

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

WORKSHEET S  
PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY

1.  ELECTRONICALLY FILED COST REPORT DATE: 05-30-2012 TIME: 04:08\_\_\_\_\_

2.  MANUALLY SUBMITTED COST REPORT

3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT

4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY

5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_

1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_

2 - SETTLED WITHOUT AUDIT 8.  INITIAL REPORT FOR THIS PROVIDER CCN 12.  IF LINE 5, COLUMN 1 IS 4: ENTER

3 - SETTLED WITH AUDIT 9.  FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.

4 - REOPENED

5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PROVENA UNITED SAMARITANS MED. CTR. (14-0093) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2011 AND ENDING 12/31/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL					1
2 SUBPROVIDER - IPF		-247,481	-9,532		2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		-247,481	-9,532		200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 812 NORTH LOGAN AVENUE  
 2 CITY: DANVILLE

STATE: IL

P.O.BOX:  
 ZIP CODE: 61821

COUNTY: VERMILION

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			3
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0093	19180	1	07/01/1966	O	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTG								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2011			TO: 12/31/2011				20
21	TYPE OF CONTROL				1				21

INPATIENT PPS INFORMATION

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

24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	24
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	3,461	1,054	27		10		24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.							25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1				26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1				27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.				58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME		PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1		2	3	4	5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
66					

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:			118.01
118.02	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.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	148003	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: PROVENA HEALTH CONTRACTOR'S NAME: NATIONAL GOVERNMENT SVCS CONTRACTOR'S NUMBER: 0131			141
142	STREET: 19065 HICKORY CREEK DRIVE, S P.O. BOX:			142
143	CITY: MOKENA STATE: IL ZIP CODE: 60448			143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

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

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
<b>FINANCIAL DATA AND REPORTS</b>					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 N	2	2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
<b>BED COMPLEMENT</b>					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
<b>PS&amp;R REPORT DATA</b>					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 N	2	3 N	4 16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	04/30/2012	Y	04/30/2012 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		Y	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

- |  | Y/N | DATE |  |
|--|-----|------|--|
|  | 1   | 2    |  |





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	34,233,198	-1,834,788	32,398,410	1,271,541.50	25.48
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN-PART A						
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01
5	PHYSICIAN-PART B		84,758		84,758	744.00	113.92
6	NON-PHYSICIAN-PART B						
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01
8	HOME OFFICE PERSONNEL						
9	SNF	44					
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		1,902,536	-14,810	1,887,726	32,501.30	58.08
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		2,664,673		2,664,673	90,550.00	29.43
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A		178,485		178,485	1,116.00	159.93
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		7,850,685		7,850,685	129,291.00	60.72
15	HOME OFFICE: PHYSICIAN-PART A						
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		13,882,374		13,882,374		
18	WAGE-RELATED COSTS (OTHER)						
19	EXCLUDED AREAS		861,309		861,309		
20	NON-PHYSICIAN ANESTHETIST PART A						
21	NON-PHYSICIAN ANESTHETIST PART B						
22	PHYSICIAN PART A						
23	PHYSICIAN PART B		38,672		38,672		
24	WAGE-RELATED COSTS (RHC/FQHC)						
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						
OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		1,035,615	-531,456	504,159	12,360.16	40.79
27	ADMINISTRATIVE & GENERAL		5,074,853	-1,144,663	3,930,190	159,781.81	24.60
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						
29	MAINTENANCE & REPAIRS		1,042,983	-66,566	976,417	36,704.80	26.60
30	OPERATION OF PLANT						
31	LAUNDRY & LINEN SERVICE		26,745	44,195	70,940	7,419.55	9.56
32	HOUSEKEEPING		1,011,220	22,371	1,033,591	69,427.30	14.89
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						
34	DIETARY		764,710	-359,712	404,998	29,677.43	13.65
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		411,494		411,494	12,720.00	32.35
36	CAFETERIA			359,712	359,712	28,833.03	12.48
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION		1,185,329	-553,587	631,742	19,776.75	31.94
39	CENTRAL SERVICES AND SUPPLY		692,054	16,938	708,992	45,602.76	15.55
40	PHARMACY		1,282,254	-17,168	1,265,086	36,656.79	34.51
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		576,692		576,692	27,749.25	20.78
42	SOCIAL SERVICE		705,325	-41,815	663,510	19,103.50	34.73
43	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	34,559,934	-1,834,788	32,725,146	1,283,517.5	25.50	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	1,902,536	-14,810	1,887,726	32,501.30	58.08	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	32,657,398	-1,819,978	30,837,420	1,251,016.2	24.65	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	10,693,843		10,693,843	220,957.00	48.40	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	13,882,374		13,882,374		45.02%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	57,233,615	-1,819,978	55,413,637	1,471,973.2	37.65	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	13,809,274	-2,271,751	11,537,523	505,813.13	22.81	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	924,311	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	5,896	3
4 PRIOR YEAR PENSION SERVICE COST	4,898,248	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	4,871	7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	5,505,040	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	301,545	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	62,702	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	92,682	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	552,647	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	2,272,281	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	26,388	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION	20,611	21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	115,135	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	14,782,357	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0093 PROVENA UNITED SAMARITANS MED.  
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
05/30/2012 04:08

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.246425	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				13,662,704	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				96,884,920	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				23,874,868	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				10,212,164	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				10,212,164	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	19,006,072	686,576	19,692,648		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	4,683,572	169,189	4,852,761		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	276,352	12,426	288,778		22
23	COST OF CHARITY CARE	4,407,220	156,763	4,563,983		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)					26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			700,018		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			-700,018		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			-172,502		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			4,391,481		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			14,603,645		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		3,935,952	3,935,952	-1,598,884	1
2	00200				3,716,452	2
3	00300		118,500	118,500	-118,500	3
4	00400	1,035,615	11,648,312	12,683,927		4
5.01	00540	191,563	220,950	412,513		5.01
5.02	00550	31,697	3,945,660	3,977,357		5.02
5.03	00560	235,213	172,237	407,450		5.03
5.04	00570	938,055	36,921	974,976		5.04
5.05	00580	1,113,852	13,465,121	14,578,973		5.05
5.06	00561	2,564,473	10,348,668	12,913,141	-404,131	5.06
6	00600	1,042,983	3,008,956	4,051,939	-1,171,335	6
7	00700				1,238,028	7
8	00800	26,745	293,786	320,531	44,195	8
9	00900	1,011,220	248,791	1,260,011	-110,888	9
10	01000	764,710	1,094,503	1,859,213	-874,612	10
11	01100				874,555	11
12	01200					12
13	01300	1,185,329	36,729	1,222,058	-553,587	13
14	01400	692,054	689,678	1,381,732	16,938	14
15	01500	1,282,254	6,074,110	7,356,364	-5,697,805	15
16	01600	576,692	295,647	872,339		16
17	01700	705,325	10,712	716,037	-41,815	17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	6,277,325	350,028	6,627,353	97,499	30
31	03100	1,454,520	90,811	1,545,331	425,416	31
43	04300	308,808	8,549	317,357	15,370	43
ANCILLARY SERVICE COST CENTERS						
50	05000	853,003	1,635,672	2,488,675	-1,341,770	50
50.01	03330	815,950	85,223	901,173	32,997	50.01
51	05100	354,162	14,294	368,456	18,350	51
52	05200	1,007,580	40,938	1,048,518	-29,045	52
53	05300	39,329	4,015,018	4,054,347	-40,082	53
54	05400	1,389,032	250,211	1,639,243	-388,090	54
54.01	03630	212,909	98,999	311,908	-17,111	54.01
54.02	03440	166,279	85,333	251,612	57,913	54.02
55	05500	569,784	144,322	714,106		55
55.01	03480	423,973	127,130	551,103		55.01
56	05600	174,556	186,615	361,171	60,795	56
57	05700	385,108	173,405	558,513	134,128	57
58	05800	175,434	106,413	281,847	78,749	58
59	05900	20,399	68,792	89,191	-56,178	59
60	06000		3,841,152	3,841,152		60
62.30	06250					62.30
63	06300		525,199	525,199	8,227	63
65	06500	792,440	194,949	987,389	-83,973	65
66	06600		421,661	421,661		66
67	06700		300,851	300,851		67
68	06800		74,586	74,586		68
69	06900				63,435	69
69.01	03140	453,374	360,868	814,242	39,815	69.01
71	07100				1,434,374	71
72	07200				789,436	72
73	07300				5,976,442	73
74	07400		134,657	134,657		74
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	161,418	13,908	175,326	-2,071	90
90.01	04950	159,741	98,064	257,805		90.01
91	09100	2,737,758	820,736	3,558,494	-387,039	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300		2,016,716	2,016,716	-2,016,716	113
118		32,330,662	71,930,333	104,260,995	189,482	118
NONREIMBURSABLE COST CENTERS						
190	19000		2,902	2,902		190
192	19200	1,120,018	355,671	1,475,689	15,293	192
192.01	19201	167,742	1,231,634	1,399,376	-181,293	192.01
192.02	19202		217,515	217,515		192.02

PROVIDER CCN: 14-0093 PROVENA UNITED SAMARITANS MED.  
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
05/30/2012 04:08

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
192.03 19203 FOUNDATION	186,751	53,772	240,523	-23,482	192.03
192.04 19204 OUTREACH PROGRAMS	428,025	332,060	760,085		192.04
192.05 19205 UNASSIGNED					192.05
200 TOTAL (SUM OF LINES 118-199)	34,233,198	74,123,887	108,357,085		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	2,337,068	-544,529	1,792,539	1
2	00200	3,716,452	-345,548	3,370,904	2
3	00300				3
4	00400	12,683,927	4,161,391	16,845,318	4
5.01	00540	412,513		412,513	5.01
5.02	00550	3,977,357	148,162	4,125,519	5.02
5.03	00560	407,450	-75,391	332,059	5.03
5.04	00570	974,976		974,976	5.04
5.05	00580	14,578,973	11,776,148	26,355,121	5.05
5.06	00561	12,509,010	-1,918,042	10,590,968	5.06
6	00600	2,880,604		2,880,604	6
7	00700	1,238,028		1,238,028	7
8	00800	364,726		364,726	8
9	00900	1,149,123		1,149,123	9
10	01000	984,601	-2,753	981,848	10
11	01100	874,555	-479,275	395,280	11
12	01200				12
13	01300	668,471	-1,388	667,083	13
14	01400	1,398,670		1,398,670	14
15	01500	1,658,559	-795	1,657,764	15
16	01600	872,339	-4,005	868,334	16
17	01700	674,222		674,222	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	6,724,852		6,724,852	30
31	03100	1,970,747	-74,292	1,896,455	31
43	04300	332,727	-1,655	331,072	43
ANCILLARY SERVICE COST CENTERS					
50	05000	1,146,905		1,146,905	50
50.01	03330	934,170		934,170	50.01
51	05100	386,806		386,806	51
52	05200	1,019,473		1,019,473	52
53	05300	4,014,265	-3,954,756	59,509	53
54	05400	1,251,153	-30,267	1,220,886	54
54.01	03630	294,797	-2,905	291,892	54.01
54.02	03440	309,525	-2,894	306,631	54.02
55	05500	714,106		714,106	55
55.01	03480	551,103	-5	551,098	55.01
56	05600	421,966		421,966	56
57	05700	692,641	-10,779	681,862	57
58	05800	360,596		360,596	58
59	05900	33,013		33,013	59
60	06000	3,841,152	-28,316	3,812,836	60
62.30	06250				62.30
63	06300	533,426		533,426	63
65	06500	903,416	-8,823	894,593	65
66	06600	421,661		421,661	66
67	06700	300,851		300,851	67
68	06800	74,586		74,586	68
69	06900	63,435		63,435	69
69.01	03140	854,057	-341,060	512,997	69.01
71	07100	1,434,374		1,434,374	71
72	07200	789,436		789,436	72
73	07300	5,976,442		5,976,442	73
74	07400	134,657		134,657	74
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	173,255	-119,141	54,114	90
90.01	04950	257,805	-13,016	244,789	90.01
91	09100	3,171,455	-92,007	3,079,448	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		104,450,477	8,034,059	112,484,536	118
NONREIMBURSABLE COST CENTERS					
190	19000	2,902		2,902	190
192	19200	1,490,982		1,490,982	192
192.01	19201	1,218,083		1,218,083	192.01
192.02	19202	217,515		217,515	192.02

