

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
 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.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
5. COST REPORT STATUS
 6. DATE RECEIVED: _____
 7. CONTRACTOR NO: _____
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN
 10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
 - 2 - SETTLED WITHOUT AUDIT
 - 3 - SETTLED WITH AUDIT
 - 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 ST. MARY'S HOSPITAL (14-0155) (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		92,761	300,223			1
2 SUBPROVIDER - IPF						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		92,761	300,223			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: 500 WEST COURT STREET
 2 CITY: KANKAKEE

STATE: IL

P.O.BOX:
 ZIP CODE: 60901

COUNTY: KANKAKEE

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0155	16974	1	07/01/1969	N	P	O	3
4	SUBPROVIDER - IPF	14-S155	16974	4	07/01/1989	N	P	N	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 OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS	14-2318	16974		07/01/1973				18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2011			TO: 12/31/2011				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

								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.							3	N

		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	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.	5,579	593	13	7	150		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 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

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR 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	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	56
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)	Y			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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.3+COL.4) 5
	PROGRAM NAME	PROGRAM CODE	1	2	3
	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							
INPATIENT PSYCHIATRIC FACILITY PPS											
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y	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.			N N	71						
INPATIENT REHABILITATION FACILITY PPS											
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			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						
LONG TERM CARE HOSPITAL PPS											
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	80						
TEFRA PROVIDERS											
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N	85						
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N	86						
TITLE V AND XIX INPATIENT SERVICES											
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 N	XIX 2 Y 90						
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 91						
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N 92						
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 93						
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 94						
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95						
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 96						
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97						
RURAL PROVIDERS											
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 N	2 105						
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- N	OCCUP- N	RESPI- N	SICAL N	ATIONAL N	SPEECH N	RATORY N	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: 11,395,851 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
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: NGS	CONTRACTOR'S NUMBER: 00131	141
142	STREET: 19065 HICKORY CREEK DR	P.O. BOX: 2952		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.		N	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, 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
	1	2
155 HOSPITAL	N	N 155
156 SUBPROVIDER - IPF	N	N 156
157 SUBPROVIDER - IRF	N	N 157
158 SUBPROVIDER - (OTHER)	N	N 158
159 SNF	N	N 159
160 HHA	N	N 160
161 CMHC		N 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	
PROVIDER ORGANIZATION AND OPERATION		1	2	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1	2	3
2		N		2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3

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

		Y/N	Y/N	
APPROVED EDUCATIONAL ACTIVITIES		1	2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y		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

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

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA		1	2	3	4
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)	N		N	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	05/21/2012	Y	05/21/2012
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

LINE	DESCRIPTION	WKST A 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	40,790,588	-1,584,759	39,205,829	1,423,102.00	27.55	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A							4
4.01	PHYSICIANS-PART A - DIRECT TEACHING							4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		1,753,573	75,087	1,828,660	45,829.00	39.90	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		2,279,742		2,279,742	92,866.00	24.55	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A		192,277		192,277	1,521.00	126.41	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		7,253,840		7,253,840	129,397.00	56.06	14
15	HOME OFFICE: PHYSICIAN-PART A							15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (CORE)		11,822,854		11,822,854			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		228,061		228,061			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A							22
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS		277,942	-260,244	17,698	15.00	1,179.87	26
27	ADMINISTRATIVE & GENERAL		4,513,096	-934,510	3,578,586	124,844.00	28.66	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		1,057,554		1,057,554	7,398.00	142.95	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		744,259		744,259	38,406.00	19.38	30
31	LAUNDRY & LINEN SERVICE		37,647		37,647	3,021.00	12.46	31
32	HOUSEKEEPING		675,749		675,749	55,926.00	12.08	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		765,184	-382,592	382,592	30,688.00	12.47	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		373,131		373,131	11,476.00	32.51	35
36	CAFETERIA			382,592	382,592	30,688.00	12.47	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		820,633		820,633	23,814.00	34.46	38
39	CENTRAL SERVICES AND SUPPLY		552,754	-1,011	551,743	35,466.00	15.56	39
40	PHARMACY		1,275,398		1,275,398	35,353.00	36.08	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,364,515		1,364,515	48,467.00	28.15	41
42	SOCIAL SERVICE		608,293		608,293	15,906.00	38.24	42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)		42,221,273	-1,584,759	40,636,514	1,441,976.00	28.18	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		1,753,573	75,087	1,828,660	45,829.00	39.90	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)		40,467,700	-1,659,846	38,807,854	1,396,147.00	27.80	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)		9,725,859		9,725,859	223,784.00	43.46	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)		11,822,854		11,822,854		30.47%	5
6	TOTAL (SUM OF LINES 3 THRU 5)		62,016,413	-1,659,846	60,356,567	1,619,931.00	37.26	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		13,066,155	-1,195,765	11,870,390	461,468.00	25.72	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	1,980,127	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	5,632,367	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	317,928	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	47,296	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	118,940	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	639,989	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	2,732,319	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	118,818	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	235,070	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	11,822,854	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0155 PROVENA ST. MARY'S HOSPITAL
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 19:22

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 OLTG		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 RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2318

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6	
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD							1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00			3.00	6.00	7.00	2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	5.50			5.50			3
4 CAPD EXCHANGES PER DAY							4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312						5
6 NUMBER OF STATIONS	24						6
7 TREATMENT CAPACITY PER DAY PER STATION	3						7
8 UTILIZATION (SEE INSTRUCTIONS)							8
9 AVERAGE TIMES DIALYZERS RE-USED							9
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION							
11 NUMBER OF PATIENTS ON TRANSPLANT LIST							11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							12
EPOETIN							
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER					1,508,772		13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							15
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							16
ARANESP							
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							17
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							19
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							20
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))							
21 MCP X INITIAL METHOD							21

