37
38 RECOVERY ROOM		935168	25531314	12987			.036628	476 38
39 DELIVERY ROOM & LABOR ROOM		682153	11415276				.059758	39
40 ANESTHESIOLOGY		40978	6069991	5771			.006751	39 40
41 RADIOLOGY-DIAGNOSTIC		633445	42663622	155455			.014847	2308 41
41.01 CAT SCAN		88563	50706115	213917			.001747	374 41.01
41.02 ULTRASOUND		37876	13524032	54125			.002801	152 41.02
44 LABORATORY		452968	58210210	919014			.007782	7152 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		55270	1186504				.046582	47
49 RESPIRATORY THERAPY		72925	18582841				.003924	49
50 PHYSICAL THERAPY		83817	5391364	73234			.015547	1139 50
51 OCCUPATIONAL THERAPY		16861	1087846				.015499	51
52 SPEECH PATHOLOGY		17157	779706				.022004	52
53 ELECTROCARDIOLOGY		732928	64762403	110017			.011317	1245 53
54.01 ECT		10904	1035031	251399			.010535	2648 54.01
55 MEDICAL SUPPLIES CHARGED TO P		44662	10219131	115483			.004370	505 55
56 DRUGS CHARGED TO PATIENTS		274878	78055289	2418971			.003522	8520 56
57 RENAL DIALYSIS		18885	2479682	28378			.007616	216 57
58.01 PSYCHOLOGY		182789	3846762	6449			.047518	306 58.01
59 OCCUPATIONAL HEALTH		14961	1564139				.009565	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		113261	2359703				.047998	60
60.01 OUTPATIENT PROCEDURES		9738	4671422				.002085	60.01
61 EMERGENCY		855694	79657570	226609			.010742	2434 61
62 OBSERVATION BEDS (NON-DISTINC		322138	5428039				.059347	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7484828	600181401	4631136				28147 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		110953409			39327		37
38 RECOVERY ROOM		25531314			12987		38
39 DELIVERY ROOM & LABOR ROOM		11415276					39
40 ANESTHESIOLOGY		6069991			5771		40
41 RADIOLOGY-DIAGNOSTIC		42663622			155455		373 41
41.01 CAT SCAN		50706115			213917		41.01
41.02 ULTRASOUND		13524032			54125		41.02
44 LABORATORY		58210210			919014		1466 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		1186504					47
49 RESPIRATORY THERAPY		18582841					49
50 PHYSICAL THERAPY		5391364			73234		50
51 OCCUPATIONAL THERAPY		1087846					51
52 SPEECH PATHOLOGY		779706					52
53 ELECTROCARDIOLOGY		64762403			110017		230 53
54.01 ECT		1035031			251399		54.01
55 MEDICAL SUPPLIES CHARGED TO P		10219131			115483		55
56 DRUGS CHARGED TO PATIENTS		78055289			2418971		56
57 RENAL DIALYSIS		2479682			28378		57
58.01 PSYCHOLOGY		3846762			6449		58.01
59 OCCUPATIONAL HEALTH		1564139					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2359703					60
60.01 OUTPATIENT PROCEDURES		4671422					60.01
61 EMERGENCY		79657570			226609		61
62 OBSERVATION BEDS (NON-DISTINC		5428039					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		600181401			4631136		2069 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54.01 ECT					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 PSYCHOLOGY					58.01
59 OCCUPATIONAL HEALTH					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PROCEDURES					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S174) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			OTHER OUTPATIENT DIAGNOSTIC
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.158563	.158563	.158563				37
38 RECOVERY ROOM	.182555	.182555	.182555				38
39 DELIVERY ROOM & LABOR ROOM	.583485	.583485	.583485				39
40 ANESTHESIOLOGY	.078095	.078095	.078095				40
41 RADIOLOGY-DIAGNOSTIC	.162318	.162318	.162318				41
41.01 CAT SCAN	.032490	.032490	.032490				41.01
41.02 ULTRASOUND	.082270	.082270	.082270				41.02
44 LABORATORY	.115094	.115094	.115094				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	1.278456	1.278456	1.278456				47
49 RESPIRATORY THERAPY	.095609	.095609	.095609				49
50 PHYSICAL THERAPY	.282711	.282711	.282711				50
51 OCCUPATIONAL THERAPY	.324626	.324626	.324626				51