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VERSION: 2011.10  
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
192.03 19203 FOUNDATION	217,041		217,041	192.03
192.04 19204 OUTREACH PROGRAMS	760,085		760,085	192.04
192.05 19205 UNASSIGNED				192.05
200 TOTAL (SUM OF LINES 118-199)	108,357,085	8,034,059	116,391,144	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 DEPRECIATION EXPENSE	A	CAP REL COSTS-MVBLE EQUIP	2			2,879,024 1
500 TOTAL RECLASSIFICATIONS						2,879,024 500
CODE LETTER - A						
1 INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1			1,223,390 1
2 INTEREST EXPENSE	B	CAP REL COSTS-MVBLE EQUIP	2			775,678 2
3 INTEREST EXPENSE	B	MAGNETIC RESONANCE IMAGING (M	58			17,648 3
500 TOTAL RECLASSIFICATIONS						2,016,716 500
CODE LETTER - B						
1 UTILITIES	C	OPERATION OF PLANT	7			1,104,769 1
2 UTILITIES	C	OPERATION OF PLANT	7			133,259 2
500 TOTAL RECLASSIFICATIONS						1,238,028 500
CODE LETTER - C						
1 DRUGS CHARGED TO PATIENTS	D	DRUGS CHARGED TO PATIENTS	73			5,777,981 1
500 TOTAL RECLASSIFICATIONS						5,777,981 500
CODE LETTER - D						
1 SYSTEM SALARIES	E	EMPLOYEE BENEFITS	4			531,456 1
2 SYSTEM SALARIES	E	PURCHASING RECEIVING AND STOR	5.03			189,480 2
3 SYSTEM SALAIRES	E	CASHIERING/ACCOUNTS RECEIVABL	5.05			1,113,852 3
500 TOTAL RECLASSIFICATIONS						1,834,788 500
CODE LETTER - E						
1 EICU	F	INTENSIVE CARE UNIT	31			408,048 1
500 TOTAL RECLASSIFICATIONS						408,048 500
CODE LETTER - F						
1 EMM	G	PHARMACY	15			97,344 1
500 TOTAL RECLASSIFICATIONS						97,344 500
CODE LETTER - G						
1 RADIOLOGY RECLASS	I	COMPUTED TOMOGRAPHY (CT) SCAN	57		80,227	392 1
2 RADIOLOGY RECLASS	I	ULTRASOUND	54.01		44,354	216 2
3 RADIOLOGY RECLASS	I	MAMMOGRAPHY	54.02		34,640	169 3
4 RADIOLOGY RECLASS	I	MAGNETIC RESONANCE IMAGING (M	58		31,823	155 4
5 RADIOLOGY RECLASS	I	MAGNETIC RESONANCE IMAGING (M	58		4,724	23 5
6 RADIOLOGY RECLASS	I	RADIOISOTOPE	56		36,364	177 6
500 TOTAL RECLASSIFICATIONS					232,132	1,132 500
CODE LETTER - I						
1 PACS	J	COMPUTED TOMOGRAPHY (CT) SCAN	57			53,509 1
2 PACS	J	ULTRASOUND	54.01			29,583 2
3 PACS	J	MAMMOGRAPHY	54.02			23,104 3
4 PACS	J	MAGNETIC RESONANCE IMAGING (M	58			21,225 4
5 PACS	J	MAGNETIC RESONANCE IMAGING (M	58			3,151 5
6 PACS	J	RADIOISOTOPE	56			24,254 6
500 TOTAL RECLASSIFICATIONS						154,826 500
CODE LETTER - J						
1 CPACS	K	CARDIOLOGY	69.01			54,936 1
2 CPACS	K	CARDIAC CATHETERIZATION	59			2,472 2
500 TOTAL RECLASSIFICATIONS						57,408 500
CODE LETTER - K						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 MULTI DEPT DIRECTORS	L	EMERGENCY	91	82,112	1
2 MULTI DEPT DIRECTORS	L	RESPIRATORY THERAPY	65	22,285	2
3 MULTI DEPT DIRECTORS	L	OPERATING ROOM	50	50,372	3
4 MULTI DEPT DIRECTORS	L	RECOVERY ROOM	51	18,350	4
5 MULTI DEPT DIRECTORS	L	ENDOSCOPY	50.01	40,618	5
6 MULTI DEPT DIRECTORS	L	ANESTHESIOLOGY	53	3,359	6
7 MULTI DEPT DIRECTORS	L	CENTRAL SERVICES & SUPPLY	14	16,938	7
8 MULTI DEPT DIRECTORS	L	DELIVERY ROOM & LABOR ROOM	52	18,096	8
9 MULTI DEPT DIRECTORS	L	ADULTS & PEDIATRICS	30	6,737	9
10 MULTI DEPT DIRECTORS	L	NURSERY	43	4,919	10
11 MULTI DEPT DIRECTORS	L	ADULTS & PEDIATRICS	30	95,652	11
12 MULTI DEPT DIRECTORS	L	INTENSIVE CARE UNIT	31	20,888	12
13 MULTI DEPT DIRECTORS	L	OTHER ADMINISTRATIVE AND GENE	5.06	48,206	13
14 MULTI DEPT DIRECTORS	L	PHYSICIANS' PRIVATE OFFICES	192	15,293	14
15 MULTI DEPT DIRECTORS	L	OPERATING ROOM	50	64,596	15
16 MULTI DEPT DIRECTORS	L	OTHER ADMINISTRATIVE AND GENE	5.06	45,166	16
17 MULTI DEPT DIRECTORS	L	APOTHECARY	192.01	17,168	17
18 MULTI DEPT DIRECTORS	L	OTHER ADMINISTRATIVE AND GENE	5.06	41,815	18
19 MULTI DEPT DIRECTORS	L	OTHER ADMINISTRATIVE AND GENE	5.06	23,482	19
20 MULTI DEPT DIRECTORS	L	HOUSEKEEPING	9	64,775	20
21 MULTI DEPT DIRECTORS	L	LAUNDRY & LINEN SERVICE	8	1,791	21
22 MULTI DEPT DIRECTORS	L	ADULTS & PEDIATRICS	30	14,312	22
23 MULTI DEPT DIRECTORS	L	NURSERY	43	10,451	23
500 TOTAL RECLASSIFICATIONS				727,381	500
CODE LETTER - L					
1 APOTHECARY	M	DRUGS CHARGED TO PATIENTS	73	23,789	174,672 1
500 TOTAL RECLASSIFICATIONS				23,789	174,672 500
CODE LETTER - M					
1 DIETARY/CAFETERIA RECLASS	N	CAFETERIA	11	359,712	514,843 1
500 TOTAL RECLASSIFICATIONS				359,712	514,843 500
CODE LETTER - N					
1 DISTRIBUTION OF LINEN	O	LAUNDRY & LINEN SERVICE	8	42,404	500 1
500 TOTAL RECLASSIFICATIONS				42,404	500
CODE LETTER - O					
1 ANCILLARY SERVICES	P	BLOOD STORING, PROCESSING & T	63	224	1
2 ANCILLARY SERVICES	P	BLOOD STORING, PROCESSING & T	63	1,313	2
3 ANCILLARY SERVICES	P	BLOOD STORING, PROCESSING & T	63	6,690	3
4 ANCILLARY SERVICES	P	ELECTROCARDIOLOGY	69	18,978	4
5 ANCILLARY SERVICES	P	ELECTROCARDIOLOGY	69	3,520	5
6 ANCILLARY SERVICES	P	ELECTROCARDIOLOGY	69	15,121	6
7 ANCILLARY SERVICES	P	ELECTROCARDIOLOGY	69	24,080	7
8 ANCILLARY SERVICES	P	ELECTROCARDIOLOGY	69	805	8
9 ANCILLARY SERVICES	P	ELECTROCARDIOLOGY	69	931	9
500 TOTAL RECLASSIFICATIONS				71,662	500
CODE LETTER - P					
1 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71		22,378 1
2 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71		91,264 2
3 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71		106,258 3
4 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71		2,071 4
5 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71		43,441 5
6 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71		58,650 6
7 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71		443,801 7
8 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71		663,418 8
9 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71		3,036 9
10 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71		57 10
11 IMPLANTS CHG TO PAT	Q	IMPL. DEV. CHARGED TO PATIENT	72		789,479 11
12 IMPLANTS CHG TO PAT	Q	EMERGENCY	91		43 12
500 TOTAL RECLASSIFICATIONS					2,223,896 500
CODE LETTER - Q					
GRAND TOTAL (INCREASES)				1,457,080	17,378,706

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
	1	6	7	8	9	10	
1 DEPRECIATION EXPENSE	A	CAP REL COSTS-BLDG & FIXT	1		2,879,024	9	1
500 TOTAL RECLASSIFICATIONS					2,879,024		500
CODE LETTER - A							
1 INTEREST EXPENSE	B	INTEREST EXPENSE	113		1,223,390	11	1
2 INTEREST EXPENSE	B	INTEREST EXPENSE	113		775,678	11	2
3 INTEREST EXPENSE	B	INTEREST EXPENSE	113		17,648		3
500 TOTAL RECLASSIFICATIONS					2,016,716		500
CODE LETTER - B							
1 UTILITIES	C	MAINTENANCE & REPAIRS	6		1,104,769		1
2 UTILITIES	C	HOUSEKEEPING	9		133,259		2
500 TOTAL RECLASSIFICATIONS					1,238,028		500
CODE LETTER - C							
1 DRUGS CHARGED TO PATIENTS	D	PHARMACY	15		5,777,981		1
500 TOTAL RECLASSIFICATIONS					5,777,981		500
CODE LETTER - D							
1 SYSTEM SALARIES	E	EMPLOYEE BENEFITS	4	531,456			1
2 SYSTEM SALARIES	E	PURCHASING RECEIVING AND STOR	5.03	189,480			2
3 SYSTEM SALAIRES	E	CASHIERING/ACCOUNTS RECEIVABL	5.05	1,113,852			3
500 TOTAL RECLASSIFICATIONS				1,834,788			500
CODE LETTER - E							
1 EICU	F	OTHER ADMINISTRATIVE AND GENE	5.06		408,048		1
500 TOTAL RECLASSIFICATIONS					408,048		500
CODE LETTER - F							
1 EMM	G	OTHER ADMINISTRATIVE AND GENE	5.06		97,344		1
500 TOTAL RECLASSIFICATIONS					97,344		500
CODE LETTER - G							
1 RADIOLOGY RECLASS	I	RADIOLOGY-DIAGNOSTIC	54	80,227	392		1
2 RADIOLOGY RECLASS	I	RADIOLOGY-DIAGNOSTIC	54	44,354	216		2
3 RADIOLOGY RECLASS	I	RADIOLOGY-DIAGNOSTIC	54	34,640	169		3
4 RADIOLOGY RECLASS	I	RADIOLOGY-DIAGNOSTIC	54	31,823	155		4
5 RADIOLOGY RECLASS	I	RADIOLOGY-DIAGNOSTIC	54	4,724	23		5
6 RADIOLOGY RECLASS	I	RADIOLOGY-DIAGNOSTIC	54	36,364	177		6
500 TOTAL RECLASSIFICATIONS				232,132	1,132		500
CODE LETTER - I							
1 PACS	J	RADIOLOGY-DIAGNOSTIC	54		53,509		1
2 PACS	J	RADIOLOGY-DIAGNOSTIC	54		29,583		2
3 PACS	J	RADIOLOGY-DIAGNOSTIC	54		23,104		3
4 PACS	J	RADIOLOGY-DIAGNOSTIC	54		21,225		4
5 PACS	J	RADIOLOGY-DIAGNOSTIC	54		3,151		5
6 PACS	J	RADIOLOGY-DIAGNOSTIC	54		24,254		6
500 TOTAL RECLASSIFICATIONS					154,826		500
CODE LETTER - J							
1 CPACS	K	OTHER ADMINISTRATIVE AND GENE	5.06		54,936		1
2 CPACS	K	OTHER ADMINISTRATIVE AND GENE	5.06		2,472		2
500 TOTAL RECLASSIFICATIONS					57,408		500
CODE LETTER - K							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	82,112		1
2 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	22,285		2
3 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	50,372		3
4 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	18,350		4
5 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	40,618		5
6 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	3,359		6
7 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	16,938		7
8 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	18,096		8
9 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	6,737		9
10 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	4,919		10
11 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	95,652		11
12 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	20,888		12
13 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	48,206		13
14 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	15,293		14
15 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	64,596		15
16 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	45,166		16
17 MULTI DEPT DIRECTORS	L	PHARMACY	15	17,168		17
18 MULTI DEPT DIRECTORS	L	SOCIAL SERVICE	17	41,815		18
19 MULTI DEPT DIRECTORS	L	FOUNDATION	192.03	23,482		19
20 MULTI DEPT DIRECTORS	L	MAINTENANCE & REPAIRS	6	64,775		20
21 MULTI DEPT DIRECTORS	L	MAINTENANCE & REPAIRS	6	1,791		21
22 MULTI DEPT DIRECTORS	L	DELIVERY ROOM & LABOR ROOM	52	14,312		22
23 MULTI DEPT DIRECTORS	L	DELIVERY ROOM & LABOR ROOM	52	10,451		23
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				727,381		500
1 APOTHECARY	M	APOTHECARY	192.01	23,789	174,672	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				23,789	174,672	500
1 DIETARY/CAFETERIA RECLASS	N	DIETARY	10	359,712	514,843	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				359,712	514,843	500
1 DISTRIBUTION OF LINEN	O	HOUSEKEEPING	9	42,404		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O				42,404		500
1 ANCILLARY SERVICES	P	ADULTS & PEDIATRICS	30	224		1
2 ANCILLARY SERVICES	P	EMERGENCY	91	1,313		2
3 ANCILLARY SERVICES	P	ENDOSCOPY	50.01	6,690		3
4 ANCILLARY SERVICES	P	ADULTS & PEDIATRICS	30	18,978		4
5 ANCILLARY SERVICES	P	INTENSIVE CARE UNIT	31	3,520		5
6 ANCILLARY SERVICES	P	CARDIOLOGY	69.01	15,121		6
7 ANCILLARY SERVICES	P	EMERGENCY	91	24,080		7
8 ANCILLARY SERVICES	P	OPERATING ROOM	50	805		8
9 ANCILLARY SERVICES	P	ENDOSCOPY	50.01	931		9
500 TOTAL RECLASSIFICATIONS CODE LETTER - P				71,662		500
1 MED SUPPLIES CHG TO PAT	Q	DELIVERY ROOM & LABOR ROOM	52		22,378	1
2 MED SUPPLIES CHG TO PAT	Q	ULTRASOUND	54.01		91,264	2
3 MED SUPPLIES CHG TO PAT	Q	RESPIRATORY THERAPY	65		106,258	3
4 MED SUPPLIES CHG TO PAT	Q	CLINIC	90		2,071	4
5 MED SUPPLIES CHG TO PAT	Q	ANESTHESIOLOGY	53		43,441	5
6 MED SUPPLIES CHG TO PAT	Q	CARDIAC CATHETERIZATION	59		58,650	6
7 MED SUPPLIES CHG TO PAT	Q	EMERGENCY	91		443,801	7
8 MED SUPPLIES CHG TO PAT	Q	OPERATING ROOM	50		663,418	8
9 MED SUPPLIES CHG TO PAT	Q	OPERATING ROOM	50		3,036	9
10 MED SUPPLIES CHG TO PAT	Q	DIETARY	10		57	10
11 IMPLANTS CHG TO PAT	Q	OPERATING ROOM	50		789,479	11
12 IMPLANTS CHG TO PAT	Q	IMPL. DEV. CHARGED TO PATIENT	72		43	12
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q					2,223,896	500
GRAND TOTAL (DECREASES)				3,291,868	15,543,918	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	2,258,693				21,055	2,237,638	
2 LAND IMPROVEMENTS	1,339,071	21,236		21,236		1,360,307	1,022,091
3 BUILDINGS AND FIXTURES	25,241,175	3,317,098		3,317,098	3,302,118	25,256,155	3,562,440
4 BUILDING IMPROVEMENTS	4,013,054	3,262,875		3,262,875	6,604,056	671,873	
5 FIXED EQUIPMENT	10,668,693	2,516,117		2,516,117	3,531,822	9,652,988	6,197,480
6 MOVABLE EQUIPMENT	42,339,153	4,416,604		4,416,604	6,560,059	40,195,698	12,756,905
7 HIT DESIGNATED ASSETS							
8 SUBTOTAL (SUM OF LINES 1-7)	85,859,839	13,533,930		13,533,930	20,019,110	79,374,659	23,538,916
9 RECONCILING ITEMS							
10 TOTAL (LINE 7 MINUS LINE 9)	85,859,839	13,533,930		13,533,930	20,019,110	79,374,659	23,538,916

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.) 12	(SEE INSTR.) 13	14	15
1 CAP REL COSTS-BLDG & FIXT	3,935,952						3,935,952
2 CAP REL COSTS-MVBLE EQUIP							
3 TOTAL (SUM OF LINES 1-2)	3,935,952						3,935,952

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS OF GROSS ASSETS FOR RATIO (SEE INSTR.)