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)			0.202416	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			21,556,939	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			100,798,017	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			20,403,131	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				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)				19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	15,091,254	509,923	15,601,177	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	3,054,711	103,217	3,157,928	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	127,105	4,704	131,809	22
23	COST OF CHARITY CARE	2,927,606	98,513	3,026,119	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			20,238,603	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			821,620	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			19,416,983	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			3,930,308	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			6,956,427	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			6,956,427	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		2,011,791	2,011,791	4,706,301	1
2	00200				3,236,452	2
3	00300					3
4	00400	277,942	11,967,227	12,245,169	-1,235	4
5	00500	4,513,096	38,019,289	42,532,385	-292,215	5
6	00600					6
7	00700	744,227	3,346,170	4,090,397	-716,671	7
7.01	00701					7.01
8	00800	32	1,548,088	1,548,120	-595	8
9	00900	37,647	-33,680	3,967	393,491	9
10	01000	675,749	484,578	1,160,327	-21,623	10
11	01100	765,184	1,041,135	1,806,319	-919,922	11
12	01200				886,397	12
13	01300	820,633	118,871	939,504	-95,698	13
14	01400	265,250	649,313	914,563	-544,820	14
14.01	01401	287,504	314,961	602,465	-228,808	14.01
15	01500	1,275,398	6,139,498	7,414,896	-5,783,369	15
16	01600	1,364,515	598,563	1,963,078	-5,934	16
17	01700	608,293	53,970	662,263		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300	102,789	-121,195	-18,406	61,526	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	8,067,792	752,930	8,820,722	-1,290,554	30
31	03100	1,968,552	672,296	2,640,848	-101,942	31
34	03400	1,273,643	350,754	1,624,397	-51,004	34
40	04000	966,728	43,371	1,010,099		40
43	04300					43
ANCILLARY SERVICE COST CENTERS						
50	05000	1,634,858	6,443,106	8,077,964	-5,551,537	50
50.01	03330	304,934	93,392	398,326	-59,343	50.01
51	05100	1,260,435	61,638	1,322,073	-52,324	51
51.01	05101	891,018	916,120	1,807,138	-115,360	51.01
52.02	05201	217,060	59,429	276,489	-349	52.02
52.04	05202	17	3,658	3,675	-149	52.04
52.05	05203					52.05
52.06	05204	245,139	20,469	265,608	-18,306	52.06
53	05300	36,973	4,276,055	4,313,028	-167,543	53
54	05400	2,593,558	1,912,061	4,505,619	-1,274,611	54
56	05600	329,025	521,179	850,204	-378,100	56
59	05900	549,035	2,554,113	3,103,148	-2,452,256	59
60	06000		5,060,179	5,060,179	-720,163	60
62.30	06250					62.30
65	06500	1,101,901	330,431	1,432,332	-85,547	65
66	06600	729,308	124,361	853,669	-80,183	66
66.01	03950	133,873	390,741	524,614	-28,273	66.01
67	06700	136,358	8,811	145,169	18,943	67
68	06800	105,568	872	106,440	20,458	68
69	06900	350,087	59,007	409,094	-56,733	69
70	07000	16,318	77,106	93,424	-4,194	70
71	07100				5,693,443	71
72	07200				4,788,431	72
73	07300				7,152,303	73
74	07400	1,686,335	3,620,219	5,306,554	-1,073,109	74
76	03951					76
76.97	07697	151,166	11,608	162,774	-63,551	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04950	922,267	466,780	1,389,047	-118,324	90.01
91	09100	2,696,325	1,285,268	3,981,593	-441,105	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
95	09500		28,146	28,146	-28,146	95
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
113	11300		3,373,799	3,373,799	-3,373,799	113
118		40,106,532	99,656,478	139,763,010	760,350	118
NONREIMBURSABLE COST CENTERS						
190	19000	22,981	15,653	38,634		190
194	07950	664,564	2,213,388	2,877,952	-766,191	194

PROVIDER CCN: 14-0155 PROVENA ST. MARY'S HOSPITAL
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 19:22

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	
194.01 07951 SISTERS RESIDENCE	-3,489	-2,352	-5,841	5,841	194.01
200 TOTAL (SUM OF LINES 118-199)	40,790,588	101,883,167	142,673,755		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	6,718,092	-2,406,792	4,311,300	1
2	00200	3,236,452	2,208,910	5,445,362	2
3	00300				3
4	00400	12,243,934	1,566,408	13,810,342	4
5	00500	42,240,170	-18,081,433	24,158,737	5
6	00600				6
7	00700	3,373,726		3,373,726	7
7.01	00701	1,547,525		1,547,525	7.01
8	00800	397,458	-10,851	386,607	8
9	00900	1,138,704		1,138,704	9
10	01000	886,397		886,397	10
11	01100	886,397	-393,508	492,889	11
12	01200				12
13	01300	843,806		843,806	13
14	01400	369,743	-359	369,384	14
14.01	01401	373,657		373,657	14.01
15	01500	1,631,527	-300	1,631,227	15
16	01600	1,957,144	-429	1,956,715	16
17	01700	662,263		662,263	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300	43,120		43,120	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	7,530,168	-9,853	7,520,315	30
31	03100	2,538,906	-143,051	2,395,855	31
34	03400	1,573,393	-142,670	1,430,723	34
40	04000	1,010,099		1,010,099	40
43	04300				43
ANCILLARY SERVICE COST CENTERS					
50	05000	2,526,427	-1,129	2,525,298	50
50.01	03330	338,983		338,983	50.01
51	05100	1,269,749		1,269,749	51
51.01	05101	1,691,778	-6,519	1,685,259	51.01
52.02	05201	276,140		276,140	52.02
52.04	05202	3,526		3,526	52.04
52.05	05203				52.05
52.06	05204	247,302		247,302	52.06
53	05300	4,145,485		4,145,485	53
54	05400	3,231,008	-28,978	3,202,030	54
56	05600	472,104		472,104	56
59	05900	650,892		645,336	59
60	06000	4,340,016	-118,368	4,221,648	60
62.30	06250				62.30
65	06500	1,346,785	-1,490	1,345,295	65
66	06600	773,486		773,486	66
66.01	03950	496,341		496,341	66.01
67	06700	164,112		164,112	67
68	06800	126,898		126,898	68
69	06900	352,361		352,361	69
70	07000	89,230		89,230	70
71	07100	5,693,443		5,693,443	71
72	07200	4,788,431		4,788,431	72
73	07300	7,152,303		7,152,303	73
74	07400	4,233,445	-60,900	4,172,545	74
76	03951				76
76.97	07697	99,223		99,223	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	04950	1,270,723		1,270,723	90.01
91	09100	3,540,488	-302,864	3,237,624	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
95	09500				95
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
113	11300				113
118		140,523,360	-17,939,732	122,583,628	118
NONREIMBURSABLE COST CENTERS					
190	19000	38,634		38,634	190
194	07950	2,111,761		2,111,761	194