52 SPEECH PATHOLOGY	.513695	.513695	.513695				52
53 ELECTROCARDIOLOGY	.165352	.165352	.165352				53
54.01 ECT	.171248	.171248	.171248				54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.147700	.147700	.147700				55
56 DRUGS CHARGED TO PATIENTS	.114464	.114464	.114464				56
57 RENAL DIALYSIS	.191068	.191068	.191068				57
58.01 PSYCHOLOGY	.460210	.460210	.460210				58.01
59 OCCUPATIONAL HEALTH	.753711	.753711	.753711				59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.952194	.952194	.952194				60
60.01 OUTPATIENT PROCEDURES	.243959	.243959	.243959				60.01
61 EMERGENCY	.129011	.129011	.129011				61
62 OBSERVATION BEDS (NON-DISTINCT	.589661	.589661	.589661				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.114464	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S174) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		373						41
41.01 CAT SCAN								41.01
41.02 ULTRASOUND								41.02
44 LABORATORY		1466						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		230						53
54.01 ECT								54.01
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
58.01 PSYCHOLOGY								58.01
59 OCCUPATIONAL HEALTH								59
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 OUTPATIENT PROCEDURES								60.01
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
65 OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		2069						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		2069						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S174) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE (COLUMNS INSTRU.) 1.02x10)	COST
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			61				41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
44 LABORATORY			169				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY			38				53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL			268				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			268				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
25 INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS				2720191		2720191	25
26 INTENSIVE CARE UNIT				800661		800661	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				1515719		1515719	31
33 NURSERY				64113		64113	33
101 TOTAL				5100684		5100684	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS	33329	7259			81.62	592480	25
26 INTENSIVE CARE UNIT	3945	121			202.96	24558	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	12109				125.17		31
33 NURSERY	2961	913			21.65	19766	33
101 TOTAL	52344	8293				636804	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL		CAPITAL
	CAPITAL	CAPITAL		RATIO OF	CAPITAL	RATIO OF	CAPITAL	
	RELATED	RELATED	PROGRAM	COST TO	COST TO	COSTS	CHARGES	COSTS
	1	2	4	5	6	7	8	8
	COST	COST	CHARGES	CHARGES	CHARGES	CHARGES	CHARGES	CHARGES
37		1786809	110953409				.016104	37
38		935168	25531314				.036628	38
39		682153	11415276				.059758	39
40		40978	6069991				.006751	40
41		633445	42663622				.014847	41
41.01		88563	50706115				.001747	41.01
41.02		37876	13524032				.002801	41.02
44		452968	58210210				.007782	44
46.30								46.30
47		55270	1186504				.046582	47
49		72925	18582841				.003924	49
50		83817	5391364				.015547	50
51		16861	1087846				.015499	51
52		17157	779706				.022004	52
53		732928	64762403				.011317	53
54.01		10904	1035031				.010535	54.01
55		44662	10219131				.004370	55
56		274878	78055289				.003522	56
57		18885	2479682				.007616	57
58.01		182789	3846762				.047518	58.01
59		14961	1564139				.009565	59
60		113261	2359703				.047998	60
60.01		9738	4671422				.002085	60.01
61		855694	79657570				.010742	61
62		322138	5428039				.059347	62
63.50								63.50
63.60								63.60
101		7484828	600181401					101