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	RATIO (COL. 1 - COL. 2)	INSURANCE	TAXES	OTHER	TOTAL
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7
1 CAP REL COSTS-BLDG & FIXT	36,941,324		0.478905			56,750	56,750
2 CAP REL COSTS-MVBLE EQUIP	40,195,697		0.521095			61,750	61,750
3 TOTAL (SUM OF LINES 1-2)	77,137,021		1.000000			118,500	118,500

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.) 12	(SEE INSTR.) 13	14	15
1 CAP REL COSTS-BLDG & FIXT	1,056,928		678,861			56,750	1,792,539
2 CAP REL COSTS-MVBLE EQUIP	2,879,024		430,130			61,750	3,370,904
3 TOTAL	3,935,952		1,108,991			118,500	5,163,443

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-60,924	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)	B	-38,924	CAP REL COSTS-MVBLE EQUIP	2	11 2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-326	OTHER ADMINISTRATIVE AND GENERA	5.06	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-19,090	OTHER ADMINISTRATIVE AND GENERA	5.06	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-4,422,190			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-45	PURCHASING RECEIVING AND STORES	5.03	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1	-1,796,689			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-453,526	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4,005	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-25,749	CAFETERIA	11	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 PHOTOCOPIING REVENUE	B	-2	OTHER ADMINISTRATIVE AND GENERA	5.06	33
34 SILVER RECOVERY	B	-30,267	RADIOLOGY-DIAGNOSTIC	54	34
35 DIETARY CATERING	B	-2,753	DIETARY	10	35
36 EDUCATION REVENUE	B	-190	EMPLOYEE BENEFITS	4	36
37 CLINICAL ED REVENUE	B	-1,388	NURSING ADMINISTRATION	13	37
38 NURSERY PHOTOS	B	-1,655	NURSERY	43	38
39 MISC REVENUE	B	-3,386	OTHER ADMINISTRATIVE AND GENERA	5.06	39
40 OTHER REVENUE	B	-6,300	OTHER ADMINISTRATIVE AND GENERA	5.06	40
41 MARKETING&PLANNING OTHER REV	B	-160	OTHER ADMINISTRATIVE AND GENERA	5.06	41
42 WELLNESS REVENUE	B	-19,523	EMPLOYEE BENEFITS	4	42
43 CASH FUNDING PENSION FUND	A	4,187,813	EMPLOYEE BENEFITS	4	43
44 ADVERTISING COSTS	A	-206,212	OTHER ADMINISTRATIVE AND GENERA	5.06	44
45 PHYSICIAN RECRUITMENT	A	90,507	OTHER ADMINISTRATIVE AND GENERA	5.06	45
46 BAD DEBT EXPENSE	A	11,620,590	CASHIERING/ACCOUNTS RECEIVABLE	5.05	46
47 BAD DEBT EXPENSE-ANESTHESISTS	A	-151,496	ANESTHESIOLOGY	53	47
48 CONTRIBUTIONS/DONATIONS	A	-223,064	OTHER ADMINISTRATIVE AND GENERA	5.06	48
49 NON REIMB EXPENSE	A	-5	ONCOLOGY	55.01	49
49.01 NON REIMB EXPENSE	A	-11	ULTRASOUND	54.01	49.01
49.02 NON REIMB EXPENSE	A	-630	OTHER ADMINISTRATIVE AND GENERA	5.06	49.02
49.03 ADMIN PHY FEES	A	-365,000	OTHER ADMINISTRATIVE AND GENERA	5.06	49.03
49.04 LOBBYING COSTS	A	-24,632	OTHER ADMINISTRATIVE AND GENERA	5.06	49.04
49.05 FITNESS CTR	B	-6,709	EMPLOYEE BENEFITS	4	49.05
50 TOTAL (SUM OF LINES 1 THRU 49)		8,034,059			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	1	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	739,785	1,223,390	-483,605	11 1
2	2	CAP REL COSTS-MVBLE EQUIP	INTEREST EXPENSE	469,054	775,678	-306,624	11 2
3	5.06	OTHER ADMINISTRATIVE AND GENERA	PH ADMINISTRATIVE FEE	993,719	2,153,466	-1,159,747	3
4	5.06	OTHER ADMINISTRATIVE AND GENERA	MALPRACTICE INS	2,220,381	2,220,381		4
4.01	5.03	PURCHASING RECEIVING AND STORES	MATERIAL MGMT	253,646	328,992	-75,346	4.01
4.02	4	EMPLOYEE BENEFITS	CENTRALIZED HR	1,053,396	1,053,396		4.02
4.03	4	EMPLOYEE BENEFITS	PENSION	331,064	331,064		4.03
4.04	4	EMPLOYEE BENEFITS	WORKERS COMP INS	552,647	552,647		4.04
4.05	5.06	OTHER ADMINISTRATIVE AND GENERA	INSURANCE OTHER	23,640	23,640		4.05
4.06	3	OTHER CAPITAL RELATED COSTS	AUTO/HELIPORT INS	31,332	31,332		14 4.06
4.07	3	OTHER CAPITAL RELATED COSTS	PROPERTY INSURANCE	87,168	87,168		14 4.07
4.08	5.06	OTHER ADMINISTRATIVE AND GENERA	EXCESS GEN INSURANCE	38,004	38,004		4.08
4.09	5.02	DATA PROCESSING	INFORMATION TECHNOLOGY	4,002,950	3,854,788	148,162	4.09
4.10	54	RADIOLOGY-DIAGNOSTIC	PACS	282,996	282,996		4.10
4.11	5.06	OTHER ADMINISTRATIVE AND GENERA	CPACS	57,408	57,408		4.11
4.12	5.05	CASHIERING/ACCOUNTS RECEIVABLE	CBO FEES	1,276,850	1,121,292	155,558	4.12
4.13	5.05	CASHIERING/ACCOUNTS RECEIVABLE	REVENUE CYCLE FEES	327,012	327,012		4.13
4.14	5.05	CASHIERING/ACCOUNTS RECEIVABLE	FERCC	262,152	262,152		4.14
4.15	15	PHARMACY	EMM	96,549	97,344	-795	4.15
4.16	31	INTENSIVE CARE UNIT	EICU	333,756	408,048	-74,292	4.16
4.17	60	LABORATORY	APHL LAB FEES	3,686,411	3,686,411		4.17
5		TOTALS (SUM OF LINES 1-4)		17,119,920	18,916,609	-1,796,689	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS		
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP			
1	2	3	4	5	6	
6	B PROVENA HOSPITALS	100.00	PROVENA HEALTH	100.00	HEALTH CARE	6
7	G PROVENA HOSPITALS		APHL LABS		HEALTH CARE	7
8						8
9						9
10						10

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

PROVIDER CCN: 14-0093 PROVENA UNITED SAMARITANS MED.  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/30/2012 04:08

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	55.01 ONCOLOGY	34,100		34,100	231,100	324	35,998	1,800	1
2	69.01 CARDIOLOGY	341,060	341,060		171,400				2
3	65 RESPIRATORY THERAPY	8,823	8,823		171,400				3
4	91 EMERGENCY	92,007	92,007		171,400				4
5	57 COMPUTED TOMOGRAPHY (CT)	10,779	10,779		231,100				5
6	54.01 ULTRASOUND	7,560		7,560	231,100	42	4,666	233	6
7	54.02 MAMMOGRAPHY	7,560		7,560	231,100	42	4,666	233	7
8	90.01 SLEEP LAB CENTER	35,265		35,265	171,400	270	22,249	1,112	8
9	60 LABORATORY	49,000		49,000	219,500	196	20,684	1,034	9
10	53 ANESTHESIOLOGY	3,803,260	3,803,260		200,300				10
11	90 CLINIC	127,052	112,532	14,520	171,400	96	7,911	396	11
200	TOTAL	4,516,466	4,368,461	148,005		970	96,174	4,808	200

PROVIDER CCN: 14-0093 PROVENA UNITED SAMARITANS MED.  
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
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VERSION: 2011.10  
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	55.01 ONCOLOGY		DR L			35,998		1
2	69.01 CARDIOLOGY		VARIOUS					341,060
3	65 RESPIRATORY THERAPY		VARIOUS					8,823
4	91 EMERGENCY		VARIOUS					92,007
5	57 COMPUTED TOMOGRAPHY (CT)		DR L					10,779
6	54.01 ULTRASOUND		DR S			4,666	2,894	2,894
7	54.02 MAMMOGRAPHY		DR S			4,666	2,894	2,894
8	90.01 SLEEP LAB CENTER		DR B			22,249	13,016	13,016
9	60 LABORATORY		DR CC			20,684	28,316	28,316
10	53 ANESTHESIOLOGY		DR C					3,803,260
11	90 CLINIC		DR OC			7,911	6,609	119,141
200	TOTAL					96,174	53,729	4,422,190

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	NONPATIENT TELEPHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	1,792,539	1,792,539				1
2 CAP REL COSTS-MVBLE EQUIP	3,370,904		3,370,904			2
4 EMPLOYEE BENEFITS	16,845,318	41,351	1,966	16,888,635		4
5.01 NONPATIENT TELEPHONES	412,513	5,338	36,817	101,436	556,104	5.01
5.02 DATA PROCESSING	4,125,519	11,565	186,921	16,784	14,133	5.02
5.03 PURCHASING RECEIVING AND STORES	332,059	6,739		24,217	4,301	5.03
5.04 ADMITTING	974,976	2,824	1,090	496,719	13,519	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	26,355,121	18,613	8,092		15,976	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	10,590,968	91,316	70,125	1,441,958	50,387	5.06
6 MAINTENANCE & REPAIRS	2,880,604	242,308	251,843	517,032	31,953	6
7 OPERATION OF PLANT	1,238,028	176,945				7
8 LAUNDRY & LINEN SERVICE	364,726	4,583		37,564		8
9 HOUSEKEEPING	1,149,123	21,216	18,192	547,307	3,687	9
10 DIETARY	981,848	56,798	25,809	214,455	11,061	10
11 CAFETERIA	395,280	20,813		190,475		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	667,083	8,493	469,200	334,520	8,603	13
14 CENTRAL SERVICES & SUPPLY	1,398,670	29,957	170,727	375,425	17,205	14
15 PHARMACY	1,657,764	19,468	8,207	669,888	15,362	15
16 MEDICAL RECORDS & LIBRARY	868,334	26,598	9,225	305,370	25,808	16
17 SOCIAL SERVICE	674,222	3,143		351,342	7,374	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,724,852	275,054	23,837	3,375,589	83,571	30
31 INTENSIVE CARE UNIT	1,896,455	28,644	6,313	779,394	8,603	31
43 NURSERY	331,072	12,982	3,330	171,659	614	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,146,905	82,233	110,655	512,134	25,194	50
50.01 ENDOSCOPY	934,170	51,250	114,829	449,534	11,061	50.01
51 RECOVERY ROOM	386,806	7,572	1,381	197,253	1,843	51
52 DELIVERY ROOM & LABOR ROOM	1,019,473	35,086	46,827	530,003	4,916	52
53 ANESTHESIOLOGY	59,509	3,171	56,352	22,604	4,916	53
54 RADIOLOGY-DIAGNOSTIC	1,220,886	81,615	143,680	612,602	23,965	54
54.01 ULTRASOUND	291,892	4,688	84,359	136,226	5,530	54.01
54.02 MAMMOGRAPHY	306,631	3,910	100,180	106,391	4,301	54.02
55 RADIOLOGY-THERAPEUTIC	714,106	21,585	316,278	301,712	9,832	55
55.01 ONCOLOGY	551,098	33,690	199,551	224,502	9,832	55.01
56 RADIOISOTOPE	421,966	4,627	1,286	111,686	4,301	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	681,862	9,293	277,185	246,404	9,832	57
58 MAGNETIC RESONANCE IMAGING (MRI)	360,596	7,324	451,646	112,248	4,301	58
59 CARDIAC CATHETERIZATION	33,013	7,026	3,927	10,802	614	59
60 LABORATORY	3,812,836	54,779	3,120		28,266	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	533,426			4,356		63
65 RESPIRATORY THERAPY	894,593	11,173	8,072	431,413	3,072	65
66 PHYSICAL THERAPY	421,661	12,712	2,671		6,145	66
67 OCCUPATIONAL THERAPY	300,851	12,061			3,687	67
68 SPEECH PATHOLOGY	74,586	1,313			1,229	68
69 ELECTROCARDIOLOGY	63,435		3,717	33,590		69
69.01 RADIOLOGY	512,997	4,456	56,520	232,064	12,290	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,434,374					71
72 IMPL. DEV. CHARGED TO PATIENT	789,436					72
73 DRUGS CHARGED TO PATIENTS	5,976,442			12,597		73
74 RENAL DIALYSIS	134,657	3,634	1,198		2,458	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	54,114	2,973	81	85,474	614	90
90.01 SLEEP LAB CENTER	244,789	5,553	26,924	84,586	614	90.01
91 EMERGENCY	3,079,448	76,370	55,006	1,479,731	36,254	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	112,484,536	1,642,842	3,357,139	15,889,046	527,224	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,902	9,271			2,458	190
192 PHYSICIANS' PRIVATE OFFICES	1,490,982	57,405	6,454	601,170	15,976	192
192.01 APOTHECARY	1,218,083	7,715	1,243	85,317	6,145	192.01

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	ALLOCATION	CAP	CAP	EMPLOYEE	NONPATIENT	
	(FROM WKST A, COL.7) 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	BENEFITS 4	TELEPHONES 5.01	
192.02 REAL ESTATE	217,515	66,002			2,458	192.02
192.03 FOUNDATION	217,041		6,068	86,454		192.03
192.04 OUTREACH PROGRAMS	760,085			226,648	1,843	192.04
192.05 UNASSIGNED		9,304				192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	116,391,144	1,792,539	3,370,904	16,888,635	556,104	202

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	DATA PROCESSING 5.02	PURCHASE, RCV&STORES 5.03	ADMITTING 5.04	CASHIERING ACCTS REC 5.05	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING	4,354,922					5.02
5.03 PURCHASING RECEIVING AND STORES		367,316				5.03
5.04 ADMITTING		1,340	1,490,468			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE		200		26,398,002		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL		2,483			12,247,237	5.06
6 MAINTENANCE & REPAIRS		10,611			3,934,351	6
7 OPERATION OF PLANT					1,414,973	7
8 LAUNDRY & LINEN SERVICE		359			407,232	8
9 HOUSEKEEPING		6,942			1,746,467	9
10 DIETARY		3,011			1,292,982	10
11 CAFETERIA					606,568	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,340			1,489,239	13
14 CENTRAL SERVICES & SUPPLY		5,262			1,997,246	14
15 PHARMACY		3,286			2,373,975	15
16 MEDICAL RECORDS & LIBRARY		3,391			1,238,726	16
17 SOCIAL SERVICE		71			1,036,152	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 ADULTS & PEDIATRICS	361,431	21,217	238,486	2,190,818	13,294,855	30
31 INTENSIVE CARE UNIT	90,460	6,032	70,369	548,322	3,434,592	31
43 NURSERY	14,023	556	10,909	85,003	630,148	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	153,521	3,632	63,921	930,568	3,028,763	50
50.01 ENDOSCOPY	42,503	3,213	8,244	257,631	1,872,435	50.01
51 RECOVERY ROOM	25,746	1,008	9,854	156,058	787,521	51
52 DELIVERY ROOM & LABOR ROOM	38,975	1,082	25,841	236,248	1,938,451	52
53 ANESTHESIOLOGY	44,614	296	20,872	270,427	482,761	53
54 RADIOLOGY-DIAGNOSTIC	118,544	303	23,899	718,554	2,944,048	54
54.01 ULTRASOUND	58,301		5,993	353,390	940,379	54.01
54.02 MAMMOGRAPHY	16,043	5,316	285	97,242	640,299	54.02
55 RADIOLOGY-THERAPEUTIC	122,978	3,359	420	745,430	2,235,700	55
55.01 ONCOLOGY	45,690	4,462	448	276,950	1,346,223	55.01
56 RADIOISOTOPE	46,043	10,976	7,626	279,091	887,602	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	332,502	7,016	64,136	2,015,462	3,643,692	57
58 MAGNETIC RESONANCE IMAGING (MRI)	123,967	2,323	12,463	751,430	1,826,298	58
59 CARDIAC CATHETERIZATION	6,431	605	1,268	38,984	102,670	59
60 LABORATORY	607,059		205,358	3,679,694	8,391,112	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	27,692	39,088	13,500	167,856	785,918	63
65 RESPIRATORY THERAPY	70,222	349	44,605	425,651	1,889,150	65
66 PHYSICAL THERAPY	20,916	469	4,888	126,783	596,245	66
67 OCCUPATIONAL THERAPY	13,868	190	4,332	84,059	419,048	67
68 SPEECH PATHOLOGY	3,654	10	1,041	22,148	103,981	68
69 ELECTROCARDIOLOGY	41,665		13,511	252,553	408,471	69
69.01 CARDIOLOGY	64,409	1,137	25,285	390,414	1,299,572	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	245,007	145,209	112,267	1,485,113	3,421,970	71
72 IMPL. DEV. CHARGED TO PATIENT	49,612	58,752	30,211	300,723	1,228,734	72
73 DRUGS CHARGED TO PATIENTS	886,135		373,022	5,371,930	12,620,126	73
74 RENAL DIALYSIS	4,399	474	3,336	26,663	176,819	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,333	78	3	8,083	152,753	90
90.01 SLEEP LAB CENTER	24,912	1,000		151,003	539,381	90.01
91 EMERGENCY	652,267	4,609	94,075	3,953,721	9,431,481	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	4,354,922	361,057	1,490,468	26,398,002	111,286,346	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					14,631	190
192 PHYSICIANS' PRIVATE OFFICES		304			2,172,291	192
192.01 APOTHECARY		781			1,319,284	192.01