PROVIDER CCN: 14-0155 PROVENA ST. MARY'S HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
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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	
194.01 07951 SISTERS RESIDENCE				194.01
200 TOTAL (SUM OF LINES 118-199)	142,673,755	-17,939,732	124,734,023	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		-----	
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 SUPPLY RECLASS	A	MEDICAL SUPPLIES CHRGED TO PA	71		10,481,874
2					
3					
4					
5					
6					
7					
8					
9					
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36					
37					
38					
39					
500 TOTAL RECLASSIFICATIONS					10,481,874
CODE LETTER - A					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 DRUG RECLASS	B	DRUGS CHARGED TO PATIENTS	73		6,412,342	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
500 TOTAL RECLASSIFICATIONS					6,412,342	500
CODE LETTER - B						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
1	1	2	3	4	5		
1 DEPRECIATION RECLASS	C	CAP REL COSTS-BLDG & FIXT	1			682,401	1
2		CAP REL COSTS-MVBLE EQUIP	2			3,236,452	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
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28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
37							37
38							38
39							39
40							40
500 TOTAL RECLASSIFICATIONS						3,918,853	500
CODE LETTER - C							
1 REHAB RECLASS	D	OCCUPATIONAL THERAPY	67		19,625	1,118	1
2		SPEECH PATHOLOGY	68		19,625	1,118	2
3							3
500 TOTAL RECLASSIFICATIONS					39,250	2,236	500
CODE LETTER - D							
1 CARDIAC REHAB RECLASS	E	RESPIRATORY THERAPY	65		53,588	3,236	1
2							2
500 TOTAL RECLASSIFICATIONS					53,588	3,236	500
CODE LETTER - E							
1 CAPITAL INTEREST RECLASS	F	CAP REL COSTS-BLDG & FIXT	1			3,373,799	1
2							2
500 TOTAL RECLASSIFICATIONS						3,373,799	500
CODE LETTER - F							
1 CAFETERIA RECLASS	G	CAFETERIA	11		382,592	503,805	1
2							2
500 TOTAL RECLASSIFICATIONS					382,592	503,805	500
CODE LETTER - G							
1 CAPITAL INSURANCE	I	CAP REL COSTS-BLDG & FIXT	1			179,077	1
2							2
500 TOTAL RECLASSIFICATIONS						179,077	500
CODE LETTER - I							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3		4	5	
1 IMPLANT RECLASS	J	IMPL. DEV. CHARGED TO PATIENT	72			4,788,431	1
2							2
500 TOTAL RECLASSIFICATIONS						4,788,431	500
CODE LETTER - J							
1 EMT TRAINERS	K	PARAMED ED PRGM-(SPECIFY)	23		71,598		1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
500 TOTAL RECLASSIFICATIONS					71,598		500
CODE LETTER - K							
1 CORP SVC - CBO, HR, MM	L	ADMINISTRATIVE & GENERAL	5			931,021	1
2							2
3		EMPLOYEE BENEFITS	4			260,244	3
4							4
500 TOTAL RECLASSIFICATIONS						1,191,265	500
CODE LETTER - L							
1 LINEN SERVICES	M	LAUNDRY & LINEN SERVICE	8			393,494	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
500 TOTAL RECLASSIFICATIONS						393,494	500
CODE LETTER - M							
1 IV THERAPY	N	DRUGS CHARGED TO PATIENTS	73		680,024	59,937	1
500 TOTAL RECLASSIFICATIONS					680,024	59,937	500
CODE LETTER - N							
1 BOURBONNAIS SPACE	O	CAP REL COSTS-BLDG & FIXT	1			471,024	1
2							2
3							3
4							4
500 TOTAL RECLASSIFICATIONS						471,024	500
CODE LETTER - O							
1 SISTERS' RESIDENCE EXPENSE	P	SISTERS RESIDENCE	194.01		3,489	3,102	1
500 TOTAL RECLASSIFICATIONS					3,489	3,102	500
CODE LETTER - P							
GRAND TOTAL (INCREASES)					1,230,541	31,782,475	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 SUPPLY RECLASS	A	EMPLOYEE BENEFITS	4		364	1
2		ADMINISTRATIVE & GENERAL	5		2,409	2
3		OPERATION OF PLANT	7		951	3
4		BIO MED	7.01		84	4
5		LAUNDRY & LINEN SERVICE	8		3	5
6		HOUSEKEEPING	9		15,521	6
7		DIETARY	10		5,374	7
8		NURSING ADMINISTRATION	13		13,117	8
9		CENTRAL SERVICES & SUPPLY	14		461,799	9
10		STERILE PROCESSING	14.01		86,443	10
11		PHARMACY	15		2,850	11
12		PARAMED ED PRGM- (SPECIFY)	23		4,913	12
13		ADULTS & PEDIATRICS	30		189,877	13
14		INTENSIVE CARE UNIT	31		43,861	14
15		SURGICAL INTENSIVE CARE UNIT	34		24,948	15
16		OPERATING ROOM	50		5,080,637	16
17		SPECIAL PROCEDURES	50.01		50,664	17
18		RECOVERY ROOM	51		23,109	18
19		OP ONCOLOGY	51.01		12,591	19
20		SUBSTANCE ABUSE	52.02		349	20
21		DIABETES EDUCATION	52.04		149	21
22		INFUSION CLINIC	52.06		5,353	22
23		ANESTHESIOLOGY	53		107,199	23
24		RADIOLOGY-DIAGNOSTIC	54		176,429	24
25		RADIOISOTOPE	56		4,409	25
26		CARDIAC CATHETERIZATION	59		2,154,556	26
27		LABORATORY	60		611,394	27
28		RESPIRATORY THERAPY	65		94,949	28
29		PHYSICAL THERAPY	66		27,947	29
30		WOUND CARE	66.01		21,418	30
31		OCCUPATIONAL THERAPY	67		1,784	31
32		SPEECH PATHOLOGY	68		245	32
33		ELECTROCARDIOLOGY	69		14,537	33
34		ELECTROENCEPHALOGRAPHY	70		117	34
35		RENAL DIALYSIS	74		1,001,781	35
36		CARDIAC REHABILITATION	76.97		640	36
37		OCCUPATIONAL HEALTH	90.01		13,154	37
38		EMERGENCY	91		220,586	38
39		OTHER NRCC	194		5,363	39
500 TOTAL RECLASSIFICATIONS					10,481,874	500
CODE LETTER - A						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.
		COST CENTER	LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 DRUG RECLASS	B					1
2		EMPLOYEE BENEFITS	4		20	2
3		ADMINISTRATIVE & GENERAL	5		4,219	3
4		BIO MED	7.01		55	4
5		DIETARY	10		5,531	5
6		NURSING ADMINISTRATION	13		394	6
7		CENTRAL SERVICES & SUPPLY	14		80,805	7
8		STERILE PROCESSING	14.01		5	8
9		PHARMACY	15		5,773,349	9
10		PARAMED ED PRGM-(SPECIFY)	23		3,643	10
11		ADULTS & PEDIATRICS	30		21,270	11
12		INTENSIVE CARE UNIT	31		4,735	12
13		SURGICAL INTENSIVE CARE UNIT	34		2,621	13
14		OPERATING ROOM	50		33,649	14
15		SPECIAL PROCEDURES	50.01		664	15
16		RECOVERY ROOM	51		395	16
17		OP ONCOLOGY	51.01		1,913	17
18		INFUSION CLINIC	52.06		8,767	18
19		ANESTHESIOLOGY	53		27,109	19
20		RADIOLOGY-DIAGNOSTIC	54		64,587	20
21		RADIOISOTOPE	56		206,658	21
22		CARDIAC CATHETERIZATION	59		43,597	22
23		RESPIRATORY THERAPY	65		1,412	23
24		PHYSICAL THERAPY	66		183	24
25		WOUND CARE	66.01		1,769	25
26		OCCUPATIONAL THERAPY	67		16	26
27		ELECTROCARDIOLOGY	69		3,508	27
28		CARDIAC REHABILITATION	76.97		248	28
29		OCCUPATIONAL HEALTH	90.01		61,604	29
30		EMERGENCY	91		50,652	30
31		AMBULANCE SERVICES	95		38	31
32		OTHER NRCC	194		8,926	32
500 TOTAL RECLASSIFICATIONS					6,412,342	500
CODE LETTER - B						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 DEPRECIATION RECLASS	C					9 1
2						9 2
3		EMPLOYEE BENEFITS	4		851	3
4		ADMINISTRATIVE & GENERAL	5		99,919	4
5		OPERATION OF PLANT	7		715,720	5
6		BIO MED	7.01		456	6
7		HOUSEKEEPING	9		6,102	7
8		DIETARY	10		22,620	8
9		NURSING ADMINISTRATION	13		82,187	9
10		CENTRAL SERVICES & SUPPLY	14		2,216	10
11		STERILE PROCESSING	14.01		141,349	11
12		PHARMACY	15		7,170	12
13		MEDICAL RECORDS & LIBRARY	16		5,934	13
14		PARAMED ED PRGM-(SPECIFY)	23		1,516	14
15		ADULTS & PEDIATRICS	30		175,133	15
16		INTENSIVE CARE UNIT	31		22,542	16
17		SURGICAL INTENSIVE CARE UNIT	34		7,273	17
18		OPERATING ROOM	50		389,198	18
19		SPECIAL PROCEDURES	50.01		5,223	19
20		RECOVERY ROOM	51		3,340	20
21		OP ONCOLOGY	51.01		1,092	21
22		INFUSION CLINIC	52.06		3,351	22
23		ANESTHESIOLOGY	53		33,235	23
24		RADIOLOGY-DIAGNOSTIC	54		909,644	24
25		RADIOISOTOPE	56		165,434	25
26		CARDIAC CATHETERIZATION	59		245,774	26
27		LABORATORY	60		108,769	27
28		RESPIRATORY THERAPY	65		40,152	28
29		PHYSICAL THERAPY	66		9,544	29
30		WOUND CARE	66.01		347	30
31		SPEECH PATHOLOGY	68		40	31
32		ELECTROCARDIOLOGY	69		34,968	32
33		ELECTROENCEPHALOGRAPHY	70		2,828	33
34		RENAL DIALYSIS	74		69,104	34
35		CARDIAC REHABILITATION	76.97		5,709	35
36		OCCUPATIONAL HEALTH	90.01		41,657	36
37		EMERGENCY	91		55,929	37
38		AMBULANCE SERVICES	95		28,108	38
39		OTHER NRCC	194		473,669	39
40		SISTERS RESIDENCE	194.01		750	40
500 TOTAL RECLASSIFICATIONS					3,918,853	500
CODE LETTER - C						
1 REHAB RECLASS	D					1
2						2
3		PHYSICAL THERAPY	66	39,250	2,236	3
500 TOTAL RECLASSIFICATIONS				39,250	2,236	500
CODE LETTER - D						
1 CARDIAC REHAB RECLASS	E					1
2		CARDIAC REHABILITATION	76.97	53,588	3,236	2
500 TOTAL RECLASSIFICATIONS				53,588	3,236	500
CODE LETTER - E						
1 CAPITAL INTEREST RECLASS	F					11 1
2		INTEREST EXPENSE	113		3,373,799	2
500 TOTAL RECLASSIFICATIONS					3,373,799	500
CODE LETTER - F						
1 CAFETERIA RECLASS	G					1
2		DIETARY	10	382,592	503,805	2
500 TOTAL RECLASSIFICATIONS				382,592	503,805	500
CODE LETTER - G						
1 CAPITAL INSURANCE	I					11 1
2		ADMINISTRATIVE & GENERAL	5		179,077	2
500 TOTAL RECLASSIFICATIONS					179,077	500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 IMPLANT RECLASS	J					1
2		MEDICAL SUPPLIES CHRGED TO PA	71		4,788,431	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - J					4,788,431	500
1 EMT TRAINERS	K					1
2		ADULTS & PEDIATRICS	30	6,070		2
3		INTENSIVE CARE UNIT	31	6,844		3
4		OPERATING ROOM	50	6,733		4
5		RECOVERY ROOM	51	5,361		5
6		RADIOLOGY-DIAGNOSTIC	54	1,947		6
7		CARDIAC CATHETERIZATION	59	2,798		7
8		RESPIRATORY THERAPY	65	4,150		8
9		ELECTROCARDIOLOGY	69	2,214		9
10		RENAL DIALYSIS	74	2,224		10
11		EMERGENCY	91	33,257		11
500 TOTAL RECLASSIFICATIONS CODE LETTER - K				71,598		500
1 CORP SVC - CBO, HR, MM	L					1
2		ADMINISTRATIVE & GENERAL	5	931,021		2
3						3
4		EMPLOYEE BENEFITS	4	260,244		4
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				1,191,265		500
1 LINEN SERVICES	M					1
2		STERILE PROCESSING	14.01	1,011		2
3		ADULTS & PEDIATRICS	30	158,243		3
4		INTENSIVE CARE UNIT	31	23,960		4
5		SURGICAL INTENSIVE CARE UNIT	34	16,162		5
6		OPERATING ROOM	50	41,320		6
7		SPECIAL PROCEDURES	50.01	2,792		7
8		RECOVERY ROOM	51	20,119		8
9		OP ONCOLOGY	51.01	1,350		9
10		INFUSION CLINIC	52.06	835		10
11		RADIOLOGY-DIAGNOSTIC	54	27,627		11
12		RADIOISOTOPE	56	1,599		12
13		CARDIAC CATHETERIZATION	59	5,531		13
14		RESPIRATORY THERAPY	65	1,708		14
15		PHYSICAL THERAPY	66	1,023		15
16		WOUND CARE	66.01	4,739		16
17		ELECTROCARDIOLOGY	69	1,506		17
18		ELECTROENCEPHALOGRAPHY	70	1,249		18
19		CARDIAC REHABILITATION	76.97	130		19
20		OCCUPATIONAL HEALTH	90.01	1,909		20
21		EMERGENCY	91	80,681		21
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				393,494		500
1 IV THERAPY	N	ADULTS & PEDIATRICS	30	680,024	59,937	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				680,024	59,937	500
1 BOURBONNAIS SPACE	O					10 1
2		OP ONCOLOGY	51.01		98,414	2
3		RADIOLOGY-DIAGNOSTIC	54		94,377	3
4		OTHER NRCC	194		278,233	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - O					471,024	500
1 SISTERS' RESIDENCE EXPENSE	P	ADMINISTRATIVE & GENERAL	5	3,489	3,102	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - P				3,489	3,102	500
GRAND TOTAL (DECREASES)				2,815,300	30,197,716	