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 05/21/2009 06:05

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					33329		7259	25
26 INTENSIVE CARE UNIT					3945		121	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					12109			31
33 NURSERY					2961		913	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					52344		8293	101

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.01
 05/21/2009 06:05

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		110953409					37
38 RECOVERY ROOM		25531314					38
39 DELIVERY ROOM & LABOR ROOM		11415276					39
40 ANESTHESIOLOGY		6069991					40
41 RADIOLOGY-DIAGNOSTIC		42663622					41
41.01 CAT SCAN		50706115					41.01
41.02 ULTRASOUND		13524032					41.02
44 LABORATORY		58210210					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		1186504					47
49 RESPIRATORY THERAPY		18582841					49
50 PHYSICAL THERAPY		5391364					50
51 OCCUPATIONAL THERAPY		1087846					51
52 SPEECH PATHOLOGY		779706					52
53 ELECTROCARDIOLOGY		64762403					53
54.01 ECT		1035031					54.01
55 MEDICAL SUPPLIES CHARGED TO P		10219131					55
56 DRUGS CHARGED TO PATIENTS		78055289					56
57 RENAL DIALYSIS		2479682					57
58.01 PSYCHOLOGY		3846762					58.01
59 OCCUPATIONAL HEALTH		1564139					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2359703					60
60.01 OUTPATIENT PROCEDURES		4671422					60.01
61 EMERGENCY		79657570					61
62 OBSERVATION BEDS (NON-DISTINC		5428039					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		600181401					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 CAT SCAN						41.01
41.02 ULTRASOUND						41.02
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54.01 ECT						54.01
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58.01 PSYCHOLOGY						58.01
59 OCCUPATIONAL HEALTH						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 OUTPATIENT PROCEDURES						60.01
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL		CAPITAL COSTS
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1786809	110953409				.016104	37
38 RECOVERY ROOM		935168	25531314				.036628	38
39 DELIVERY ROOM & LABOR ROOM		682153	11415276				.059758	39
40 ANESTHESIOLOGY		40978	6069991				.006751	40
41 RADIOLOGY-DIAGNOSTIC		633445	42663622				.014847	41
41.01 CAT SCAN		88563	50706115				.001747	41.01
41.02 ULTRASOUND		37876	13524032				.002801	41.02
44 LABORATORY		452968	58210210				.007782	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		55270	1186504				.046582	47
49 RESPIRATORY THERAPY		72925	18582841				.003924	49
50 PHYSICAL THERAPY		83817	5391364				.015547	50
51 OCCUPATIONAL THERAPY		16861	1087846				.015499	51
52 SPEECH PATHOLOGY		17157	779706				.022004	52
53 ELECTROCARDIOLOGY		732928	64762403				.011317	53
54.01 ECT		10904	1035031				.010535	54.01
55 MEDICAL SUPPLIES CHARGED TO P		44662	10219131				.004370	55
56 DRUGS CHARGED TO PATIENTS		274878	78055289				.003522	56
57 RENAL DIALYSIS		18885	2479682				.007616	57
58.01 PSYCHOLOGY		182789	3846762				.047518	58.01
59 OCCUPATIONAL HEALTH		14961	1564139				.009565	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		113261	2359703				.047998	60
60.01 OUTPATIENT PROCEDURES		9738	4671422				.002085	60.01
61 EMERGENCY		855694	79657570				.010742	61
62 OBSERVATION BEDS (NON-DISTINC		322138	5428039				.059347	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7484828	600181401					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		110953409					37
38 RECOVERY ROOM		25531314					38
39 DELIVERY ROOM & LABOR ROOM		11415276					39
40 ANESTHESIOLOGY		6069991					40
41 RADIOLOGY-DIAGNOSTIC		42663622					41
41.01 CAT SCAN		50706115					41.01
41.02 ULTRASOUND		13524032					41.02
44 LABORATORY		58210210					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		1186504					47
49 RESPIRATORY THERAPY		18582841					49
50 PHYSICAL THERAPY		5391364					50
51 OCCUPATIONAL THERAPY		1087846					51
52 SPEECH PATHOLOGY		779706					52
53 ELECTROCARDIOLOGY		64762403					53
54.01 ECT		1035031					54.01
55 MEDICAL SUPPLIES CHARGED TO P		10219131					55
56 DRUGS CHARGED TO PATIENTS		78055289					56
57 RENAL DIALYSIS		2479682					57
58.01 PSYCHOLOGY		3846762					58.01
59 OCCUPATIONAL HEALTH		1564139					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2359703					60
60.01 OUTPATIENT PROCEDURES		4671422					60.01
61 EMERGENCY		79657570					61
62 OBSERVATION BEDS (NON-DISTINC		5428039					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		600181401					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 CAT SCAN						41.01
41.02 ULTRASOUND						41.02
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54.01 ECT						54.01
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58.01 PSYCHOLOGY						58.01
59 OCCUPATIONAL HEALTH						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 OUTPATIENT PROCEDURES						60.01
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0174)	SUB I (PPS) (14-S174)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	33329	12109					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33329	12109					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33329	12109					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10616	5068					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0174)	SUB I (PPS) (14-S174)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	27027285	12444436					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	27027285	12444436					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28891539	6699722					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	28891539	6699722					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.935474	1.857456					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	866.86	553.28					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	27027285	12444436					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0174)	SUB I (PPS) (14-S174)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	810.92	1027.70				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8608727	5208384				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8608727	5208384				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	8216306	3945	2082.71	1945	4050871	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0174)	SUB I (PPS) (14-S174)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	16792874	565061				48
49 TOTAL PROGRAM INPATIENT COSTS	29452472	5773445				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1261235	634362				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1253331	28147				51
52 TOTAL PROGRAM EXCLUDABLE COST	2514566	662509				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	26937906	5110936				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0174)	SUB I (PPS) (14-S174)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
05/21/2009 06:05

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0174)(14-S174)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3947	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	810.92	84
85 OBSERVATION BED COST	3200701	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		27027285		3200701		86
87 NEW CAPITAL-RELATED COST	2720191	27027285	.100646	3200701	322138	87
88 NON PHYSICIAN ANESTHETIST		27027285		3200701		88
89 MEDICAL EDUCATION		27027285		3200701		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0174)	SUB I (OTHER) (14-S174)	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	33329	12109				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33329	12109				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33329	12109				4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7259					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	2961					15
16 TITLE V OR XIX NURSERY DAYS	913					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (14-0174)	SUB I (OTHER) (14-S174)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	27001645	12324887					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	27001645	12324887					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28891539	6699722					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	28891539	6699722					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.934587	1.839612					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	866.86	553.28					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	27001645	12324887					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0174)	SUB I (OTHER) (14-S174)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	810.15	1017.83				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5880879					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5880879					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1255070	2961	423.87	913	386993	42
43 INTENSIVE CARE UNIT	8211750	3945	2081.56	121	251869	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0174)	SUB I (OTHER) (14-S174)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	6519741					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	636804					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	636804					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0174)	SUB I (OTHER) (14-S174)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
54		434				54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
05/21/2009 06:05