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COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASE, RCV&STORES	ADMITTING	CASHIERING ACCTS REC	SUBTOTAL (COLS.0-4) 4A	
	5.02	5.03	5.04	5.05		
192.02 REAL ESTATE					285,975	192.02
192.03 FOUNDATION		348			309,911	192.03
192.04 OUTREACH PROGRAMS		4,826			993,402	192.04
192.05 UNASSIGNED					9,304	192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,354,922	367,316	1,490,468	26,398,002	116,391,144	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OTHER ADM &GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	12,247,237					5.06
6 MAINTENANCE & REPAIRS	462,676	4,397,027				6
7 OPERATION OF PLANT	166,399	566,879	2,148,251			7
8 LAUNDRY & LINEN SERVICE	47,890	14,682	8,235	478,039		8
9 HOUSEKEEPING	205,383	67,969	38,122		2,057,941	9
10 DIETARY	152,053	181,963	102,059		31,130	10
11 CAFETERIA	71,332	66,679	37,399			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	175,133	27,209	15,261		8,200	13
14 CENTRAL SERVICES & SUPPLY	234,874	95,973	53,829	38,733	12,780	14
15 PHARMACY	279,177	62,368	34,981		11,295	15
16 MEDICAL RECORDS & LIBRARY	145,673	85,213	47,794		9,655	16
17 SOCIAL SERVICE	121,850	10,071	5,648			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,563,479	881,192	494,245	223,840	915,422	30
31 INTENSIVE CARE UNIT	403,905	91,768	51,471	20,783	133,369	31
43 NURSERY	74,105	41,591	23,327	17,663	10,304	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	356,180	263,448	147,763	28,725	147,109	50
50.01 ENDOSCOPY	220,196	164,189	92,090	22,319	88,036	50.01
51 RECOVERY ROOM	92,612	24,258	13,606	15,485	8,912	51
52 DELIVERY ROOM & LABOR ROOM	227,960	112,404	63,045	17,663	81,538	52
53 ANESTHESIOLOGY	56,772	10,159	5,698			53
54 RADIOLOGY-DIAGNOSTIC	346,217	261,469	146,653	20,911	60,124	54
54.01 ULTRASOUND	110,588	15,018	8,423	4,827	13,863	54.01
54.02 MAMMOGRAPHY	75,299	12,527	7,026	3,769	10,830	54.02
55 RADIOLOGY-THERAPEUTIC	262,916	69,153	38,786	4,369	22,651	55
55.01 ONCOLOGY	158,314	107,934	60,538	2,122	23,301	55.01
56 RADIOISOTOPE	104,381	14,823	8,314	3,957	11,387	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	428,495	29,771	16,698	8,730	25,096	57
58 MAGNETIC RESONANCE IMAGING (MRI)	214,771	23,463	13,160	3,977	11,449	58
59 CARDIAC CATHETERIZATION	12,074	22,509	12,625	69	371	59
60 LABORATORY	986,786	175,497	98,432		30,480	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	92,423					63
65 RESPIRATORY THERAPY	222,162	35,795	20,077		10,676	65
66 PHYSICAL THERAPY	70,118	40,725	22,842	3,016	7,365	66
67 OCCUPATIONAL THERAPY	49,280	38,640	21,672	1,999	4,858	67
68 SPEECH PATHOLOGY	12,228	4,205	2,358	527	1,300	68
69 ELECTROCARDIOLOGY	48,036					69
69.01 CARDIOLOGY	152,828	14,276	8,007	1,535	8,479	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	402,420					71
72 IMPL. DEV. CHARGED TO PATIENT	144,498					72
73 DRUGS CHARGED TO PATIENTS	1,484,114					73
74 RENAL DIALYSIS	20,794	11,643	6,530		4,889	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	17,964	9,523	5,341	66	7,798	90
90.01 SLEEP LAB CENTER	63,431	17,792	9,979		17,081	90.01
91 EMERGENCY	1,109,133	244,667	137,229	32,954	230,255	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	11,646,919	3,917,445	1,879,263	478,039	1,960,003	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,721	29,700	16,658			190
192 PHYSICIANS' PRIVATE OFFICES	255,459	183,907	103,149			192
192.01 APOTHECARY	155,146	24,718	13,864		7,891	192.01

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COST CENTER DESCRIPTION	OTHER ADM &GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
192.02 REAL ESTATE	33,630	211,451	118,599		87,417	192.02
192.03 FOUNDATION	36,445				2,630	192.03
192.04 OUTREACH PROGRAMS	116,823					192.04
192.05 UNASSIGNED	1,094	29,806	16,718			192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	12,247,237	4,397,027	2,148,251	478,039	2,057,941	202

COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	1,760,187					10
11 CAFETERIA		781,978				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		17,430	1,732,472			13
14 CENTRAL SERVICES & SUPPLY		38,246		2,471,681		14
15 PHARMACY		31,284		61,532	2,854,612	15
16 MEDICAL RECORDS & LIBRARY		24,235		3,289		16
17 SOCIAL SERVICE		16,017		536		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,546,674	232,721	642,506	216,858	4,065	30
31 INTENSIVE CARE UNIT	213,513	46,586	128,617	60,741	763	31
43 NURSERY		7,258	20,039	4,567	91	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		29,068	80,253	73,213	26,548	50
50.01 ENDOSCOPY		22,106	61,033	16,656	242	50.01
51 RECOVERY ROOM		10,085	27,843	10,539	44	51
52 DELIVERY ROOM & LABOR ROOM		26,695	73,702	5,907	684	52
53 ANESTHESIOLOGY		1,849	5,106	213		53
54 RADIOLOGY-DIAGNOSTIC		37,251	102,845	5,567	81	54
54.01 ULTRASOUND		9,143	25,242	1,503	128	54.01
54.02 MAMMOGRAPHY		5,653	15,607	1,703	22	54.02
55 RADIOLOGY-THERAPEUTIC		12,911	35,647	666		55
55.01 ONCOLOGY		12,650	34,924	42,219	247	55.01
56 RADIOISOTOPE		5,723	15,800	2,526	1,127	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		15,651	43,209	49,038	8,023	57
58 MAGNETIC RESONANCE IMAGING (MRI)		6,665	18,401	1,628	504	58
59 CARDIAC CATHETERIZATION		523	1,445	446	81	59
60 LABORATORY				26		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		227	626			63
65 RESPIRATORY THERAPY		25,736	71,052	980	159	65
66 PHYSICAL THERAPY				405		66
67 OCCUPATIONAL THERAPY				240		67
68 SPEECH PATHOLOGY				39	21	68
69 ELECTROCARDIOLOGY		2,129	5,877			69
69.01 CARDIOLOGY		13,260	36,610	4,470	156	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,410,645	653	71
72 IMPL. DEV. CHARGED TO PATIENT				476,825		72
73 DRUGS CHARGED TO PATIENTS					2,808,193	73
74 RENAL DIALYSIS				4,392	55	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		2,949	8,141	231		90
90.01 SLEEP LAB CENTER		5,025	13,873	854		90.01
91 EMERGENCY		95,649	264,074	8,348	2,722	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,760,187	754,725	1,732,472	2,466,802	2,854,609	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES		5,862		453	3	192
192.01 APOTHECARY		3,437		2,951		192.01

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COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15
192.02 REAL ESTATE				3	192.02
192.03 FOUNDATION		4,240		671	192.03
192.04 OUTREACH PROGRAMS		13,714		801	192.04
192.05 UNASSIGNED					192.05
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,760,187	781,978	1,732,472	2,471,681	2,854,612 202

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,554,585					16
17 SOCIAL SERVICE		1,190,274				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	698,660	938,888	21,653,405		21,653,405	30
31 INTENSIVE CARE UNIT	91,784	129,621	4,807,513		4,807,513	31
43 NURSERY	1,983	50,349	881,425		881,425	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	175,001		4,356,071		4,356,071	50
50.01 ENDOSCOPY	71,996		2,631,298		2,631,298	50.01
51 RECOVERY ROOM	851		991,756		991,756	51
52 DELIVERY ROOM & LABOR ROOM	32,150		2,580,199		2,580,199	52
53 ANESTHESIOLOGY	7,522		570,080		570,080	53
54 RADIOLOGY-DIAGNOSTIC	11,046		3,936,212		3,936,212	54
54.01 ULTRASOUND	2,279		1,131,393		1,131,393	54.01
54.02 MAMMOGRAPHY			772,735		772,735	54.02
55 RADIOLOGY-THERAPEUTIC	844		2,683,643		2,683,643	55
55.01 ONCOLOGY	1,662		1,790,134		1,790,134	55.01
56 RADIOISOTOPE	533		1,056,173		1,056,173	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,375		4,272,778		4,272,778	57
58 MAGNETIC RESONANCE IMAGING (MRI)	958		2,121,274		2,121,274	58
59 CARDIAC CATHETERIZATION	1,541		154,354		154,354	59
60 LABORATORY	95,945		9,778,278		9,778,278	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			879,194		879,194	63
65 RESPIRATORY THERAPY	5,139		2,280,926		2,280,926	65
66 PHYSICAL THERAPY	8,724		749,440		749,440	66
67 OCCUPATIONAL THERAPY	6,209		541,946		541,946	67
68 SPEECH PATHOLOGY	1,034		125,693		125,693	68
69 ELECTROCARDIOLOGY	5,797		470,310		470,310	69
69.01 CARDIOLOGY	3,807		1,543,000		1,543,000	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,447		5,243,135		5,243,135	71
72 IMPL. DEV. CHARGED TO PATIENT			1,850,057		1,850,057	72
73 DRUGS CHARGED TO PATIENTS	15,959		16,928,392		16,928,392	73
74 RENAL DIALYSIS	76		225,198		225,198	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			204,766		204,766	90
90.01 SLEEP LAB CENTER			667,416		667,416	90.01
91 EMERGENCY	301,263	71,416	11,929,191		11,929,191	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,554,585	1,190,274	109,807,385		109,807,385	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			62,710		62,710	190
192 PHYSICIANS' PRIVATE OFFICES			2,721,124		2,721,124	192
192.01 APOTHECARY			1,527,291		1,527,291	192.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192.02 REAL ESTATE			737,075		737,075	192.02
192.03 FOUNDATION			353,897		353,897	192.03
192.04 OUTREACH PROGRAMS			1,124,740		1,124,740	192.04
192.05 UNASSIGNED			56,922		56,922	192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,554,585	1,190,274	116,391,144		116,391,144	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	18,235	41,351	1,966	61,552	61,552	4
5.01 NONPATIENT TELEPHONES		5,338	36,817	42,155	370	5.01
5.02 DATA PROCESSING	1,165,621	11,565	186,921	1,364,107	61	5.02
5.03 PURCHASING RECEIVING AND STORES	4,800	6,739		11,539	88	5.03
5.04 ADMITTING		2,824	1,090	3,914	1,810	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	112,249	18,613	8,092	138,954		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	312,369	91,316	70,125	473,810	5,256	5.06
6 MAINTENANCE & REPAIRS	194	242,308	251,843	494,345	1,884	6
7 OPERATION OF PLANT		176,945		176,945		7
8 LAUNDRY & LINEN SERVICE		4,583		4,583	137	8
9 HOUSEKEEPING		21,216	18,192	39,408	1,995	9
10 DIETARY		56,798	25,809	82,607	782	10
11 CAFETERIA		20,813		20,813	694	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		8,493	469,200	477,693	1,219	13
14 CENTRAL SERVICES & SUPPLY	82,207	29,957	170,727	282,891	1,368	14
15 PHARMACY	390,721	19,468	8,207	418,396	2,442	15
16 MEDICAL RECORDS & LIBRARY		26,598	9,225	35,823	1,113	16
17 SOCIAL SERVICE		3,143		3,143	1,281	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	28	275,054	23,837	298,919	12,300	30
31 INTENSIVE CARE UNIT	66,075	28,644	6,313	101,032	2,841	31
43 NURSERY		12,982	3,330	16,312	626	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		82,233	110,655	192,888	1,867	50
50.01 ENDOSCOPY		51,250	114,829	166,079	1,638	50.01
51 RECOVERY ROOM		7,572	1,381	8,953	719	51
52 DELIVERY ROOM & LABOR ROOM		35,086	46,827	81,913	1,932	52
53 ANESTHESIOLOGY		3,171	56,352	59,523	82	53
54 RADIOLOGY-DIAGNOSTIC	66,490	81,615	143,680	291,785	2,233	54
54.01 ULTRASOUND	15,346	4,688	84,359	104,393	497	54.01
54.02 MAMMOGRAPHY	11,985	3,910	100,180	116,075	388	54.02
55 RADIOLOGY-THERAPEUTIC	100	21,585	316,278	337,963	1,100	55
55.01 ONCOLOGY	100	33,690	199,551	233,341	818	55.01
56 RADIOISOTOPE	12,582	4,627	1,286	18,495	407	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	27,759	9,293	277,185	314,237	898	57
58 MAGNETIC RESONANCE IMAGING (MRI)	58,692	7,324	451,646	517,662	409	58
59 CARDIAC CATHETERIZATION	1,282	7,026	3,927	12,235	39	59
60 LABORATORY		54,779	3,120	57,899		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					16	63
65 RESPIRATORY THERAPY	72,536	11,173	8,072	91,781	1,572	65
66 PHYSICAL THERAPY	1,430	12,712	2,671	16,813		66
67 OCCUPATIONAL THERAPY		12,061		12,061		67
68 SPEECH PATHOLOGY		1,313		1,313		68
69 ELECTROCARDIOLOGY			3,717	3,717	122	69
69.01 CARDIOLOGY	28,499	4,456	56,520	89,475	846	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					46	73
74 RENAL DIALYSIS		3,634	1,198	4,832		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		2,973	81	3,054	312	90
90.01 SLEEP LAB CENTER	1,424	5,553	26,924	33,901	308	90.01
91 EMERGENCY	62,762	76,370	55,006	194,138	5,393	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,513,486	1,642,842	3,357,139	7,513,467	57,909	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		9,271		9,271		190
192 PHYSICIANS' PRIVATE OFFICES	18,106	57,405	6,454	81,965	2,191	192
192.01 APOTHECARY	5,355	7,715	1,243	14,313	311	192.01