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	AND	BALANCE	DEPRECIATED
	1	2	3	RETIREMENTS	6	ASSETS
			TOTAL	5		7
			4			
1 LAND	5,113,245				5,113,245	1
2 LAND IMPROVEMENTS	1,623,078	310,074	310,074		1,933,152	2
3 BUILDINGS AND FIXTURES	91,883,167	1,975,108	1,975,108	8,787,448	85,070,827	3
4 BUILDING IMPROVEMENTS						4
5 FIXED EQUIPMENT						5
6 MOVABLE EQUIPMENT	39,610,732	9,100,208	9,100,208	6,799,212	41,911,728	6
7 HIT DESIGNATED ASSETS						7
8 SUBTOTAL (SUM OF LINES 1-7)	138,230,222	11,385,390	11,385,390	15,586,660	134,028,952	8
9 RECONCILING ITEMS						9
10 TOTAL (LINE 7 MINUS LINE 9)	138,230,222	11,385,390	11,385,390	15,586,660	134,028,952	10

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

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

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	OTHER	TOTAL(1)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	2,011,791						2,011,791 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	2,011,791						2,011,791 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	OF RATIOS		INSURANCE	TAXES	OTHER	TOTAL
			FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)			CAPITAL- RELATED COSTS	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	92,117,224		92,117,224	0.687293				1
2 CAP REL COSTS-MVBLE EQUIP	41,911,728		41,911,728	0.312707				2
3 TOTAL (SUM OF LINES 1-2)	134,028,952		134,028,952	1.000000				3