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
05/21/2009 06:05

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

<input type="checkbox"/> TITLE V-INPT	<input type="checkbox"/> TITLE XVIII-PART A	<input checked="" type="checkbox"/> TITLE XIX-INPT			
	HOSPITAL (OTHER) (14-0174)	SUB I (OTHER) (14-S174)	SUB II	SUB III	SUB IV
	1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3947	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	810.92	84
85 OBSERVATION BED COST	3200701	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0174)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		21446979		25
26 INTENSIVE CARE UNIT		7444560		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.158563	27195171	4312148	37
38 RECOVERY ROOM	.182555	4309469	786715	38
39 DELIVERY ROOM & LABOR ROOM	.583485	6610	3857	39
40 ANESTHESIOLOGY	.078095	932919	72856	40
41 RADIOLOGY-DIAGNOSTIC	.162318	5210161	845703	41
41.01 CAT SCAN	.032490	5152182	167394	41.01
41.02 ULTRASOUND	.082270	1316859	108338	41.02
44 LABORATORY	.115094	11093793	1276829	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.278456	535363	684438	47
49 RESPIRATORY THERAPY	.095609	8034299	768151	49
50 PHYSICAL THERAPY	.282711	1424680	402773	50
51 OCCUPATIONAL THERAPY	.324626	346580	112509	51
52 SPEECH PATHOLOGY	.513695	240667	123629	52
53 ELECTROCARDIOLOGY	.165352	17211935	2846028	53
54.01 ECT	.171248	45418	7778	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.147700	2071906	306021	55
56 DRUGS CHARGED TO PATIENTS	.114464	22970593	2629306	56
57 RENAL DIALYSIS	.191068	1593303	304429	57
58.01 PSYCHOLOGY	.460210	1770	815	58.01
59 OCCUPATIONAL HEALTH	.753711			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.952364	10917	10397	60
60.01 OUTPATIENT PROCEDURES	.243959			60.01
61 EMERGENCY	.129361	6901742	892816	61
62 OBSERVATION BEDS (NON-DISTINCT	.589661	220370	129944	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		116826707	16792874	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		116826707		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S174)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		6699722		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.158563	39327	6236	37
38 RECOVERY ROOM	.182555	12987	2371	38
39 DELIVERY ROOM & LABOR ROOM	.583485			39
40 ANESTHESIOLOGY	.078095	5771	451	40
41 RADIOLOGY-DIAGNOSTIC	.162318	155455	25233	41
41.01 CAT SCAN	.032490	213917	6950	41.01
41.02 ULTRASOUND	.082270	54125	4453	41.02
44 LABORATORY	.115094	919014	105773	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.278456			47
49 RESPIRATORY THERAPY	.095609			49
50 PHYSICAL THERAPY	.282711	73234	20704	50
51 OCCUPATIONAL THERAPY	.324626			51
52 SPEECH PATHOLOGY	.513695			52
53 ELECTROCARDIOLOGY	.165352	110017	18192	53
54.01 ECT	.171248	251399	43052	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.147700	115483	17057	55
56 DRUGS CHARGED TO PATIENTS	.114464	2418971	276885	56
57 RENAL DIALYSIS	.191068	28378	5422	57
58.01 PSYCHOLOGY	.460210	6449	2968	58.01
59 OCCUPATIONAL HEALTH	.753711			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.952364			60
60.01 OUTPATIENT PROCEDURES	.243959			60.01
61 EMERGENCY	.129361	226609	29314	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.589661			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		4631136	565061	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4631136		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0174)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.158563		37
38 RECOVERY ROOM	.182555		38
39 DELIVERY ROOM & LABOR ROOM	.583485		39
40 ANESTHESIOLOGY	.078095		40
41 RADIOLOGY-DIAGNOSTIC	.162318		41
41.01 CAT SCAN	.032490		41.01
41.02 ULTRASOUND	.082270		41.02
44 LABORATORY	.115094		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	1.278456		47
49 RESPIRATORY THERAPY	.095609		49
50 PHYSICAL THERAPY	.282711		50
51 OCCUPATIONAL THERAPY	.324626		51
52 SPEECH PATHOLOGY	.513695		52
53 ELECTROCARDIOLOGY	.165352		53
54.01 ECT	.171248		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.147700		55
56 DRUGS CHARGED TO PATIENTS	.114464		56
57 RENAL DIALYSIS	.191068		57
58.01 PSYCHOLOGY	.460210		58.01
59 OCCUPATIONAL HEALTH	.753711		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.952194		60
60.01 OUTPATIENT PROCEDURES	.243959		60.01
61 EMERGENCY	.129011		61
62 OBSERVATION BEDS (NON-DISTINCT	.589661		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S174)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.158563		37
38 RECOVERY ROOM	.182555		38
39 DELIVERY ROOM & LABOR ROOM	.583485		39
40 ANESTHESIOLOGY	.078095		40
41 RADIOLOGY-DIAGNOSTIC	.162318		41
41.01 CAT SCAN	.032490		41.01
41.02 ULTRASOUND	.082270		41.02
44 LABORATORY	.115094		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	1.278456		47
49 RESPIRATORY THERAPY	.095609		49
50 PHYSICAL THERAPY	.282711		50
51 OCCUPATIONAL THERAPY	.324626		51
52 SPEECH PATHOLOGY	.513695		52
53 ELECTROCARDIOLOGY	.165352		53
54.01 ECT	.171248		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.147700		55
56 DRUGS CHARGED TO PATIENTS	.114464		56
57 RENAL DIALYSIS	.191068		57
58.01 PSYCHOLOGY	.460210		58.01
59 OCCUPATIONAL HEALTH	.753711		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.952194		60
60.01 OUTPATIENT PROCEDURES	.243959		60.01
61 EMERGENCY	.129011		61