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE		BENEFITS	
	COSTS	FIXTURES	EQUIPMENT	2A	4	
	0	1	2			
192.02 REAL ESTATE	57,426	66,002		123,428		192.02
192.03 FOUNDATION			6,068	6,068	315	192.03
192.04 OUTREACH PROGRAMS	36,285			36,285	826	192.04
192.05 UNASSIGNED		9,304		9,304		192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,630,658	1,792,539	3,370,904	7,794,101	61,552	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NONPATIENT	DATA	PURCHASE,	ADMITTING	CASHIERING	
	TELEPHONES	PROCESSING	RCV&STORES		ACCTS REC	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES	42,525					5.01
5.02 DATA PROCESSING	1,081	1,365,249				5.02
5.03 PURCHASING RECEIVING AND STORES	329		11,956			5.03
5.04 ADMITTING	1,034		44	6,802		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,222		7		140,183	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	3,853		81			5.06
6 MAINTENANCE & REPAIRS	2,443		345			6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE			12			8
9 HOUSEKEEPING	282		226			9
10 DIETARY	846		98			10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	658		44			13
14 CENTRAL SERVICES & SUPPLY	1,316		171			14
15 PHARMACY	1,175		107			15
16 MEDICAL RECORDS & LIBRARY	1,974		110			16
17 SOCIAL SERVICE	564		2			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 ADULTS & PEDIATRICS	6,386	113,295	691	1,100	11,631	30
31 INTENSIVE CARE UNIT	658	28,356	196	325	2,911	31
43 NURSERY	47	4,396	18	50	451	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,927	48,123	118	295	4,940	50
50.01 ENDOSCOPY	846	13,323	105	38	1,368	50.01
51 RECOVERY ROOM	141	8,070	33	45	828	51
52 DELIVERY ROOM & LABOR ROOM	376	12,217	35	119	1,254	52
53 ANESTHESIOLOGY	376	13,985	10	96	1,436	53
54 RADIOLOGY-DIAGNOSTIC	1,833	37,159	10	110	3,815	54
54.01 ULTRASOUND	423	18,275		28	1,876	54.01
54.02 MAMMOGRAPHY	329	5,029	173	1	516	54.02
55 RADIOLOGY-THERAPEUTIC	752	38,549	109	2	3,957	55
55.01 ONCOLOGY	752	14,322	145	2	1,470	55.01
56 RADIOISOTOPE	329	14,433	357	35	1,482	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	752	104,227	228	296	10,700	57
58 MAGNETIC RESONANCE IMAGING (MRI)	329	38,859	76	57	3,989	58
59 CARDIAC CATHETERIZATION	47	2,016	20	6	207	59
60 LABORATORY	2,161	190,290		947	19,535	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		8,680	1,273	62	891	63
65 RESPIRATORY THERAPY	235	22,012	11	206	2,260	65
66 PHYSICAL THERAPY	470	6,556	15	23	673	66
67 OCCUPATIONAL THERAPY	282	4,347	6	20	446	67
68 SPEECH PATHOLOGY	94	1,145		5	118	68
69 ELECTROCARDIOLOGY		13,060		62	1,341	69
69.01 CARDIOLOGY	940	20,190	37	117	2,073	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		76,801	4,726	518	7,884	71
72 IMPL. DEV. CHARGED TO PATIENT		15,551	1,913	139	1,596	72
73 DRUGS CHARGED TO PATIENTS		277,916		1,649	28,558	73
74 RENAL DIALYSIS	188	1,379	15	15	142	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	47	418	3		43	90
90.01 SLEEP LAB CENTER	47	7,809	33		802	90.01
91 EMERGENCY	2,772	204,461	150	434	20,990	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	40,316	1,365,249	11,753	6,802	140,183	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	188					190
192 PHYSICIANS' PRIVATE OFFICES	1,222		10			192
192.01 APOTHECARY	470		25			192.01

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ALLOCATION OF CAPITAL-RELATED COSTS

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PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASE, RCV&STORES	ADMITTING	CASHIERING ACCTS REC	
	5.01	5.02	5.03	5.04	5.05	
192.02 REAL ESTATE	188					192.02
192.03 FOUNDATION			11			192.03
192.04 OUTREACH PROGRAMS	141		157			192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	42,525	1,365,249	11,956	6,802	140,183	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	OTHER ADM &GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	483,000					5.06
6 MAINTENANCE & REPAIRS	18,248	517,265				6
7 OPERATION OF PLANT	6,563	66,687	250,195			7
8 LAUNDRY & LINEN SERVICE	1,889	1,727	959	9,307		8
9 HOUSEKEEPING	8,100	7,996	4,440		62,447	9
10 DIETARY	5,997	21,406	11,886		945	10
11 CAFETERIA	2,813	7,844	4,356			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,907	3,201	1,777		249	13
14 CENTRAL SERVICES & SUPPLY	9,263	11,290	6,269	754	388	14
15 PHARMACY	11,010	7,337	4,074		343	15
16 MEDICAL RECORDS & LIBRARY	5,745	10,024	5,566		293	16
17 SOCIAL SERVICE	4,806	1,185	658			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	61,645	103,663	57,560	4,359	27,779	30
31 INTENSIVE CARE UNIT	15,930	10,796	5,995	405	4,047	31
43 NURSERY	2,923	4,893	2,717	344	313	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,047	30,992	17,209	559	4,464	50
50.01 ENDOSCOPY	8,684	19,315	10,725	435	2,671	50.01
51 RECOVERY ROOM	3,653	2,854	1,585	301	270	51
52 DELIVERY ROOM & LABOR ROOM	8,991	13,223	7,343	344	2,474	52
53 ANESTHESIOLOGY	2,239	1,195	664			53
54 RADIOLOGY-DIAGNOSTIC	13,654	30,759	17,080	407	1,824	54
54.01 ULTRASOUND	4,361	1,767	981	94	421	54.01
54.02 MAMMOGRAPHY	2,970	1,474	818	73	329	54.02
55 RADIOLOGY-THERAPEUTIC	10,369	8,135	4,517	85	687	55
55.01 ONCOLOGY	6,244	12,697	7,051	41	707	55.01
56 RADIOISOTOPE	4,117	1,744	968	77	346	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	16,899	3,502	1,945	170	762	57
58 MAGNETIC RESONANCE IMAGING (MRI)	8,470	2,760	1,533	77	347	58
59 CARDIAC CATHETERIZATION	476	2,648	1,470	1	11	59
60 LABORATORY	38,918	20,645	11,464		925	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,645					63
65 RESPIRATORY THERAPY	8,762	4,211	2,338		324	65
66 PHYSICAL THERAPY	2,765	4,791	2,660	59	223	66
67 OCCUPATIONAL THERAPY	1,944	4,546	2,524	39	147	67
68 SPEECH PATHOLOGY	482	495	275	10	39	68
69 ELECTROCARDIOLOGY	1,894					69
69.01 CARDIOLOGY	6,027	1,679	933	30	257	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	15,871					71
72 IMPL. DEV. CHARGED TO PATIENT	5,699					72
73 DRUGS CHARGED TO PATIENTS	58,532					73
74 RENAL DIALYSIS	820	1,370	761		148	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	708	1,120	622	1	237	90
90.01 SLEEP LAB CENTER	2,502	2,093	1,162		518	90.01
91 EMERGENCY	43,743	28,783	15,982	642	6,987	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	459,325	460,847	218,867	9,307	59,475	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	68	3,494	1,940			190
192 PHYSICIANS' PRIVATE OFFICES	10,075	21,635	12,013			192
192.01 APOTHECARY	6,119	2,908	1,615		239	192.01

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	OTHER ADM &GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
	5.06	6	7	8	9	
192.02 REAL ESTATE	1,326	24,875	13,813		2,653	192.02
192.03 FOUNDATION	1,437				80	192.03
192.04 OUTREACH PROGRAMS	4,607					192.04
192.05 UNASSIGNED	43	3,506	1,947			192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	483,000	517,265	250,195	9,307	62,447	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	124,567					10
11 CAFETERIA		36,520				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		814	492,562			13
14 CENTRAL SERVICES & SUPPLY		1,786		315,496		14
15 PHARMACY		1,461		7,854	454,199	15
16 MEDICAL RECORDS & LIBRARY		1,132		420		16
17 SOCIAL SERVICE		748		68		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	109,457	10,868	182,673	27,681	647	30
31 INTENSIVE CARE UNIT	15,110	2,176	36,567	7,753	121	31
43 NURSERY		339	5,697	583	14	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,358	22,817	9,345	4,224	50
50.01 ENDOSCOPY		1,032	17,352	2,126	39	50.01
51 RECOVERY ROOM		471	7,916	1,345	7	51
52 DELIVERY ROOM & LABOR ROOM		1,247	20,954	754	109	52
53 ANESTHESIOLOGY		86	1,452	27		53
54 RADIOLOGY-DIAGNOSTIC		1,740	29,240	711	13	54
54.01 ULTRASOUND		427	7,176	192	20	54.01
54.02 MAMMOGRAPHY		264	4,437	217	3	54.02
55 RADIOLOGY-THERAPEUTIC		603	10,135	85		55
55.01 ONCOLOGY		591	9,929	5,389	39	55.01
56 RADIOISOTOPE		267	4,492	322	179	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		731	12,285	6,259	1,276	57
58 MAGNETIC RESONANCE IMAGING (MRI)		311	5,232	208	80	58
59 CARDIAC CATHETERIZATION		24	411	57	13	59
60 LABORATORY				3		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		11	178			63
65 RESPIRATORY THERAPY		1,202	20,201	125	25	65
66 PHYSICAL THERAPY				52		66
67 OCCUPATIONAL THERAPY				31		67
68 SPEECH PATHOLOGY				5	3	68
69 ELECTROCARDIOLOGY		99	1,671			69
69.01 CARDIOLOGY		619	10,409	571	25	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				180,060	104	71
72 IMPL. DEV. CHARGED TO PATIENT				60,864		72
73 DRUGS CHARGED TO PATIENTS					446,815	73
74 RENAL DIALYSIS				561	9	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		138	2,315	30		90
90.01 SLEEP LAB CENTER		235	3,944	109		90.01
91 EMERGENCY		4,467	75,079	1,066	433	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	124,567	35,247	492,562	314,873	454,198	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES		274		58	1	192
192.01 APOTHECARY		161		377		192.01

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ALLOCATION OF CAPITAL-RELATED COSTS

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 PART II

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
192.02 REAL ESTATE						192.02
192.03 FOUNDATION			198			192.03
192.04 OUTREACH PROGRAMS			640		86	192.04
192.05 UNASSIGNED				102		192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	124,567	36,520	492,562	315,496	454,199	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	62,200					16
17 SOCIAL SERVICE		12,455				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	27,958	9,825	1,068,437		1,068,437	30
31 INTENSIVE CARE UNIT	3,672	1,356	240,247		240,247	31
43 NURSERY	79	527	40,329		40,329	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,002		362,175		362,175	50
50.01 ENDOSCOPY	2,880		248,656		248,656	50.01
51 RECOVERY ROOM	34		37,225		37,225	51
52 DELIVERY ROOM & LABOR ROOM	1,286		154,571		154,571	52
53 ANESTHESIOLOGY	301		81,472		81,472	53
54 RADIOLOGY-DIAGNOSTIC	442		432,815		432,815	54
54.01 ULTRASOUND	91		141,022		141,022	54.01
54.02 MAMMOGRAPHY			133,096		133,096	54.02
55 RADIOLOGY-THERAPEUTIC	34		417,082		417,082	55
55.01 ONCOLOGY	66		293,604		293,604	55.01
56 RADIOISOTOPE	21		48,071		48,071	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	175		475,342		475,342	57
58 MAGNETIC RESONANCE IMAGING (MRI)	38		580,437		580,437	58
59 CARDIAC CATHETERIZATION	62		19,743		19,743	59
60 LABORATORY	3,839		346,626		346,626	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			14,756		14,756	63
65 RESPIRATORY THERAPY	206		155,471		155,471	65
66 PHYSICAL THERAPY	349		35,449		35,449	66
67 OCCUPATIONAL THERAPY	248		26,641		26,641	67
68 SPEECH PATHOLOGY	41		4,025		4,025	68
69 ELECTROCARDIOLOGY	232		22,198		22,198	69
69.01 CARDIOLOGY	152		134,380		134,380	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	298		286,262		286,262	71
72 IMPL. DEV. CHARGED TO PATIENT			85,762		85,762	72
73 DRUGS CHARGED TO PATIENTS	638		814,154		814,154	73
74 RENAL DIALYSIS	3		10,243		10,243	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			9,048		9,048	90
90.01 SLEEP LAB CENTER			53,463		53,463	90.01
91 EMERGENCY	12,053	747	618,320		618,320	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	62,200	12,455	7,391,122		7,391,122	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			14,961		14,961	190
192 PHYSICIANS' PRIVATE OFFICES			129,444		129,444	192
192.01 APOTHECARY			26,538		26,538	192.01