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

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	OTHER	TOTAL(2)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	2,694,192	471,024	3,373,576	-1,280,595		-946,897	4,311,300 1
2 CAP REL COSTS-MVBLE EQUIP	5,445,362						5,445,362 2
3 TOTAL	8,139,554	471,024	3,373,576	-1,280,595		-946,897	9,756,662 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-179,300	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-9,630	ADMINISTRATIVE & GENERAL	5	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)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-411,360			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	5,454,072			12
13 LAUNDRY AND LINEN SERVICE	B	-10,851	LAUNDRY & LINEN SERVICE	8	13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-390,684	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	-429	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-2,824	CAFETERIA	11	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)	B	-40	ADMINISTRATIVE & GENERAL	5	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 RADIOLOGY OTHER OPER INCOME	B	-16,484	RADIOLOGY-DIAGNOSTIC	54	33 34
34					34
35 OTHER OPER INC 211077000 651900	B	-2,465	ADMINISTRATIVE & GENERAL	5	35
36 OB NURSERY PHOTOS & OTHER OPER INC	B	-1,195	ADULTS & PEDIATRICS	30	36
37					37
38 VOLUNTEER HOURS CONTRIBUTION	B	-340,676	ADMINISTRATIVE & GENERAL	5	38
39 REAL ESTATE TAXES 211085000 772800	A	-22,460	ADMINISTRATIVE & GENERAL	5	39
40 MEDICAL AFFAIRS ADJUSTMENT	A	-192,201	ADMINISTRATIVE & GENERAL	5	40
41 MARKETING EXPENSES	A	-580,247	ADMINISTRATIVE & GENERAL	5	41
42 MARKETING DEPRECIATION	A	-12,083	CAP REL COSTS-MVBLE EQUIP	2	9 42
42.10 AHA DUES	A	-31,932	ADMINISTRATIVE & GENERAL	5	42.10
42.30 ADMIN NON-ALLOWABLE EXP	A	-632	ADMINISTRATIVE & GENERAL	5	42.30
42.40 ADMIN MISC. EXP	A	-1,023	ADMINISTRATIVE & GENERAL	5	42.40
43					43
43.10 MISC INCOME 211061300 651900	B	-359	CENTRAL SERVICES & SUPPLY	14	43.10
43.20 MISC INCOME 211063700 651900	B	-300	PHARMACY	15	43.20
43.30 MISC INCOME 211065100 651900	B	-1,129	OPERATING ROOM	50	43.30
44					44
45 OFFSET RENTAL INCOME	B	-946,897	CAP REL COSTS-BLDG & FIXT	1	14 45
46 OFFSET BAD DEBT EXPENSE	A	-20,238,603	ADMINISTRATIVE & GENERAL	5	46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-17,939,732			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	4	EMPLOYEE BENEFITS	CBO	2,138,040	571,632	1,566,408	1
2	5	ADMINISTRATIVE & GENERAL	ADMIN	13,563,468	10,200,054	3,363,414	2
3	31	INTENSIVE CARE UNIT	EICU	282,382	425,052	-142,670	3
4	34	SURGICAL INTENSIVE CARE UNIT	EICU	282,382	425,052	-142,670	4
4.01	54	RADIOLOGY-DIAGNOSTIC	CPACS	391,198	403,692	-12,494	4.01
4.02	2	CAP REL COSTS-MVBLE EQUIP	DEPR	2,220,993		2,220,993	9 4.02
4.03	1	CAP REL COSTS-BLDG & FIXT	INTEREST	1,959,086	3,239,681	-1,280,595	12 4.03
4.04	60	LABORATORY	ALVERNO LAB	4,171,262	4,289,576	-118,314	4.04
5		TOTALS (SUM OF LINES 1-4)		25,008,811	19,554,739	5,454,072	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

		----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
SYMBOL	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
(1)	2	3	4	5	6	
6	G PROVENA HEALTH	100.00	PROVENA HEALTH	100.00	MANAGEMENT	6
7						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-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	5 ADMINISTRATIVE & GENERAL	59,867		59,867	177,200	410	34,929	1,746	1
3	30 ADULTS & PEDIATRICS	24,195		24,195	138,700	233	15,537	777	3
4	31 INTENSIVE CARE UNIT	1,781		1,728	208,000	14	1,400	70	4
5	51.01 OP ONCOLOGY	15,038		15,038	177,200	100	8,519	426	5
6	59 CARDIAC CATHETERIZATION	12,968		12,968	177,200	87	7,412	371	6
8	60 LABORATORY	42,468		42,468	215,700	409	42,414	2,121	8
9	65 RESPIRATORY THERAPY	4,813		4,813	177,200	39	3,323	166	9
10	66.01 WOUND CARE								10
11	74 RENAL DIALYSIS	92,100	60,900	31,200	208,000	675	67,500	3,375	11
12	91 EMERGENCY	302,864	302,864			2,163			12
200	TOTAL	556,094	363,764	192,277		4,130	181,034	9,052	200

PROVIDER CCN: 14-0155 PROVENA ST. MARY'S HOSPITAL
 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 19:22