62 OBSERVATION BEDS (NON-DISTINCT	.589661		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0174)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	16855500					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5735664					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	774294					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	212.05					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0174)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0447					4
4.01	0.2551					4.01
4.02	0.2998					4.02
4.03	0.1395					4.03
4.04	3151467					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	26516925					6
7						7
7.01						7.01
8	26516925					8
9	2073666					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	28590591					16
17	26148					17
18	28564443					18
19	1898656					19
20	155184					20
21	578094					21
21.01	404666					21.01
21.02	248513					21.02
22	26915269					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0174)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	26915269					26
27						27
28	26178896					28
28.01						28.01
29	736373					29
30	512590					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0174) 1	HOSPITAL (14-0174) 1.01	HOSPITAL (14-0174) 1.02	
1 MEDICAL AND OTHER SERVICES	11499			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8188210			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	6239417			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.856			1.03
1.04 LINE 1.01 TIMES LINE 1.03	7009108			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	89.02			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	11499			5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	76274			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	76274			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	76274			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	64775			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	11499			17
17.01 TOTAL PPS PAYMENTS	6239417			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0174) 1	HOSPITAL (14-0174) 1.01	HOSPITAL (14-0174) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	139		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1503715		18.01
19 SUBTOTAL	4747062		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	4747062		23
24 PRIMARY PAYER PAYMENTS	412		24
25 SUBTOTAL	4746650		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	368966		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	258276		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	194354		27.02
28 SUBTOTAL	5004926		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	5004926		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4852655		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	152271		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S174) 1	SUB I (14-S174) 1.01	SUB I (14-S174) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	268			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	121			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.942			1.03
1.04 LINE 1.01 TIMES LINE 1.03	252			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	48.02			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	121			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S174) 1	SUB I (14-S174) 1.01	SUB I (14-S174) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
	31		
19			19
20			20
21			21
22			22
23	90		23
24			24
25	90		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26			26
27			27
27.01			27.01
27.02			27.02
28	90		28
29			29
30			30
30.99			30.99
31			31
32	90		32
33			33
34	90		34
34.01			34.01
35			35
36			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0174)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2	DEDUCTIBLES	2
3	SUBTOTAL	3
4	80 PERCENT OF LINE 3	4
5	ASC PORTION OF BLEND	5
6	OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	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)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	HOSPITAL SPECIFIC PORTION OF BLEND	17
18	ASC BLENDED AMOUNT	18
19	LESSER OF LINES 16 OR 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0174)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0174)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0174)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		25144428		4737717	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 .04 .05 .50 .51 .52 .53 .54	08/08/2008 12/31/2008	387857 646611	08/08/2008 114938	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99		1034468	114938	3.99
4 TOTAL INTERIM PAYMENTS			26178896	4852655	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		736373	152271	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY			26915269	5004926	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S174)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3921777		90
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM .01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST TO .03		NONE		NONE
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .05				3.05
				3.50
PROVIDER .51				3.51
TO .52		NONE		NONE
PROGRAM .53				3.53
				3.54
SUBTOTAL .99				3.99
4 TOTAL INTERIM PAYMENTS		3921777		90
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01				5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02		NONE		NONE
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03				5.03
				5.50
				5.51
		NONE		NONE
				5.52
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO				
(BALANCE DUE) BASED ON THE COST PROVIDER .01		1		6.01
REPORT. PROVIDER TO .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3921778		90