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PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192.02 REAL ESTATE			166,283		166,283	192.02
192.03 FOUNDATION			8,195		8,195	192.03
192.04 OUTREACH PROGRAMS			42,758		42,758	192.04
192.05 UNASSIGNED			14,800		14,800	192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	62,200	12,455	7,794,101		7,794,101	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	NONPATIENT TELEPHONES # OF LINES	DATA PROCESSING GROSS REVENUE	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	325,036					1
2 CAP REL COSTS-MVBLE EQUIP		2,988,250				2
4 EMPLOYEE BENEFITS	7,498	1,743	31,894,251			4
5.01 NONPATIENT TELEPHONES	968	32,638	191,563	905		5.01
5.02 DATA PROCESSING	2,097	165,702	31,697	23	459,486,176	5.02
5.03 PURCHASING RECEIVING AND STORES	1,222		45,733	7		5.03
5.04 ADMITTING	512	966	938,055	22		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	3,375	7,173		26		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	16,558	62,165	2,723,142	82		5.06
6 MAINTENANCE & REPAIRS	43,937	223,255	976,417	52		6
7 OPERATION OF PLANT	32,085					7
8 LAUNDRY & LINEN SERVICE	831		70,940			8
9 HOUSEKEEPING	3,847	16,127	1,033,591	6		9
10 DIETARY	10,299	22,879	404,998	18		10
11 CAFETERIA	3,774		359,712			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,540	415,937	631,742	14		13
14 CENTRAL SERVICES & SUPPLY	5,432	151,347	708,992	28		14
15 PHARMACY	3,530	7,275	1,265,086	25		15
16 MEDICAL RECORDS & LIBRARY	4,823	8,178	576,692	42		16
17 SOCIAL SERVICE	570		663,510	12		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	49,875	21,131	6,374,824	136	38,133,676	30
31 INTENSIVE CARE UNIT	5,194	5,596	1,471,888	14	9,544,171	31
43 NURSERY	2,354	2,952	324,178	1	1,479,575	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,911	98,094	967,166	41	16,197,587	50
50.01 ENDOSCOPY	9,293	101,794	848,947	18	4,484,363	50.01
51 RECOVERY ROOM	1,373	1,224	372,512	3	2,716,363	51
52 DELIVERY ROOM & LABOR ROOM	6,362	41,511	1,000,913	8	4,112,157	52
53 ANESTHESIOLOGY	575	49,955	42,688	8	4,707,081	53
54 RADIOLOGY-DIAGNOSTIC	14,799	127,370	1,156,900	39	12,507,255	54
54.01 ULTRASOUND	850	74,783	257,263	9	6,151,150	54.01
54.02 MAMMOGRAPHY	709	88,808	200,919	7	1,692,616	54.02
55 RADIOLOGY-THERAPEUTIC	3,914	280,375	569,784	16	12,975,058	55
55.01 ONCOLOGY	6,109	176,899	423,973	16	4,820,628	55.01
56 RADIOISOTOPE	839	1,140	210,920	7	4,857,904	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,685	245,720	465,335	16	35,081,414	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,328	400,377	211,981	7	13,079,487	58
59 CARDIAC CATHETERIZATION	1,274	3,481	20,399	1	678,555	59
60 LABORATORY	9,933	2,766		46	64,049,266	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			8,227		2,921,720	63
65 RESPIRATORY THERAPY	2,026	7,156	814,725	5	7,408,942	65
66 PHYSICAL THERAPY	2,305	2,368		10	2,206,795	66
67 OCCUPATIONAL THERAPY	2,187			6	1,463,140	67
68 SPEECH PATHOLOGY	238			2	385,504	68
69 ELECTROCARDIOLOGY		3,295	63,435		4,395,977	69
69.01 RADIOLOGY	808	50,104	438,253	20	6,795,601	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					25,850,084	71
72 IMPL. DEV. CHARGED TO PATIENT					5,234,422	72
73 DRUGS CHARGED TO PATIENTS			23,789		93,503,520	73
74 RENAL DIALYSIS	659	1,062		4	464,095	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	539	72	161,418	1	140,686	90
90.01 SLEEP LAB CENTER	1,007	23,868	159,741	1	2,628,372	90.01
91 EMERGENCY	13,848	48,762	2,794,477	59	68,819,012	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	297,892	2,976,048	30,006,525	858	459,486,176	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,681			4		190
192 PHYSICIANS' PRIVATE OFFICES	10,409	5,721	1,135,311	26		192
192.01 APOTHECARY	1,399	1,102	161,121	10		192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NONPATIENT TELEPHONES # OF LINES 5.01	DATA PROCESSING GROSS REVENUE 5.02	
192.02 REAL ESTATE	11,968					192.02
192.03 FOUNDATION		5,379	163,269			192.03
192.04 OUTREACH PROGRAMS			428,025	3		192.04
192.05 UNASSIGNED	1,687					192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,792,539	3,370,904	16,888,635	556,104	4,354,922	202
203 UNIT COST MULT-WS B PT I	5.514894	1.128053	0.529520	614.479558	0.009478	203
204 COST TO BE ALLOC PER B PT II			61,552	42,525	1,365,249	204
205 UNIT COST MULT-WS B PT II			0.001930	46.988950	0.002971	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASE, RCV&STORES	ADMITTING	CASHIERING ACCTS REC	RECON- CILIATION	OTHER ADM &GENERAL	
	SUPPLY COST 5.03	INPATIENT REVENUE 5.04	GROSS REVENUE 5.05	5A.06	ACCUM COST 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES	4,935,290					5.03
5.04 ADMITTING	17,999	202,163,278				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	2,687		459,486,176			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	33,358			-12,247,237	104,143,907	5.06
6 MAINTENANCE & REPAIRS	142,576				3,934,351	6
7 OPERATION OF PLANT					1,414,973	7
8 LAUNDRY & LINEN SERVICE	4,819				407,232	8
9 HOUSEKEEPING	93,272				1,746,467	9
10 DIETARY	40,463				1,292,982	10
11 CAFETERIA					606,568	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	18,000				1,489,239	13
14 CENTRAL SERVICES & SUPPLY	70,699				1,997,246	14
15 PHARMACY	44,152				2,373,975	15
16 MEDICAL RECORDS & LIBRARY	45,557				1,238,726	16
17 SOCIAL SERVICE	960				1,036,152	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	285,072	32,345,919	38,133,676		13,294,855	30
31 INTENSIVE CARE UNIT	81,048	9,544,171	9,544,171		3,434,592	31
43 NURSERY	7,477	1,479,575	1,479,575		630,148	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	48,802	8,669,555	16,197,587		3,028,763	50
50.01 ENDOSCOPY	43,170	1,118,200	4,484,363		1,872,435	50.01
51 RECOVERY ROOM	13,539	1,336,532	2,716,363		787,521	51
52 DELIVERY ROOM & LABOR ROOM	14,537	3,504,871	4,112,157		1,938,451	52
53 ANESTHESIOLOGY	3,981	2,830,805	4,707,081		482,761	53
54 RADIOLOGY-DIAGNOSTIC	4,067	3,241,425	12,507,255		2,944,048	54
54.01 ULTRASOUND		812,775	6,151,150		940,379	54.01
54.02 MAMMOGRAPHY	71,431	38,635	1,692,616		640,299	54.02
55 RADIOLOGY-THERAPEUTIC	45,135	56,914	12,975,058		2,235,700	55
55.01 ONCOLOGY	59,953	60,794	4,820,628		1,346,223	55.01
56 RADIOISOTOPE	147,473	1,034,347	4,857,904		887,602	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	94,264	8,698,715	35,081,414		3,643,692	57
58 MAGNETIC RESONANCE IMAGING (MRI)	31,217	1,690,367	13,079,487		1,826,298	58
59 CARDIAC CATHETERIZATION	8,124	171,960	678,555		102,670	59
60 LABORATORY		27,852,685	64,049,266		8,391,112	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	525,199	1,831,012	2,921,720		785,918	63
65 RESPIRATORY THERAPY	4,695	6,049,781	7,408,942		1,889,150	65
66 PHYSICAL THERAPY	6,300	662,940	2,206,795		596,245	66
67 OCCUPATIONAL THERAPY	2,547	587,567	1,463,140		419,048	67
68 SPEECH PATHOLOGY	140	141,222	385,504		103,981	68
69 ELECTROCARDIOLOGY		1,832,454	4,395,977		408,471	69
69.01 RADIOLOGY	15,281	3,429,415	6,795,601		1,299,572	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,951,015	15,226,820	25,850,084		3,421,970	71
72 IMPL. DEV. CHARGED TO PATIENT	789,395	4,097,495	5,234,422		1,228,734	72
73 DRUGS CHARGED TO PATIENTS		50,604,157	93,503,520		12,620,126	73
74 RENAL DIALYSIS	6,371	452,470	464,095		176,819	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,051	368	140,686		152,753	90
90.01 SLEEP LAB CENTER	13,431		2,628,372		539,381	90.01
91 EMERGENCY	61,922	12,759,332	68,819,012		9,431,481	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	4,851,179	202,163,278	459,486,176	-12,247,237	99,039,109	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					14,631	190
192 PHYSICIANS' PRIVATE OFFICES	4,091				2,172,291	192
192.01 APOTHECARY	10,500				1,319,284	192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASE, RCV&STORES	ADMITTING	CASHIERING ACCTS REC	RECON- CILIATION	OTHER ADM &GENERAL
	SUPPLY COST	INPATIENT REVENUE	GROSS REVENUE	5A.06	ACCUM COST
192.02 REAL ESTATE	4				285,975 192.02
192.03 FOUNDATION	4,672				309,911 192.03
192.04 OUTREACH PROGRAMS	64,844				993,402 192.04
192.05 UNASSIGNED					9,304 192.05
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	367,316	1,490,468	26,398,002		12,247,237 202
203 UNIT COST MULT-WS B PT I	0.074426	0.007373	0.057451		0.117599 203
204 COST TO BE ALLOC PER B PT II	11,956	6,802	140,183		483,000 204
205 UNIT COST MULT-WS B PT II	0.002423	0.000034	0.000305		0.004638 205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING HOURS OF SERVICE	MEALS SERVED	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS	248,869					6
7 OPERATION OF PLANT	32,085	216,784				7
8 LAUNDRY & LINEN SERVICE	831	831	919,119			8
9 HOUSEKEEPING	3,847	3,847		66,505		9
10 DIETARY	10,299	10,299		1,006	242,503	10
11 CAFETERIA	3,774	3,774				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,540	1,540		265		13
14 CENTRAL SERVICES & SUPPLY	5,432	5,432	74,472	413		14
15 PHARMACY	3,530	3,530		365		15
16 MEDICAL RECORDS & LIBRARY	4,823	4,823		312		16
17 SOCIAL SERVICE	570	570				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	49,875	49,875	430,376	29,583	213,087	30
31 INTENSIVE CARE UNIT	5,194	5,194	39,960	4,310	29,416	31
43 NURSERY	2,354	2,354	33,960	333		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,911	14,911	55,230	4,754		50
50.01 ENDOSCOPY	9,293	9,293	42,912	2,845		50.01
51 RECOVERY ROOM	1,373	1,373	29,772	288		51
52 DELIVERY ROOM & LABOR ROOM	6,362	6,362	33,960	2,635		52
53 ANESTHESIOLOGY	575	575				53
54 RADIOLOGY-DIAGNOSTIC	14,799	14,799	40,205	1,943		54
54.01 ULTRASOUND	850	850	9,280	448		54.01
54.02 MAMMOGRAPHY	709	709	7,247	350		54.02
55 RADIOLOGY-THERAPEUTIC	3,914	3,914	8,400	732		55
55.01 ONCOLOGY	6,109	6,109	4,080	753		55.01
56 RADIOISOTOPE	839	839	7,608	368		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,685	1,685	16,785	811		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,328	1,328	7,646	370		58
59 CARDIAC CATHETERIZATION	1,274	1,274	133	12		59
60 LABORATORY	9,933	9,933		985		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	2,026	2,026		345		65
66 PHYSICAL THERAPY	2,305	2,305	5,799	238		66
67 OCCUPATIONAL THERAPY	2,187	2,187	3,844	157		67
68 SPEECH PATHOLOGY	238	238	1,013	42		68
69 ELECTROCARDIOLOGY						69
69.01 RADIOLOGY	808	808	2,951	274		69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	659	659		158		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	539	539	126	252		90
90.01 SLEEP LAB CENTER	1,007	1,007		552		90.01
91 EMERGENCY	13,848	13,848	63,360	7,441		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	221,725	189,640	919,119	63,340	242,503	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,681	1,681				190
192 PHYSICIANS' PRIVATE OFFICES	10,409	10,409				192
192.01 APOTHECARY	1,399	1,399		255		192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING HOURS OF SERVICE	MEALS SERVED	
	6	7	8	9	10	
192.02 REAL ESTATE	11,968	11,968		2,825		192.02
192.03 FOUNDATION				85		192.03
192.04 OUTREACH PROGRAMS						192.04
192.05 UNASSIGNED	1,687	1,687				192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,397,027	2,148,251	478,039	2,057,941	1,760,187	202
203 UNIT COST MULT-WS B PT I	17.668038	9.909638	0.520106	30.944155	7.258413	203
204 COST TO BE ALLOC PER B PT II	517,265	250,195	9,307	62,447	124,567	204
205 UNIT COST MULT-WS B PT II	2.078463	1.154121	0.010126	0.938982	0.513672	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	MEALS SERVED	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	44,818					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	999	35,965				13
14 CENTRAL SERVICES & SUPPLY	2,192		3,206,927			14
15 PHARMACY	1,793		79,836	6,936,077		15
16 MEDICAL RECORDS & LIBRARY	1,389		4,267		8,536,473	16
17 SOCIAL SERVICE	918		696			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	13,338	13,338	281,366	9,876	3,836,460	30
31 INTENSIVE CARE UNIT	2,670	2,670	78,810	1,855	504,000	31
43 NURSERY	416	416	5,926	221	10,890	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,666	1,666	94,992	64,505	960,960	50
50.01 ENDOSCOPY	1,267	1,267	21,611	588	395,342	50.01
51 RECOVERY ROOM	578	578	13,674	108	4,674	51
52 DELIVERY ROOM & LABOR ROOM	1,530	1,530	7,664	1,662	176,540	52
53 ANESTHESIOLOGY	106	106	277		41,304	53
54 RADIOLOGY-DIAGNOSTIC	2,135	2,135	7,223	197	60,654	54
54.01 ULTRASOUND	524	524	1,950	312	12,512	54.01
54.02 MAMMOGRAPHY	324	324	2,210	53		54.02
55 RADIOLOGY-THERAPEUTIC	740	740	864		4,637	55
55.01 ONCOLOGY	725	725	54,778	599	9,127	55.01
56 RADIOISOTOPE	328	328	3,277	2,738	2,926	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	897	897	63,625	19,493	24,024	57
58 MAGNETIC RESONANCE IMAGING (MRI)	382	382	2,112	1,224	5,258	58
59 CARDIAC CATHETERIZATION	30	30	579	196	8,460	59
60 LABORATORY			34		526,848	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	13	13				63
65 RESPIRATORY THERAPY	1,475	1,475	1,272	387	28,221	65
66 PHYSICAL THERAPY			526		47,904	66
67 OCCUPATIONAL THERAPY			312		34,092	67
68 SPEECH PATHOLOGY			50	50	5,679	68
69 ELECTROCARDIOLOGY	122	122			31,830	69
69.01 RADIOLOGY	760	760	5,800	380	20,907	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,830,263	1,587	40,895	71
72 IMPL. DEV. CHARGED TO PATIENT			618,665			72
73 DRUGS CHARGED TO PATIENTS				6,823,289	87,632	73
74 RENAL DIALYSIS			5,699	134	417	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	169	169	300			90
90.01 SLEEP LAB CENTER	288	288	1,108			90.01
91 EMERGENCY	5,482	5,482	10,831	6,615	1,654,280	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	43,256	35,965	3,200,597	6,936,069	8,536,473	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	336		588	8		192
192.01 APOTHECARY	197		3,829			192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	MEALS SERVED	ADMINIS- TRATION DIRECT NRSING HRS	SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	
	11	13	14	15	16	
192.02 REAL ESTATE				4		192.02
192.03 FOUNDATION	243			870		192.03
192.04 OUTREACH PROGRAMS	786		1,039			192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	781,978	1,732,472	2,471,681	2,854,612	1,554,585	202
203 UNIT COST MULT-WS B PT I	17.447856	48.171055	0.770732	0.411560	0.182111	203
204 COST TO BE ALLOC PER B PT II	36,520	492,562	315,496	454,199	62,200	204
205 UNIT COST MULT-WS B PT II	0.814851	13.695593	0.098380	0.065484	0.007286	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		17	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 NONPATIENT TELEPHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING RECEIVING AND STORES			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE	10,000		17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	7,888		30
31 INTENSIVE CARE UNIT	1,089		31
43 NURSERY	423		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM			50
50.01 ENDOSCOPY			50.01
51 RECOVERY ROOM			51
52 DELIVERY ROOM & LABOR ROOM			52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
54.01 ULTRASOUND			54.01
54.02 MAMMOGRAPHY			54.02
55 RADIOLOGY-THERAPEUTIC			55
55.01 ONCOLOGY			55.01
56 RADIOISOTOPE			56
57 COMPUTED TOMOGRAPHY (CT) SCAN			57
58 MAGNETIC RESONANCE IMAGING (MRI)			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY			69
69.01 RADIOLOGY			69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC			90
90.01 SLEEP LAB CENTER			90.01
91 EMERGENCY	600		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	10,000		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192
192.01 APOTHECARY			192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
192.02 REAL ESTATE			192.02
192.03 FOUNDATION			192.03
192.04 OUTREACH PROGRAMS			192.04
192.05 UNASSIGNED			192.05
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I		1,190,274	202
203 UNIT COST MULT-WS B PT I		119.027400	203
204 COST TO BE ALLOC PER B PT II		12,455	204
205 UNIT COST MULT-WS B PT II		1.245500	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,653,405		21,653,405		21,653,405	30
31 INTENSIVE CARE UNIT	4,807,513		4,807,513		4,807,513	31
43 NURSERY	881,425		881,425		881,425	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,356,071		4,356,071		4,356,071	50
50.01 ENDOSCOPY	2,631,298		2,631,298		2,631,298	50.01
51 RECOVERY ROOM	991,756		991,756		991,756	51
52 DELIVERY ROOM & LABOR ROOM	2,580,199		2,580,199		2,580,199	52
53 ANESTHESIOLOGY	570,080		570,080		570,080	53
54 RADIOLOGY-DIAGNOSTIC	3,936,212		3,936,212		3,936,212	54
54.01 ULTRASOUND	1,131,393		1,131,393	2,894	1,134,287	54.01
54.02 MAMMOGRAPHY	772,735		772,735	2,894	775,629	54.02
55 RADIOLOGY-THERAPEUTIC	2,683,643		2,683,643		2,683,643	55
55.01 ONCOLOGY	1,790,134		1,790,134		1,790,134	55.01
56 RADIOISOTOPE	1,056,173		1,056,173		1,056,173	56
57 COMPUTED TOMOGRAPHY (CT) SC	4,272,778		4,272,778		4,272,778	57
58 MAGNETIC RESONANCE IMAGING	2,121,274		2,121,274		2,121,274	58
59 CARDIAC CATHETERIZATION	154,354		154,354		154,354	59
60 LABORATORY	9,778,278		9,778,278	28,316	9,806,594	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	879,194		879,194		879,194	63
65 RESPIRATORY THERAPY	2,280,926		2,280,926		2,280,926	65
66 PHYSICAL THERAPY	749,440		749,440		749,440	66
67 OCCUPATIONAL THERAPY	541,946		541,946		541,946	67
68 SPEECH PATHOLOGY	125,693		125,693		125,693	68
69 ELECTROCARDIOLOGY	470,310		470,310		470,310	69
69.01 RADIOLOGY	1,543,000		1,543,000		1,543,000	69.01
71 MEDICAL SUPPLIES CHRGD TO	5,243,135		5,243,135		5,243,135	71
72 IMPL. DEV. CHARGED TO PATIE	1,850,057		1,850,057		1,850,057	72
73 DRUGS CHARGED TO PATIENTS	16,928,392		16,928,392		16,928,392	73
74 RENAL DIALYSIS	225,198		225,198		225,198	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	204,766		204,766	6,609	211,375	90
90.01 SLEEP LAB CENTER	667,416		667,416	13,016	680,432	90.01
91 EMERGENCY	11,929,191		11,929,191		11,929,191	91
92 OBSERVATION BEDS	3,421,272		3,421,272		3,421,272	92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	113,228,657		113,228,657	53,729	113,282,386	200
201 LESS OBSERVATION BEDS	3,421,272		3,421,272		3,421,272	201
202 TOTAL (SEE INSTRUCTIONS)	109,807,385		109,807,385		109,861,114	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	32,345,919		32,345,919			30
31 INTENSIVE CARE UNIT	9,544,171		9,544,171			31
43 NURSERY	1,479,575		1,479,575			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,669,555	7,528,032	16,197,587	0.268933	0.268933	0.268933 50
50.01 ENDOSCOPY	1,118,200	3,366,163	4,484,363	0.586772	0.586772	0.586772 50.01
51 RECOVERY ROOM	1,336,532	1,379,831	2,716,363	0.365104	0.365104	0.365104 51
52 DELIVERY ROOM & LABOR ROOM	3,504,871	607,286	4,112,157	0.627456	0.627456	0.627456 52
53 ANESTHESIOLOGY	2,830,805	1,876,276	4,707,081	0.121111	0.121111	0.121111 53
54 RADIOLOGY-DIAGNOSTIC	3,241,425	9,265,830	12,507,255	0.314714	0.314714	0.314714 54
54.01 ULTRASOUND	812,775	5,338,375	6,151,150	0.183932	0.183932	0.184402 54.01
54.02 MAMMOGRAPHY	38,635	1,653,981	1,692,616	0.456533	0.456533	0.458243 54.02
55 RADIOLOGY-THERAPEUTIC	56,914	12,918,144	12,975,058	0.206831	0.206831	0.206831 55
55.01 ONCOLOGY	60,794	4,759,834	4,820,628	0.371349	0.371349	0.371349 55.01
56 RADIOISOTOPE	1,034,347	3,823,557	4,857,904	0.217413	0.217413	0.217413 56
57 COMPUTED TOMOGRAPHY (CT) SC	8,698,715	26,382,699	35,081,414	0.121796	0.121796	0.121796 57
58 MAGNETIC RESONANCE IMAGING	1,690,367	11,389,120	13,079,487	0.162183	0.162183	0.162183 58
59 CARDIAC CATHETERIZATION	171,960	506,595	678,555	0.227475	0.227475	0.227475 59
60 LABORATORY	27,852,685	36,196,581	64,049,266	0.152668	0.152668	0.153110 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	1,831,012	1,090,708	2,921,720	0.300917	0.300917	0.300917 63
65 RESPIRATORY THERAPY	6,049,781	1,359,161	7,408,942	0.307861	0.307861	0.307861 65
66 PHYSICAL THERAPY	662,940	1,543,855	2,206,795	0.339606	0.339606	0.339606 66
67 OCCUPATIONAL THERAPY	587,567	875,573	1,463,140	0.370399	0.370399	0.370399 67
68 SPEECH PATHOLOGY	141,222	244,282	385,504	0.326048	0.326048	0.326048 68
69 ELECTROCARDIOLOGY	1,832,454	2,563,523	4,395,977	0.106986	0.106986	0.106986 69
69.01 RADIOLOGY	3,429,415	3,366,186	6,795,601	0.227059	0.227059	0.227059 69.01
71 MEDICAL SUPPLIES CHRGD TO	15,226,820	10,623,264	25,850,084	0.202829	0.202829	0.202829 71
72 IMPL. DEV. CHARGED TO PATIE	4,097,495	1,136,927	5,234,422	0.353441	0.353441	0.353441 72
73 DRUGS CHARGED TO PATIENTS	50,604,157	42,899,363	93,503,520	0.181046	0.181046	0.181046 73
74 RENAL DIALYSIS	452,470	11,625	464,095	0.485241	0.485241	0.485241 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	368	140,318	140,686	1.455482	1.455482	1.502459 90
90.01 SLEEP LAB CENTER		2,628,372	2,628,372	0.253928	0.253928	0.258880 90.01
91 EMERGENCY	12,759,332	56,059,680	68,819,012	0.173342	0.173342	0.173342 91
92 OBSERVATION BEDS	710,445	5,077,312	5,787,757	0.591122	0.591122	0.591122 92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	202,873,723	256,612,453	459,486,176			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	202,873,723	256,612,453	459,486,176			202