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	5 ADMINISTRATIVE & GENERAL					34,929	24,938	24,938	1
3	30 ADULTS & PEDIATRICS					15,537	8,658	8,658	3
4	31 INTENSIVE CARE UNIT					1,400	328	381	4
5	51.01 OP ONCOLOGY					8,519	6,519	6,519	5
6	59 CARDIAC CATHETERIZATION					7,412	5,556	5,556	6
8	60 LABORATORY					42,414	54	54	8
9	65 RESPIRATORY THERAPY					3,323	1,490	1,490	9
10	66.01 WOUND CARE								10
11	74 RENAL DIALYSIS	AGGREGATE				67,500		60,900	11
12	91 EMERGENCY	AGGREGATE						302,864	12
200	TOTAL					181,034	47,543	411,360	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	4,311,300	4,311,300				1
2 CAP REL COSTS-MVBLE EQUIP	5,445,362		5,445,362			2
4 EMPLOYEE BENEFITS	13,810,342	51,096	1,445	13,862,883		4
5 ADMINISTRATIVE & GENERAL	24,158,737	168,027	250,838	1,544,187	26,121,789	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	3,373,726	1,142,164	620,016	254,642	5,390,548	7
7.01 BIO MED	1,547,525	5,077	796	11	1,553,409	7.01
8 LAUNDRY & LINEN SERVICE	386,607	12,398		12,881	411,886	8
9 HOUSEKEEPING	1,138,704	12,828	12,302	231,212	1,395,046	9
10 DIETARY	886,397	85,844	37,501	261,813	1,271,555	10
11 CAFETERIA	492,889	46,910			539,799	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	843,806	6,548	171,667	280,785	1,302,806	13
14 CENTRAL SERVICES & SUPPLY	369,384	85,060	5,390	90,757	550,591	14
14.01 STERILE PROCESSING	373,657	77,267	236,891	98,372	786,187	14.01
15 PHARMACY	1,631,227	21,823	12,121	436,386	2,101,557	15
16 MEDICAL RECORDS & LIBRARY	1,956,715	73,596	11,844	466,878	2,509,033	16
17 SOCIAL SERVICE	662,263	3,220		208,132	873,615	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) INPATIENT ROUTINE SERV COST CENTERS	43,120	2,147	1,411	35,170	81,848	23
30 ADULTS & PEDIATRICS	7,520,315	453,791	302,647	3,091,229	11,367,982	30
31 INTENSIVE CARE UNIT	2,395,855	78,158	48,846	673,554	3,196,413	31
34 SURGICAL INTENSIVE CARE UNIT	1,430,723	62,260	14,228	435,786	1,942,997	34
40 SUBPROVIDER - IPF	1,010,099	55,766	4,140		1,070,005	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,525,298	125,379	781,050	559,378	3,991,105	50
50.01 SPECIAL PROCEDURES	338,983		12,365	104,335	455,683	50.01
51 RECOVERY ROOM	1,269,749	46,448	5,738	431,267	1,753,202	51
51.01 OP ONCOLOGY	1,685,259	348,099	2,354	304,868	2,340,580	51.01
52.02 SUBSTANCE ABUSE	276,140	52,749		74,269	403,158	52.02
52.04 DIABETES EDUCATION	3,526	10,917		6	14,449	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	247,302	25,398	5,959	83,876	362,535	52.06
53 ANESTHESIOLOGY	4,145,485	3,328	58,339	12,651	4,219,803	53
54 RADIOLOGY-DIAGNOSTIC	3,202,030	155,017	1,078,739	887,404	5,323,190	54
56 RADIOISOTOPE	472,104	19,322	388,923	112,578	992,927	56
59 CARDIAC CATHETERIZATION	645,336	43,314	414,647	187,856	1,291,153	59
60 LABORATORY	4,221,648	127,043	348,276		4,696,967	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,345,295		75,018	377,023	1,797,336	65
66 PHYSICAL THERAPY	773,486	79,886	19,357	249,538	1,122,267	66
66.01 WOUND CARE	496,341		1,127	45,806	543,274	66.01
67 OCCUPATIONAL THERAPY	164,112	4,358		46,656	215,126	67
68 SPEECH PATHOLOGY	126,898	2,576	134	36,121	165,729	68
69 ELECTROCARDIOLOGY	352,361	106,604	61,760	119,785	640,510	69
70 ELECTROENCEPHALOGRAPHY	89,230	8,577	4,728	5,583	108,118	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	5,693,443				5,693,443	71
72 IMPL. DEV. CHARGED TO PATIENT	4,788,431				4,788,431	72
73 DRUGS CHARGED TO PATIENTS	7,152,303				7,152,303	73
74 RENAL DIALYSIS	4,172,545	143,037	115,227	576,991	5,007,800	74
76 OTHER						76
76.97 CARDIAC REHABILITATION	99,223		9,543	51,723	160,489	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	1,270,723	85,876	3,758	315,560	1,675,917	90.01
91 EMERGENCY	3,237,624	109,685	209,582	922,566	4,479,457	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	122,583,628	3,941,593	5,328,707	13,627,635	121,862,018	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,634			7,863	46,497	190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
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COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
194 OTHER NRCC	2,111,761	276,757	115,401	227,385	2,731,304	194
194.01 SISTERS RESIDENCE		92,950	1,254		94,204	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	124,734,023	4,311,300	5,445,362	13,862,883	124,734,023	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	BIO MED 7.01	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 ADMINISTRATIVE & GENERAL	26,121,789					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,427,924	6,818,472				7
7.01 BIO MED	411,489	11,736	1,976,634			7.01
8 LAUNDRY & LINEN SERVICE	109,106	28,657		549,649		8
9 HOUSEKEEPING	369,539	29,649			1,794,234	9
10 DIETARY	336,827	198,414			45,851	10
11 CAFETERIA	142,990	108,424			45,851	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	345,105	15,135	22,276		35,580	13
14 CENTRAL SERVICES & SUPPLY	145,848	196,603			25,322	14
14.01 STERILE PROCESSING	208,256	178,590	200,027		27,668	14.01
15 PHARMACY	556,690	50,441			52,820	15
16 MEDICAL RECORDS & LIBRARY	664,628	170,105			72,414	16
17 SOCIAL SERVICE	231,415	7,443			23,765	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)	21,681	4,962			5,837	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,011,310	1,048,863	360,958	195,473	433,140	30
31 INTENSIVE CARE UNIT	846,711	180,649		31,511	92,823	31
34 SURGICAL INTENSIVE CARE UNIT	514,688	143,904		21,257	60,844	34
40 SUBPROVIDER - IPF	283,438	128,893	3,637	10,771	47,173	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,057,220	289,793	1,364	54,342	78,357	50
50.01 SPECIAL PROCEDURES	120,708			16,292	14,349	50.01
51 RECOVERY ROOM	464,413	107,357		34,924	50,585	51
51.01 OP ONCOLOGY	620,006	804,573	20,912	1,706	29,610	51.01
52.02 SUBSTANCE ABUSE	106,794	121,921			14,269	52.02
52.04 DIABETES EDUCATION	3,827	25,233				52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	96,033	58,703	8,638	1,100	9,774	52.06
53 ANESTHESIOLOGY	1,117,800	7,691	121,380		3,161	53
54 RADIOLOGY-DIAGNOSTIC	1,410,081	358,296	60,008	35,736	143,262	54
56 RADIOISOTOPE	263,020	44,660		3,190	6,531	56
59 CARDIAC CATHETERIZATION	342,019	100,113	68,191	7,274	21,110	59
60 LABORATORY	1,244,198	293,639	86,375			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	476,104		13,184	2,109	57,131	65
66 PHYSICAL THERAPY	297,282	184,644		6,374	32,440	66
66.01 WOUND CARE	143,910			6,098	18,256	66.01
67 OCCUPATIONAL THERAPY	56,986	10,073			6,050	67
68 SPEECH PATHOLOGY	43,901	5,955			2,786	68
69 ELECTROCARDIOLOGY	169,667	246,398	6,819	3,369	17,013	69
70 ELECTROENCEPHALOGRAPHY	28,640	19,824		604	1,100	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,508,159					71
72 IMPL. DEV. CHARGED TO PATIENT	1,268,427					72
73 DRUGS CHARGED TO PATIENTS	1,894,602					73
74 RENAL DIALYSIS	1,326,536	330,607	192,754		81,559	74
76 OTHER						76
76.97 CARDIAC REHABILITATION	42,513		180,025		6,771	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	443,940	198,488		2,510	39,755	90.01
91 EMERGENCY	1,186,581	253,519	533,709	99,761	128,644	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	25,361,012	5,963,955	1,880,257	534,401	1,731,601	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,317				7,899	190

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	BIO MED 7.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
194 OTHER NRCC	723,506	639,678	96,377	15,248	54,734	194
194.01 SISTERS RESIDENCE	24,954	214,839				194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	26,121,789	6,818,472	1,976,634	549,649	1,794,234	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	STER PROC	
	10	11	13	14	14.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIO MED						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	1,852,647					10
11 CAFETERIA		837,064				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		17,493	1,738,395			13
14 CENTRAL SERVICES & SUPPLY		12,450		930,814		14
14.01 STERILE PROCESSING		13,603		59,552	1,473,883	14.01
15 PHARMACY		25,970		22,770		15
16 MEDICAL RECORDS & LIBRARY		35,603	113,509	40,510		16
17 SOCIAL SERVICE		11,684		751		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)		2,870	9,150	15,437		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,282,338	212,955	678,952	96,426	35,962	30
31 INTENSIVE CARE UNIT	219,235	45,637	145,501	10,340		31
34 SURGICAL INTENSIVE CARE UNIT	143,981	29,914	95,373	8,331		34
40 SUBPROVIDER - IPF	207,093	23,193	73,944	12,810		40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		38,525	122,826	152,563	1,316,067	50
50.01 SPECIAL PROCEDURES		7,055		16,599	4,469	50.01
51 RECOVERY ROOM		24,871	79,293	6,722		51
51.01 OP ONCOLOGY		14,558	46,414	10,014		51.01
52.02 SUBSTANCE ABUSE		7,015		4,333		52.02
52.04 DIABETES EDUCATION				1,102		52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC		4,806	15,321	888		52.06
53 ANESTHESIOLOGY		1,554		3,377		53
54 RADIOLOGY-DIAGNOSTIC		70,436		137,710	4,681	54
56 RADIOISOTOPE		3,211		66		56
59 CARDIAC CATHETERIZATION		10,379		68,235	7,980	59
60 LABORATORY				30,879		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		28,089		25,581	1,642	65
66 PHYSICAL THERAPY		15,949		3,658		66
66.01 WOUND CARE		8,976	28,617	4,644	71,619	66.01
67 OCCUPATIONAL THERAPY		2,974		1,010		67
68 SPEECH PATHOLOGY		1,370		10		68
69 ELECTROCARDIOLOGY		8,365		5,423		69
70 ELECTROENCEPHALOGRAPHY		541		97		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				12,586		71
72 IMPL. DEV. CHARGED TO PATIENT				12,147		72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		40,099	127,845	78,442		74
76 OTHER						76
76.97 CARDIAC REHABILITATION		3,329				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH		19,546		21,982	2,569	90.01
91 EMERGENCY		63,249	201,650	35,227	28,894	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,852,647	806,269	1,738,395	900,222	1,473,883	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,884				190