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S174)	SUB II	SUB III	SUB IV
1					1
1.01					1.01
1.02					1.02
1.03					1.03
1.04					1.04
1.05					1.05
1.06					1.06
1.07					1.07
1.08		3870934			1.08
1.09		379105			1.09
1.10		62380			1.10
1.11					1.11
1.12					1.12
1.13					1.13
1.14					1.14
1.15					1.15
1.16		33.084699			1.16
1.17					1.17
1.18					1.18
1.19		4312419			1.19
1.20					1.20
1.21					1.21
1.22					1.22
1.23		4312419			1.23
1.35					1.35
1.36					1.36
1.37					1.37
1.38					1.38
1.39					1.39
1.40					1.40
1.41					1.41
1.42					1.42
2					2
3					3
4		4312419			4
5		10874			5
6		4301545			6
7		354423			7
8		3947122			8
9		25344			9
10		3921778			10
11					11
11.01					11.01
11.02					11.02
12		3921778			12
13					13

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
05/21/2009 06:05

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S174)	SUB II	SUB III	SUB IV
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15 OTHER ADJUSTMENTS					15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		3921778			17
18 SEQUESTRATION ADJUSTMENT					18
19 INTERIM PAYMENTS		3921777			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20 BALANCE DUE PROVIDER/PROGRAM			1		20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
TO BE COMPLETED BY INTERMEDIARY					
50 ORIGINAL OUTLIER AMOUNT					50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I	
		HOSPITAL (14-0174) (OTHER)	SUB I (14-S174) (OTHER)	SUB II	SUB III	SUB IV	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	6519741					1
3	MEDICAL AND OTHER SERVICES						2
4	INTERNS AND RESIDENTS						3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
6	COST OF TEACHING PHYSICIANS						5
7	SUBTOTAL	6519741					6
8	INPATIENT PRIMARY PAYER PAYMENTS						7
9	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	6519741					9
COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	6519741					22
23	COST OF COVERED SERVICES	6519741					23
PROSPECTIVE PAYMENT AMOUNT							
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	6519741					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	6519741					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0174) (OTHER)	SUB I (14-S174) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	6519741					34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, REIMBURSABLE BAD DEBTS						37
38.01	REIMBURSABLE BAD DEBTS						38
38.02	REDUCED REIMBURSABLE BAD DEBTS						38.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)						59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	6022000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	26704000			4
5	OTHER RECEIVABLES	7439000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	2896000			7
8	PREPAID EXPENSES	2330000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	45391000			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	65339000			14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	65339000			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	8057000			25
26	TOTAL OTHER ASSETS	8057000			26
27	TOTAL ASSETS	118787000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	12138000			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	26669000			35
36	TOTAL CURRENT LIABILITIES	38807000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	216000			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	1897000			41
42	TOTAL LONG TERM LIABILITIES	2113000			42
43	TOTAL LIABILITIES	40920000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	77867000			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	77867000			51
52	TOTAL LIABILITIES AND FUND BALANCES	118787000			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	86363000			1
2 NET INCOME (LOSS)	-8905000			2
3 TOTAL	77458000			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	409000			4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	409000			10
11 SUBTOTAL	77867000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	77867000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	51591913		51591913	1
2 SUBPROVIDER I	16007807		16007807	2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	67599720		67599720	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	14176699		14176699	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	14176699		14176699	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	81776419		81776419	16
17 ANCILLARY SERVICES	290058553	310212661	600271214	17
18 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	371834972	310212661	682047633	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		153564131	26
27 BAD DEBTS	21238000		27
28 MISC	25634		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		21263634	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		174827765	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	682047633	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	505290868	2
3	NET PATIENT REVENUES	176756765	3
4	LESS - TOTAL OPERATING EXPENSES	174827765	4
5	NET INCOME FROM SERVICE TO PATIENTS	1929000	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	RENTAL INCOME		24
24.01	UNRESTRICTED DONATIONS		24.01
24.02	INCOME FROM UNCONSOLIDATED ENTITIES		24.02
24.03	OTHER OPERATING REVENUE		24.03
24.04	ASSETS RELEASED FROM RESTRICTION	-2913000	24.04
24.06	NON-OP: INVESTMENT INCOME-REALIZED	797000	24.06
24.07	NON-OP: GAIN ON SALE OF ASSETS		24.07
24.08	NON-OP: INVESTMENT INCOME -UNREALIZ	16000	24.08
25	TOTAL OTHER INCOME	-2100000	25
26	TOTAL	-171000	26
27	IMPAIRMENT	38000	27
27.01	TRANSFERS TO AFFILIATES	9413000	27.01
27.02	RELEASED FROM RESTRICTIONS FOR ASSE	-717000	27.02
28			28
29			29
30	TOTAL OTHER EXPENSES	8734000	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-8905000	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0174)	HOSPITAL (14-0174)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54.01 ECT					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 PSYCHOLOGY					58.01
59 OCCUPATIONAL HEALTH					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PROCEDURES					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98.01 PHYSICIAN PRACTICE MANAGEMENT					98.01
99.01 MASSAGE THERAPY					99.01
99.02 IDOL SPACE/HOME HEALTH					99.02
99.03 ADOL SCHOOL					99.03