PROVIDER CCN: 14-0093 PROVENA UNITED SAMARITANS MED.  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL. 3 + COL. 4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL. 5 x COL. 6)
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL. 1 MINUS COL. 2)	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	1,068,437		1,068,437	23,753	44.98		30
31 INTENSIVE CARE UNIT	240,247		240,247	2,753	87.27		31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	40,329		40,329	1,075	37.52		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,349,013		1,349,013	27,581			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [XX] TITLE V [XX] HOSPITAL (14-0093) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	362,175	16,197,587	0.022360		50
50.01 ENDOSCOPY	248,656	4,484,363	0.055450		50.01
51 RECOVERY ROOM	37,225	2,716,363	0.013704		51
52 DELIVERY ROOM & LABOR ROOM	154,571	4,112,157	0.037589		52
53 ANESTHESIOLOGY	81,472	4,707,081	0.017308		53
54 RADIOLOGY-DIAGNOSTIC	432,815	12,507,255	0.034605		54
54.01 ULTRASOUND	141,022	6,151,150	0.022926		54.01
54.02 MAMMOGRAPHY	133,096	1,692,616	0.078633		54.02
55 RADIOLOGY-THERAPEUTIC	417,082	12,975,058	0.032145		55
55.01 ONCOLOGY	293,604	4,820,628	0.060906		55.01
56 RADIOISOTOPE	48,071	4,857,904	0.009895		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	475,342	35,081,414	0.013550		57
58 MAGNETIC RESONANCE IMAGING (M	580,437	13,079,487	0.044378		58
59 CARDIAC CATHETERIZATION	19,743	678,555	0.029096		59
60 LABORATORY	346,626	64,049,266	0.005412		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	14,756	2,921,720	0.005050		63
65 RESPIRATORY THERAPY	155,471	7,408,942	0.020984		65
66 PHYSICAL THERAPY	35,449	2,206,795	0.016064		66
67 OCCUPATIONAL THERAPY	26,641	1,463,140	0.018208		67
68 SPEECH PATHOLOGY	4,025	385,504	0.010441		68
69 ELECTROCARDIOLOGY	22,198	4,395,977	0.005050		69
69.01 CARDIOLOGY	134,380	6,795,601	0.019775		69.01
71 MEDICAL SUPPLIES CHRGD TO PA	286,262	25,850,084	0.011074		71
72 IMPL. DEV. CHARGED TO PATIENT	85,762	5,234,422	0.016384		72
73 DRUGS CHARGED TO PATIENTS	814,154	93,503,520	0.008707		73
74 RENAL DIALYSIS	10,243	464,095	0.022071		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	9,048	140,686	0.064313		90
90.01 SLEEP LAB CENTER	53,463	2,628,372	0.020341		90.01
91 EMERGENCY	618,320	68,819,012	0.008985		91
92 OBSERVATION BEDS		5,787,757	5,787,757		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	6,042,109	416,116,511	416,116,511		200

PROVIDER CCN: 14-0093 PROVENA UNITED SAMARITANS MED.  
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 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

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

PROVIDER CCN: 14-0093 PROVENA UNITED SAMARITANS MED.  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	23,753				30
31 INTENSIVE CARE UNIT	2,753				31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,075				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	27,581				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [XX] TITLE V [XX] HOSPITAL (14-0093) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 ENDOSCOPY						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 MAMMOGRAPHY						54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY						55.01
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 CARDIOLOGY						69.01
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 SLEEP LAB CENTER						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[XX] TITLE V [ ] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0093) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA	COST CENTER DESCRIPTION		TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES PGM 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS														
50							OPERATING ROOM	16,197,587						50
50.01							ENDOSCOPY	4,484,363						50.01
51							RECOVERY ROOM	2,716,363						51
52							DELIVERY ROOM & LABOR ROOM	4,112,157						52
53							ANESTHESIOLOGY	4,707,081						53
54							RADIOLOGY-DIAGNOSTIC	12,507,255						54
54.01							ULTRASOUND	6,151,150						54.01
54.02							MAMMOGRAPHY	1,692,616						54.02
55							RADIOLOGY-THERAPEUTIC	12,975,058						55
55.01							ONCOLOGY	4,820,628						55.01
56							RADIOISOTOPE	4,857,904						56
57							COMPUTED TOMOGRAPHY (CT) SCA	35,081,414						57
58							MAGNETIC RESONANCE IMAGING (	13,079,487						58
59							CARDIAC CATHETERIZATION	678,555						59
60							LABORATORY	64,049,266						60
62.30							BLOOD CLOTTING FOR HEMOPHILI							62.30
63							BLOOD STORING, PROCESSING &	2,921,720						63
65							RESPIRATORY THERAPY	7,408,942						65
66							PHYSICAL THERAPY	2,206,795						66
67							OCCUPATIONAL THERAPY	1,463,140						67
68							SPEECH PATHOLOGY	385,504						68
69							ELECTROCARDIOLOGY	4,395,977						69
69.01							CARDIOLOGY	6,795,601						69.01
71							MEDICAL SUPPLIES CHRGED TO P	25,850,084						71
72							IMPL. DEV. CHARGED TO PATIEN	5,234,422						72
73							DRUGS CHARGED TO PATIENTS	93,503,520						73
74							RENAL DIALYSIS	464,095						74
76.97							CARDIAC REHABILITATION							76.97
76.98							HYPERBARIC OXYGEN THERAPY							76.98
76.99							LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS														
90							CLINIC	140,686						90
90.01							SLEEP LAB CENTER	2,628,372						90.01
91							EMERGENCY	68,819,012						91
92							OBSERVATION BEDS	5,787,757						92
OTHER REIMBURSABLE COST CENTERS														
200							TOTAL (SUM OF LINES 50-199)	416,116,511						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [XX] TITLE V - O/P [XX] HOSPITAL (14-0093) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.268933						50
50.01 ENDOSCOPY	0.586772						50.01
51 RECOVERY ROOM	0.365104						51
52 DELIVERY ROOM & LABOR ROOM	0.627456						52
53 ANESTHESIOLOGY	0.121111						53
54 RADIOLOGY-DIAGNOSTIC	0.314714						54
54.01 ULTRASOUND	0.183932						54.01
54.02 MAMMOGRAPHY	0.456533						54.02
55 RADIOLOGY-THERAPEUTIC	0.206831						55
55.01 ONCOLOGY	0.371349						55.01
56 RADIOISOTOPE	0.217413						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.121796						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.162183						58
59 CARDIAC CATHETERIZATION	0.227475						59
60 LABORATORY	0.152668						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.300917						63
65 RESPIRATORY THERAPY	0.307861						65
66 PHYSICAL THERAPY	0.339606						66
67 OCCUPATIONAL THERAPY	0.370399						67
68 SPEECH PATHOLOGY	0.326048						68
69 ELECTROCARDIOLOGY	0.106986						69
69.01 CARDIOLOGY	0.227059						69.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.202829						71
72 IMPL. DEV. CHARGED TO PATIENT	0.353441						72
73 DRUGS CHARGED TO PATIENTS	0.181046						73
74 RENAL DIALYSIS	0.485241						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.455482						90
90.01 SLEEP LAB CENTER	0.253928						90.01
91 EMERGENCY	0.173342						91
92 OBSERVATION BEDS	0.591122						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 14-0093 PROVENA UNITED SAMARITANS MED.  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,068,437		1,068,437	23,753	44.98	11,883	534,497	30
31 INTENSIVE CARE UNIT	240,247		240,247	2,753	87.27	1,424	124,272	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	40,329		40,329	1,075	37.52			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	1,349,013		1,349,013	27,581		13,307	658,769	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0093) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	362,175	16,197,587	0.022360	3,698,208	82,692	50
50.01 ENDOSCOPY	248,656	4,484,363	0.055450	639,214	35,444	50.01
51 RECOVERY ROOM	37,225	2,716,363	0.013704	532,757	7,301	51
52 DELIVERY ROOM & LABOR ROOM	154,571	4,112,157	0.037589	34,330	1,290	52
53 ANESTHESIOLOGY	81,472	4,707,081	0.017308	795,533	13,769	53
54 RADIOLOGY-DIAGNOSTIC	432,815	12,507,255	0.034605	2,180,648	75,461	54
54.01 ULTRASOUND	141,022	6,151,150	0.022926	20,325	466	54.01
54.02 MAMMOGRAPHY	133,096	1,692,616	0.078633	10,040	789	54.02
55 RADIOLOGY-THERAPEUTIC	417,082	12,975,058	0.032145	25,250	812	55
55.01 ONCOLOGY	293,604	4,820,628	0.060906	53,265	3,244	55.01
56 RADIOISOTOPE	48,071	4,857,904	0.009895	643,554	6,368	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	475,342	35,081,414	0.013550	5,433,828	73,628	57
58 MAGNETIC RESONANCE IMAGING (M	580,437	13,079,487	0.044378	908,376	40,312	58
59 CARDIAC CATHETERIZATION	19,743	678,555	0.029096	101,972	2,967	59
60 LABORATORY	346,626	64,049,266	0.005412	16,912,365	91,530	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	14,756	2,921,720	0.005050	944,958	4,772	63
65 RESPIRATORY THERAPY	155,471	7,408,942	0.020984	3,859,921	80,997	65
66 PHYSICAL THERAPY	35,449	2,206,795	0.016064	465,933	7,485	66
67 OCCUPATIONAL THERAPY	26,641	1,463,140	0.018208	413,261	7,525	67
68 SPEECH PATHOLOGY	4,025	385,504	0.010441	100,225	1,046	68
69 ELECTROCARDIOLOGY	22,198	4,395,977	0.005050	1,233,503	6,229	69
69.01 CARDIOLOGY	134,380	6,795,601	0.019775	2,620,682	51,824	69.01
71 MEDICAL SUPPLIES CHRGD TO PA	286,262	25,850,084	0.011074	8,113,544	89,849	71
72 IMPL. DEV. CHARGED TO PATIENT	85,762	5,234,422	0.016384	2,500,561	40,969	72
73 DRUGS CHARGED TO PATIENTS	814,154	93,503,520	0.008707	30,970,903	269,664	73
74 RENAL DIALYSIS	10,243	464,095	0.022071	412,366	9,101	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,048	140,686	0.064313			90
90.01 SLEEP LAB CENTER	53,463	2,628,372	0.020341			90.01
91 EMERGENCY	618,320	68,819,012	0.008985	7,380,175	66,311	91
92 OBSERVATION BEDS	168,816	5,787,757	0.029168	710,445	20,722	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	6,210,925	416,116,511	416,116,511	91,716,142	1,092,567	200