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COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	STER PROC 14.01
194 OTHER NRCC		26,911		29,716	194
194.01 SISTERS RESIDENCE				876	194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,852,647	837,064	1,738,395	930,814	1,473,883 202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIO MED						7.01
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
14.01 STERILE PROCESSING						14.01
15 PHARMACY	2,810,248					15
16 MEDICAL RECORDS & LIBRARY		3,605,802				16
17 SOCIAL SERVICE			1,148,673			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)				141,785		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		2,406,873	753,400	13,397	21,898,029	30
31 INTENSIVE CARE UNIT		391,590	122,553	13,397	5,296,360	31
34 SURGICAL INTENSIVE CARE UNIT		257,094	80,521		3,298,904	34
40 SUBPROVIDER - IPF		369,955	115,833		2,346,745	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM				13,397	7,115,559	50
50.01 SPECIAL PROCEDURES					635,155	50.01
51 RECOVERY ROOM				8,931	2,530,298	51
51.01 OP ONCOLOGY					3,888,373	51.01
52.02 SUBSTANCE ABUSE					657,490	52.02
52.04 DIABETES EDUCATION					44,611	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC					557,798	52.06
53 ANESTHESIOLOGY					5,474,766	53
54 RADIOLOGY-DIAGNOSTIC				4,466	7,547,866	54
56 RADIOISOTOPE					1,313,605	56
59 CARDIAC CATHETERIZATION				4,466	1,920,920	59
60 LABORATORY					6,352,058	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY				8,931	2,410,107	65
66 PHYSICAL THERAPY					1,662,614	66
66.01 WOUND CARE					825,394	66.01
67 OCCUPATIONAL THERAPY					292,219	67
68 SPEECH PATHOLOGY					219,751	68
69 ELECTROCARDIOLOGY				4,466	1,102,030	69
70 ELECTROENCEPHALOGRAPHY					158,924	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					7,214,188	71
72 IMPL. DEV. CHARGED TO PATIENT					6,069,005	72
73 DRUGS CHARGED TO PATIENTS	2,810,248				11,857,153	73
74 RENAL DIALYSIS		180,290	76,366	4,466	7,446,764	74
76 OTHER						76
76.97 CARDIAC REHABILITATION					393,127	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH					2,404,707	90.01
91 EMERGENCY				65,868	7,076,559	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,810,248	3,605,802	1,148,673	141,785	120,011,079	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					70,597	190

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COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	
194 OTHER NRCC					4,317,474	194
194.01 SISTERS RESIDENCE					334,873	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,810,248	3,605,802	1,148,673	141,785	124,734,023	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS		TOTAL	
	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 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
7.01 BIO MED				7.01
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
14.01 STERILE PROCESSING				14.01
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS		21,898,029		30
31 INTENSIVE CARE UNIT		5,296,360		31
34 SURGICAL INTENSIVE CARE UNIT		3,298,904		34
40 SUBPROVIDER - IPF		2,346,745		40
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		7,115,559		50
50.01 SPECIAL PROCEDURES		635,155		50.01
51 RECOVERY ROOM		2,530,298		51
51.01 OP ONCOLOGY		3,888,373		51.01
52.02 SUBSTANCE ABUSE		657,490		52.02
52.04 DIABETES EDUCATION		44,611		52.04
52.05 PODIATRY				52.05
52.06 INFUSION CLINIC		557,798		52.06
53 ANESTHESIOLOGY		5,474,766		53
54 RADIOLOGY-DIAGNOSTIC		7,547,866		54
56 RADIOISOTOPE		1,313,605		56
59 CARDIAC CATHETERIZATION		1,920,920		59
60 LABORATORY		6,352,058		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY		2,410,107		65
66 PHYSICAL THERAPY		1,662,614		66
66.01 WOUND CARE		825,394		66.01
67 OCCUPATIONAL THERAPY		292,219		67
68 SPEECH PATHOLOGY		219,751		68
69 ELECTROCARDIOLOGY		1,102,030		69
70 ELECTROENCEPHALOGRAPHY		158,924		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		7,214,188		71
72 IMPL. DEV. CHARGED TO PATIENT		6,069,005		72
73 DRUGS CHARGED TO PATIENTS		11,857,153		73
74 RENAL DIALYSIS	-1,508,772	5,937,992		74
76 OTHER				76
76.97 CARDIAC REHABILITATION		393,127		76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OCCUPATIONAL HEALTH		2,404,707		90.01
91 EMERGENCY		7,076,559		91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113
118 SUBTOTALS (SUM OF LINES 1-117)	-1,508,772	118,502,307		118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		70,597		190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194 OTHER NRCC		4,317,474	194
194.01 SISTERS RESIDENCE		334,873	194.01
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	-1,508,772	123,225,251	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	63	51,096	1,445	52,604	52,604	4
5 ADMINISTRATIVE & GENERAL	47,396	168,027	250,838	466,261	5,858	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	538	1,142,164	620,016	1,762,718	966	7
7.01 BIO MED	204	5,077	796	6,077		7.01
8 LAUNDRY & LINEN SERVICE		12,398		12,398	49	8
9 HOUSEKEEPING	1,027	12,828	12,302	26,157	877	9
10 DIETARY	213	85,844	37,501	123,558	993	10
11 CAFETERIA		46,910		46,910		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	305	6,548	171,667	178,520	1,065	13
14 CENTRAL SERVICES & SUPPLY	3,502	85,060	5,390	93,952	344	14
14.01 STERILE PROCESSING	113	77,267	236,891	314,271	373	14.01
15 PHARMACY	304,592	21,823	12,121	338,536	1,655	15
16 MEDICAL RECORDS & LIBRARY	237	73,596	11,844	85,677	1,771	16
17 SOCIAL SERVICE	241	3,220		3,461	790	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)	63	2,147	1,411	3,621	133	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,524	453,791	302,647	762,962	11,742	30
31 INTENSIVE CARE UNIT	126	78,158	48,846	127,130	2,555	31
34 SURGICAL INTENSIVE CARE UNIT	121	62,260	14,228	76,609	1,653	34
40 SUBPROVIDER - IPF		55,766	4,140	59,906		40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	29,714	125,379	781,050	936,143	2,122	50
50.01 SPECIAL PROCEDURES	160		12,365	12,525	396	50.01
51 RECOVERY ROOM	63	46,448	5,738	52,249	1,636	51
51.01 OP ONCOLOGY		348,099	2,354	350,453	1,157	51.01
52.02 SUBSTANCE ABUSE	9,651	52,749		62,400	282	52.02
52.04 DIABETES EDUCATION		10,917		10,917		52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	58	25,398	5,959	31,415	318	52.06
53 ANESTHESIOLOGY	35	3,328	58,339	61,702	48	53
54 RADIOLOGY-DIAGNOSTIC		155,017	1,078,739	1,233,756	3,366	54
56 RADIOISOTOPE	7,415	19,322	388,923	415,660	427	56
59 CARDIAC CATHETERIZATION	673	43,314	414,647	458,634	713	59
60 LABORATORY	63	127,043	348,276	475,382		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	67,276		75,018	142,294	1,430	65
66 PHYSICAL THERAPY	29,250	79,886	19,357	128,493	947	66
66.01 WOUND CARE	63		1,127	1,190	174	66.01
67 OCCUPATIONAL THERAPY	3,067	4,358		7,425	177	67
68 SPEECH PATHOLOGY	41	2,576	134	2,751	137	68
69 ELECTROCARDIOLOGY	63	106,604	61,760	168,427	454	69
70 ELECTROENCEPHALOGRAPHY	41	8,577	4,728	13,346	21	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	125	143,037	115,227	258,389	2,189	74
76 OTHER						76
76.97 CARDIAC REHABILITATION			9,543	9,543	196	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	43,252	85,876	3,758	132,886	1,197	90.01
91 EMERGENCY	51,291	109,685	209,582	370,558	3,500	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	607,566	3,941,593	5,328,707	9,877,866	51,711	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					30	190