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
05/21/2009 06:05

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
99.04 FOUNDATION						99.04
99.05 LEASED BLDG						99.05
99.07 PARISH NURSING						99.07
00 OP PHARMACY						00
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	31.85		21.78				53.63 25
26 INTENSIVE CARE UNIT	49.30		3.07				52.37 26
33 NURSERY			30.83				30.83 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	24.51	6.11					30.62 37
38 RECOVERY ROOM	16.88	9.72					26.60 38
39 DELIVERY ROOM & LABOR ROOM	0.06						0.06 39
40 ANESTHESIOLOGY	15.37	6.87					22.24 40
41 RADIOLOGY-DIAGNOSTIC	12.21	13.03					25.24 41
41.01 CAT SCAN	10.16	12.77					22.93 41.01
41.02 ULTRASOUND	9.74	7.82					17.56 41.02
44 LABORATORY	19.06	1.98					21.04 44
47 BLOOD STORING, PROCESSING & TRA	45.12	4.44					49.56 47
49 RESPIRATORY THERAPY	43.24	4.87					48.11 49
50 PHYSICAL THERAPY	26.43	0.09					26.52 50
51 OCCUPATIONAL THERAPY	31.86						31.86 51
52 SPEECH PATHOLOGY	30.87						30.87 52
53 ELECTROCARDIOLOGY	26.58	13.87					40.45 53
54.01 ECT	4.39	27.06					31.45 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	20.27	6.23					26.50 55
56 DRUGS CHARGED TO PATIENTS	29.43	7.01					36.44 56
57 RENAL DIALYSIS	64.25	3.08					67.33 57
58.01 PSYCHOLOGY	0.05	0.95					1.00 58.01
60 CLINIC	0.46	11.60					12.06 60
61 EMERGENCY	8.66	9.47					18.13 61
62 OBSERVATION BEDS (NON-DISTINCT	4.06	50.66					54.72 62
101 TOTAL CHARGES	17.14	7.47					24.61 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	41.85						41.85 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.04						0.04 37
38 RECOVERY ROOM	0.05						0.05 38
40 ANESTHESIOLOGY	0.10						0.10 40
41 RADIOLOGY-DIAGNOSTIC	0.36						0.36 41
41.01 CAT SCAN	0.42						0.42 41.01
41.02 ULTRASOUND	0.40						0.40 41.02
44 LABORATORY	1.58						1.58 44
50 PHYSICAL THERAPY	1.36						1.36 50
53 ELECTROCARDIOLOGY	0.17						0.17 53
54.01 ECT	24.29						24.29 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1.13						1.13 55
56 DRUGS CHARGED TO PATIENTS	3.10						3.10 56
57 RENAL DIALYSIS	1.14						1.14 57
58.01 PSYCHOLOGY	0.17						0.17 58.01
61 EMERGENCY	0.28						0.28 61
101 TOTAL CHARGES	0.68						0.68 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---			
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT						1	
2	OLD CAP REL COSTS-MVBLE EQUIP						2	
3	NEW CAP REL COSTS-BLDG & FIXT	8720900	6.11	-8720900	-11.53		3	
4	NEW CAP REL COSTS-MVBLE EQUIP	3967297	2.78	-3967297	-5.25		4	
5	EMPLOYEE BENEFITS	15272116	10.70	-15272116	-20.20		5	
6	ADMINISTRATIVE & GENERAL	28154607	19.72	-28154607	-37.24		6	
7	MAINTENANCE & REPAIRS	3353444	2.35	-3353444	-4.44		7	
8	OPERATION OF PLANT	4269063	2.99	-4269063	-5.65		8	
9	LAUNDRY & LINEN SERVICE	559473	.39	-559473	-.74		9	
10	HOUSEKEEPING	1836869	1.29	-1836869	-2.43		10	
11	DIETARY	979305	.69	-979305	-1.30		11	
12	CAFETERIA	1044871	.73	-1044871	-1.38		12	
13	MAINTENANCE OF PERSONNEL						13	
14	NURSING ADMINISTRATION	2110475	1.48	-2110475	-2.79		14	
15	CENTRAL SERVICES & SUPPLY	878120	.62	-878120	-1.16		15	
16	PHARMACY	2541073	1.78	-2541073	-3.36		16	
17	MEDICAL RECORDS & LIBRARY	1923972	1.35	-1923972	-2.54		17	
18	SOCIAL SERVICE						18	
20	NONPHYSICIAN ANESTHETISTS						20	
21	NURSING SCHOOL						21	
22	I&R SERVICES-SALARY & FRINGES A						22	
23	I&R SERVICES-OTHER PRGM COSTS A						23	
24	PARAMED ED PRGM-(SPECIFY)						24	
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	10549975	7.39	16451670	21.76	27001645	18.91	25
26	INTENSIVE CARE UNIT	3763255	2.64	4448495	5.88	8211750	5.75	26
31	SUBPROVIDER I	4479069	3.14	7845818	10.38	12324887	8.63	31
33	NURSERY	660111	.46	594959	.79	1255070	.88	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	9098782	6.37	8494339	11.23	17593121	12.32	37
38	RECOVERY ROOM	1307495	.92	3353375	4.44	4660870	3.26	38
39	DELIVERY ROOM & LABOR ROOM	2831825	1.98	3828814	5.06	6660639	4.66	39
40	ANESTHESIOLOGY	237174	.17	236862	.31	474036	.33	40
41	RADIOLOGY-DIAGNOSTIC	3460863	2.42	3464218	4.58	6925081	4.85	41
41.01	CAT SCAN	786643	.55	860782	1.14	1647425	1.15	41.01
41.02	ULTRASOUND	606640	.42	505988	.67	1112628	.78	41.02
44	LABORATORY	4233493	2.97	2466132	3.26	6699625	4.69	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	1039917	.73	476976	.63	1516893	1.06	47
49	RESPIRATORY THERAPY	956674	.67	820011	1.08	1776685	1.24	49
50	PHYSICAL THERAPY	857391	.60	666807	.88	1524198	1.07	50
51	OCCUPATIONAL THERAPY	201142	.14	152001	.20	353143	.25	51
52	SPEECH PATHOLOGY	229111	.16	171420	.23	400531	.28	52
53	ELECTROCARDIOLOGY	6011932	4.21	4696683	6.21	10708615	7.50	53
54.01	ECT	90630	.06	86617	.11	177247	.12	54.01
55	MEDICAL SUPPLIES CHARGED TO PAT	1044149	.73	465215	.62	1509364	1.06	55