PROVIDER CCN: 14-0093 PROVENA UNITED SAMARITANS MED.  
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
05/30/2012 04:08

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

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

PROVIDER CCN: 14-0093 PROVENA UNITED SAMARITANS MED.  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/30/2012 04:08

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	23,753		11,883		30
31 INTENSIVE CARE UNIT	2,753		1,424		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,075				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	27,581		13,307		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0093) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 ENDOSCOPY						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 MAMMOGRAPHY						54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY						55.01
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 CARDIOLOGY						69.01
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 SLEEP LAB CENTER						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0093) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[XX] PPS [ ] TEFRA	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM PASS-THRU COSTS INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM	16,197,587		3,698,208		1,590,695	50
50.01						ENDOSCOPY	4,484,363		639,214		1,127,338	50.01
51						RECOVERY ROOM	2,716,363		532,757		288,335	51
52						DELIVERY ROOM & LABOR ROOM	4,112,157		34,330		8,148	52
53						ANESTHESIOLOGY	4,707,081		795,533		335,493	53
54						RADIOLOGY-DIAGNOSTIC	12,507,255		2,180,648		1,897,024	54
54.01						ULTRASOUND	6,151,150		20,325		753,339	54.01
54.02						MAMMOGRAPHY	1,692,616		10,040		154,356	54.02
55						RADIOLOGY-THERAPEUTIC	12,975,058		25,250		6,090,821	55
55.01						ONCOLOGY	4,820,628		53,265		2,005,398	55.01
56						RADIOISOTOPE	4,857,904		643,554		1,211,586	56
57						COMPUTED TOMOGRAPHY (CT) SCA	35,081,414		5,433,828		5,960,720	57
58						MAGNETIC RESONANCE IMAGING (	13,079,487		908,376		3,090,124	58
59						CARDIAC CATHETERIZATION	678,555		101,972		184,366	59
60						LABORATORY	64,049,266		16,912,365		516,088	60
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &	2,921,720		944,958		423,691	63
65						RESPIRATORY THERAPY	7,408,942		3,859,921		397,307	65
66						PHYSICAL THERAPY	2,206,795		465,933			66
67						OCCUPATIONAL THERAPY	1,463,140		413,261			67
68						SPEECH PATHOLOGY	385,504		100,225			68
69						ELECTROCARDIOLOGY	4,395,977		1,233,503		708,707	69
69.01						CARDIOLOGY	6,795,601		2,620,682		951,631	69.01
71						MEDICAL SUPPLIES CHRGED TO P	25,850,084		8,113,544		2,511,240	71
72						IMPL. DEV. CHARGED TO PATIEN	5,234,422		2,500,561		491,585	72
73						DRUGS CHARGED TO PATIENTS	93,503,520		30,970,903		14,513,543	73
74						RENAL DIALYSIS	464,095		412,366		8,832	74
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90						CLINIC	140,686					90
90.01						SLEEP LAB CENTER	2,628,372				771,507	90.01
91						EMERGENCY	68,819,012		7,380,175		9,426,738	91
92						OBSERVATION BEDS	5,787,757		710,445		1,607,501	92
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	416,116,511		91,716,142		57,026,113	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0093) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.268933	1,590,695			427,790		50
50.01 ENDOSCOPY	0.586772	1,127,338			661,490		50.01
51 RECOVERY ROOM	0.365104	288,335			105,272		51
52 DELIVERY ROOM & LABOR ROOM	0.627456	8,148			5,113		52
53 ANESTHESIOLOGY	0.121111	335,493			40,632		53
54 RADIOLOGY-DIAGNOSTIC	0.314714	1,897,024			597,020		54
54.01 ULTRASOUND	0.183932	753,339			138,563		54.01
54.02 MAMMOGRAPHY	0.456533	154,356			70,469		54.02
55 RADIOLOGY-THERAPEUTIC	0.206831	6,090,821			1,259,771		55
55.01 ONCOLOGY	0.371349	2,005,398			744,703		55.01
56 RADIOISOTOPE	0.217413	1,211,586			263,415		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.121796	5,960,720			725,992		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.162183	3,090,124			501,166		58
59 CARDIAC CATHETERIZATION	0.227475	184,366			41,939		59
60 LABORATORY	0.152668	516,088			78,790		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.300917	423,691			127,496		63
65 RESPIRATORY THERAPY	0.307861	397,307			122,315		65
66 PHYSICAL THERAPY	0.339606						66
67 OCCUPATIONAL THERAPY	0.370399						67
68 SPEECH PATHOLOGY	0.326048						68
69 ELECTROCARDIOLOGY	0.106986	708,707			75,822		69
69.01 CARDIOLOGY	0.227059	951,631			216,076		69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.202829	2,511,240			509,352		71
72 IMPL. DEV. CHARGED TO PATIENT	0.353441	491,585			173,746		72
73 DRUGS CHARGED TO PATIENTS	0.181046	14,513,543			2,627,619		73
74 RENAL DIALYSIS	0.485241	8,832			4,286		74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.455482						90
90.01 SLEEP LAB CENTER	0.253928	771,507			195,907		90.01
91 EMERGENCY	0.173342	9,426,738			1,634,050		91
92 OBSERVATION BEDS	0.591122	1,607,501			950,229		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		57,026,113			12,299,023		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		57,026,113			12,299,023		202

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [XX] TITLE V-INPT [XX] HOSPITAL (14-0093) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	23,753	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,753	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,753	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)		9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,075	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	21,653,405	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	21,653,405	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	32,345,919	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	32,345,919	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.669432	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,361.76	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	21,653,405	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input checked="" type="checkbox"/>	TITLE V-INPT	<input checked="" type="checkbox"/>	HOSPITAL (14-0093)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF				TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input type="checkbox"/>	IRF				OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)			911.61	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)				39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)				40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)				41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42	NURSERY (TITLES V AND XIX ONLY)	881,425	1,075	819.93	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	4,807,513	2,753	1,746.28	43
44	CORONARY CARE UNIT				44
45	BURN INTENSIVE CARE UNIT				45
46	SURGICAL INTENSIVE CARE UNIT				46
47	OTHER SPECIAL CARE (SPECIFY)				47
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)				48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)				49

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

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)			3,753	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)				88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)				89

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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0093) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	23,753	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,753	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,753	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11,883	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	21,653,405	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	21,653,405	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	32,345,919	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	32,345,919	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.669432	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,361.76	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	21,653,405	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0093) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 911.61 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 10,832,662 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 10,832,662 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4,807,513	2,753	1,746.28	1,424	2,486,703	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					18,543,027	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					31,862,392	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 658,769 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,092,567 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 1,751,336 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 30,111,056 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,753 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 911.61 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,421,272 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	1,068,437	21,653,405	0.049343	3,421,272	168,816	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [XX] TITLE V [XX] HOSPITAL (14-0093) [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.268933			50
50.01 ENDOSCOPY	0.586772			50.01
51 RECOVERY ROOM	0.365104			51
52 DELIVERY ROOM & LABOR ROOM	0.627456			52
53 ANESTHESIOLOGY	0.121111			53
54 RADIOLOGY-DIAGNOSTIC	0.314714			54
54.01 ULTRASOUND	0.183932			54.01
54.02 MAMMOGRAPHY	0.456533			54.02
55 RADIOLOGY-THERAPEUTIC	0.206831			55
55.01 ONCOLOGY	0.371349			55.01
56 RADIOISOTOPE	0.217413			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.121796			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.162183			58
59 CARDIAC CATHETERIZATION	0.227475			59
60 LABORATORY	0.152668			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.300917			63
65 RESPIRATORY THERAPY	0.307861			65
66 PHYSICAL THERAPY	0.339606			66
67 OCCUPATIONAL THERAPY	0.370399			67
68 SPEECH PATHOLOGY	0.326048			68
69 ELECTROCARDIOLOGY	0.106986			69
69.01 CARDIOLOGY	0.227059			69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.202829			71
72 IMPL. DEV. CHARGED TO PATIENT	0.353441			72
73 DRUGS CHARGED TO PATIENTS	0.181046			73
74 RENAL DIALYSIS	0.485241			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.455482			90
90.01 SLEEP LAB CENTER	0.253928			90.01
91 EMERGENCY	0.173342			91
92 OBSERVATION BEDS	0.591122			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0093) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		19,275,060			30
31 INTENSIVE CARE UNIT		5,254,052			31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.268933	3,698,208	994,570		50
50.01 ENDOSCOPY	0.586772	639,214	375,073		50.01
51 RECOVERY ROOM	0.365104	532,757	194,512		51
52 DELIVERY ROOM & LABOR ROOM	0.627456	34,330	21,541		52
53 ANESTHESIOLOGY	0.121111	795,533	96,348		53
54 RADIOLOGY-DIAGNOSTIC	0.314714	2,180,648	686,280		54
54.01 ULTRASOUND	0.184402	20,325	3,748		54.01
54.02 MAMMOGRAPHY	0.458243	10,040	4,601		54.02
55 RADIOLOGY-THERAPEUTIC	0.206831	25,250	5,222		55
55.01 ONCOLOGY	0.371349	53,265	19,780		55.01
56 RADIOISOTOPE	0.217413	643,554	139,917		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.121796	5,433,828	661,819		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.162183	908,376	147,323		58
59 CARDIAC CATHETERIZATION	0.227475	101,972	23,196		59
60 LABORATORY	0.153110	16,912,365	2,589,452		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.300917	944,958	284,354		63
65 RESPIRATORY THERAPY	0.307861	3,859,921	1,188,319		65
66 PHYSICAL THERAPY	0.339606	465,933	158,234		66
67 OCCUPATIONAL THERAPY	0.370399	413,261	153,071		67
68 SPEECH PATHOLOGY	0.326048	100,225	32,678		68
69 ELECTROCARDIOLOGY	0.106986	1,233,503	131,968		69
69.01 RADIOLOGY	0.227059	2,620,682	595,049		69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.202829	8,113,544	1,645,662		71
72 IMPL. DEV. CHARGED TO PATIENT	0.353441	2,500,561	883,801		72
73 DRUGS CHARGED TO PATIENTS	0.181046	30,970,903	5,607,158		73
74 RENAL DIALYSIS	0.485241	412,366	200,097		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.502459				90
90.01 SLEEP LAB CENTER	0.258880				90.01
91 EMERGENCY	0.173342	7,380,175	1,279,294		91
92 OBSERVATION BEDS	0.591122	710,445	419,960		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		91,716,142	18,543,027		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		91,716,142			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0093)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	19,996,284	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	286,008	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	163.72	4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS		
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON		
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0720	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1883	31
32	SUM OF LINES 30 AND 31	0.2603	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1069	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,137,603	34
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	22,419,895	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	22,419,895	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,729,017	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0093)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	24,148,912	59
60	PRIMARY PAYER PAYMENTS	11,054	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	24,137,858	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,237,228	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	123,954	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	511,767	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	358,237	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	425,746	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	22,134,913	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	22,134,913	71
72	INTERIM PAYMENTS	22,382,394	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-247,481	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	275,486	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-0093) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		22,420,631		6,705,058	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.		NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-38,237		-26,986	3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		22,382,394		6,678,072	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

PROVIDER CCN: 14-0093 PROVENA UNITED SAMARITANS MED.  
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
05/30/2012 04:08

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK  
APPLICABLE BOX

HOSPITAL (14-0093)       CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	7,101 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	13,307 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	22,753 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	459,486,176 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	19,692,648 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7 7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [XX] TITLE V [XX] HOSPITAL (14-0093) [ ] SNF [ ] PPS  
 APPLICABLE [ ] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4,629,624			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	21,009,081			4
5	OTHER RECEIVABLES	2,816,137			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-6,839,339			6
7	INVENTORY	1,902,983			7
8	PREPAID EXPENSES	2,047,169			8
9	OTHER CURRENT ASSETS	24,000			9
10	DUE FROM OTHER FUNDS	924,913			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	26,514,568			11
FIXED ASSETS					
12	LAND	2,237,638			12
13	LAND IMPROVEMENTS	1,360,308			13
14	ACCUMULATED DEPRECIATION	-1,174,909			14
15	BUILDINGS	25,256,155			15
16	ACCUMULATED DEPRECIATION	-12,725,185			16
17	LEASEHOLD IMPROVEMENTS	671,873			17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	9,652,988			19
20	ACCUMULATED DEPRECIATION	-7,790,866			20
21	AUTOMOBILES AND TRUCKS	206,767			21
22	ACCUMULATED DEPRECIATION	-161,682			22
23	MAJOR MOVABLE EQUIPMENT	39,063,619			23
24	ACCUMULATED DEPRECIATION	-30,176,260			24
25	MINOR EQUIPMENT DEPRECIABLE	833,253			25
26	ACCUMULATED DEPRECIATION	-523,737			26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE	92,058			29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	26,822,020			30
OTHER ASSETS					
31	INVESTMENTS	3,520,152			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	272,857			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	3,793,009			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	57,129,597			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	3,691,654			37
38	SALARIES, WAGES & FEES PAYABLE	3,127,564			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	157,640			40
41	DEFERRED INCOME	4,051,535			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	7,196,608			43
44	OTHER CURRENT LIABILITIES	2,977,709			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	21,202,710			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	461,467			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	244,524			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	705,991			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	21,908,701			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	35,220,896			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	35,220,896			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	57,129,597			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		28,236,480							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		4,747,884							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		32,984,364							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFERS FROM CORP	1,892,408								5
6 CONTRIBUTIONS-TEMPORARY REST	682,895								6
7 CONTRIBUTIONS-PERMANENT REST	461								7
8 ROUNDING	2								8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		2,575,766							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		35,560,130							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 NET ASSESTS RELEASES-CAPITAL	339,234								13
14 ROUNDING									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		339,234							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		35,220,896							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	42,111,639		42,111,639	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	42,111,639		42,111,639	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	42,111,639		42,111,639	18
19 ANCILLARY SERVICES	160,788,021		160,788,021	19
20 OUTPATIENT SERVICES		264,215,862	264,215,862	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	202,899,660	264,215,862	467,115,522	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		108,357,085	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		108,357,085	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	467,115,522	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	356,657,578	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	110,457,944	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	108,357,085	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	2,100,859	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	320,462	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	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	134,584	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (OTHER OPERATING INCOME)	2,126,795	24.01
24.02	OTHER (ASSETS RELEASED FROM RESTRICTED)	251,931	24.02
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	2,833,772	25
26	TOTAL (LINE 5 PLUS LINE 25)	4,934,631	26
27			27
27.01	OTHER EXPENSES (NON OPERATING LOSSES)	186,743	27.01
27.02	OTHER EXPENSES (ROUNDING)	4	27.02
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	186,747	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	4,747,884	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-009) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	1,620,697 1
2	CAPITAL DRG OUTLIER PAYMENTS	20,640 2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	62.78 3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4 4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	5 5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	6 6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0720 7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1883 8
9	SUM OF LINES 7 AND 8	0.2603 9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0541 10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	87,680 11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	1,729,017 12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING RECEIVING AND STORE					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE AND GENER					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 ENDOSCOPY					50.01
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.02 MAMMOGRAPHY					54.02
55 RADIOLOGY-THERAPEUTIC					55
55.01 ONCOLOGY					55.01
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.01 CARDIOLOGY					69.01
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 SLEEP LAB CENTER					90.01
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 APOTHECARY					192.01

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 PERIOD FROM 01/01/2011 TO 12/31/2011

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
192.02 REAL ESTATE						192.02
192.03 FOUNDATION						192.03
192.04 OUTREACH PROGRAMS						192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204