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
56 DRUGS CHARGED TO PATIENTS	3749093	2.63	5185455	6.86	8934548	6.26	56
57 RENAL DIALYSIS	331985	.23	141802	.19	473787	.33	57
58.01 PSYCHOLOGY	806020	.56	964299	1.28	1770319	1.24	58.01
59 OCCUPATIONAL HEALTH	837568	.59	341341	.45	1178909	.83	59
60 CLINIC	1245571	.87	1001323	1.32	2246894	1.57	60
60.01 OUTPATIENT PROCEDURES	889450	.62	250184	.33	1139634	.80	60.01
61 EMERGENCY	4687810	3.28	5588859	7.39	10276669	7.20	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			144663	.19	144663	.10	96
98.01 PHYSICIAN PRACTICE MANAGEMENT	55860	.04	32531	.04	88391	.06	98.01
99.01 MASSAGE THERAPY	26954	.02	200824	.27	227778	.16	99.01
99.02 IDOL SPACE/HOME HEALTH			649429	.86	649429	.45	99.02
99.03 ADOL SCHOOL	3868		63844	.08	67712	.05	99.03
99.04 FOUNDATION	411951	.29	289966	.38	701917	.49	99.04
99.05 LEASED BLDG	648178	.45	182319	.24	830497	.58	99.05
99.07 PARISH NURSING	184102	.13	177849	.24	361951	.25	99.07
100 OP PHARMACY	843464	.59	309715	.41	1153179	.81	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	142779730	100.00	0	.00	142779730	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED COSTS	CHARGES	CAPITAL COST TO CHARGES	PROGRAM CHARGES	INPATIENT PPS CAPITAL COSTS	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1786809	110953409	.016104	27195171	437951	37
38 RECOVERY ROOM	935168	25531314	.036628	4309469	157847	38
39 DELIVERY ROOM & LABOR ROOM	682153	11415276	.059758	6610	395	39
40 ANESTHESIOLOGY	40978	6069991	.006751	932919	6298	40
41 RADIOLOGY-DIAGNOSTIC	633445	42663622	.014847	5210161	77355	41
41.01 CAT SCAN	88563	50706115	.001747	5152182	9001	41.01
41.02 ULTRASOUND	37876	13524032	.002801	1316859	3689	41.02
44 LABORATORY	452968	58210210	.007782	11093793	86332	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	55270	1186504	.046582	535363	24938	47
49 RESPIRATORY THERAPY	72925	18582841	.003924	8034299	31527	49
50 PHYSICAL THERAPY	83817	5391364	.015547	1424680	22149	50
51 OCCUPATIONAL THERAPY	16861	1087846	.015499	346580	5372	51
52 SPEECH PATHOLOGY	17157	779706	.022004	240667	5296	52
53 ELECTROCARDIOLOGY	732928	64762403	.011317	17211935	194787	53
54.01 ECT	10904	1035031	.010535	45418	478	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	44662	10219131	.004370	2071906	9054	55
56 DRUGS CHARGED TO PATIENTS	274878	78055289	.003522	22970593	80902	56
57 RENAL DIALYSIS	18885	2479682	.007616	1593303	12135	57
58.01 PSYCHOLOGY	182789	3846762	.047518	1770	84	58.01
59 OCCUPATIONAL HEALTH	14961	1564139	.009565			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	113261	2359703	.047998	10917	524	60
60.01 OUTPATIENT PROCEDURES	9738	4671422	.002085			60.01
61 EMERGENCY	855694	79657570	.010742	6901742	74139	61
62 OBSERVATION BEDS (NON-DISTINCT	322138	5428039	.059347	220370	13078	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	7484828	600181401		116826707	1253331	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2720191		2720191	33329	81.62	10616	866478 25
26 INTENSIVE CARE UNIT	800661		800661	3945	202.96	1945	394757 26
101 TOTAL	3520852		3520852			12561	1261235 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1261235

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1253331

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 2514566

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	26937906
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	145718246
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.185

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	5773445
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	11330858
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.510

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	2514566
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.017

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	8172207
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	50854099
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.161