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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			
194 OTHER NRCC	72,972	276,757	115,401	465,130	863	194
194.01 SISTERS RESIDENCE		92,950	1,254	94,204		194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	680,538	4,311,300	5,445,362	10,437,200	52,604	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	BIO MED 7.01	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 ADMINISTRATIVE & GENERAL	472,119					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	25,810	1,789,494				7
7.01 BIO MED	7,438	3,080	16,595			7.01
8 LAUNDRY & LINEN SERVICE	1,972	7,521		21,940		8
9 HOUSEKEEPING	6,679	7,781			41,494	9
10 DIETARY	6,088	52,073			1,060	10
11 CAFETERIA	2,585	28,456			1,060	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,238	3,972	187		823	13
14 CENTRAL SERVICES & SUPPLY	2,636	51,598			586	14
14.01 STERILE PROCESSING	3,764	46,871	1,679		640	14.01
15 PHARMACY	10,062	13,238			1,222	15
16 MEDICAL RECORDS & LIBRARY	12,013	44,644			1,675	16
17 SOCIAL SERVICE	4,183	1,953			550	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)	392	1,302			135	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	54,397	275,272	3,030	7,806	10,017	30
31 INTENSIVE CARE UNIT	15,304	47,411		1,258	2,147	31
34 SURGICAL INTENSIVE CARE UNIT	9,303	37,767		848	1,407	34
40 SUBPROVIDER - IPF	5,123	33,828	31	430	1,091	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,109	76,056	11	2,169	1,812	50
50.01 SPECIAL PROCEDURES	2,182			650	332	50.01
51 RECOVERY ROOM	8,394	28,176		1,394	1,170	51
51.01 OP ONCOLOGY	11,207	211,158	176	68	685	51.01
52.02 SUBSTANCE ABUSE	1,930	31,998			330	52.02
52.04 DIABETES EDUCATION	69	6,622				52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	1,736	15,406	73	44	226	52.06
53 ANESTHESIOLOGY	20,204	2,019	1,019		73	53
54 RADIOLOGY-DIAGNOSTIC	25,487	94,034	504	1,426	3,313	54
56 RADIOISOTOPE	4,754	11,721		127	151	56
59 CARDIAC CATHETERIZATION	6,182	26,274	573	290	488	59
60 LABORATORY	22,489	77,065	725			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	8,606		111	84	1,321	65
66 PHYSICAL THERAPY	5,373	48,459		254	750	66
66.01 WOUND CARE	2,601			243	422	66.01
67 OCCUPATIONAL THERAPY	1,030	2,644			140	67
68 SPEECH PATHOLOGY	794	1,563			64	68
69 ELECTROCARDIOLOGY	3,067	64,667	57	134	393	69
70 ELECTROENCEPHALOGRAPHY	518	5,203		24	25	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	27,260					71
72 IMPL. DEV. CHARGED TO PATIENT	22,927					72
73 DRUGS CHARGED TO PATIENTS	34,245					73
74 RENAL DIALYSIS	23,977	86,767	1,618		1,886	74
76 OTHER						76
76.97 CARDIAC REHABILITATION	768		1,511		157	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	8,024	52,093		100	919	90.01
91 EMERGENCY	21,448	66,536	4,481	3,982	2,975	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	458,368	1,565,228	15,786	21,331	40,045	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	223				183	190

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ALLOCATION OF CAPITAL-RELATED COSTS

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PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	BIO MED 7.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
194 OTHER NRCC	13,077	167,882	809	609	1,266	194
194.01 SISTERS RESIDENCE	451	56,384				194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	472,119	1,789,494	16,595	21,940	41,494	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	STER PROC	
	10	11	13	14	14.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIO MED						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	183,772					10
11 CAFETERIA		79,011				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,651	192,456			13
14 CENTRAL SERVICES & SUPPLY		1,175		150,291		14
14.01 STERILE PROCESSING		1,284		9,615	378,497	14.01
15 PHARMACY		2,451		3,676		15
16 MEDICAL RECORDS & LIBRARY		3,361	12,567	6,541		16
17 SOCIAL SERVICE		1,103		121		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)		271	1,013	2,492		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	127,201	20,101	75,166	15,569	9,235	30
31 INTENSIVE CARE UNIT	21,747	4,308	16,108	1,670		31
34 SURGICAL INTENSIVE CARE UNIT	14,282	2,824	10,559	1,345		34
40 SUBPROVIDER - IPF	20,542	2,189	8,186	2,068		40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		3,636	13,598	24,635	337,969	50
50.01 SPECIAL PROCEDURES		666		2,680	1,148	50.01
51 RECOVERY ROOM		2,348	8,778	1,085		51
51.01 OP ONCOLOGY		1,374	5,138	1,617		51.01
52.02 SUBSTANCE ABUSE		662		700		52.02
52.04 DIABETES EDUCATION				178		52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC		454	1,696	143		52.06
53 ANESTHESIOLOGY		147		545		53
54 RADIOLOGY-DIAGNOSTIC		6,648		22,235	1,202	54
56 RADIOISOTOPE		303		11		56
59 CARDIAC CATHETERIZATION		980		11,017	2,049	59
60 LABORATORY				4,986		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		2,651		4,130	422	65
66 PHYSICAL THERAPY		1,505		591		66
66.01 WOUND CARE		847	3,168	750	18,392	66.01
67 OCCUPATIONAL THERAPY		281		163		67
68 SPEECH PATHOLOGY		129		2		68
69 ELECTROCARDIOLOGY		790		876		69
70 ELECTROENCEPHALOGRAPHY		51		16		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				2,032		71
72 IMPL. DEV. CHARGED TO PATIENT				1,961		72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		3,785	14,154	12,665		74
76 OTHER						76
76.97 CARDIAC REHABILITATION		314				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH		1,845		3,549	660	90.01
91 EMERGENCY		5,970	22,325	5,688	7,420	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	183,772	76,104	192,456	145,352	378,497	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		367				190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	STER PROC 14.01
194 OTHER NRCC		2,540		4,798	194
194.01 SISTERS RESIDENCE				141	194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	183,772	79,011	192,456	150,291	378,497 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIO MED						7.01
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
14.01 STERILE PROCESSING						14.01
15 PHARMACY	370,840					15
16 MEDICAL RECORDS & LIBRARY		168,249				16
17 SOCIAL SERVICE			12,161			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)				9,359		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		112,307	7,978		1,492,783	30
31 INTENSIVE CARE UNIT		18,272	1,297		259,207	31
34 SURGICAL INTENSIVE CARE UNIT		11,996	852		169,445	34
40 SUBPROVIDER - IPF		17,262	1,226		151,882	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					1,417,260	50
50.01 SPECIAL PROCEDURES					20,579	50.01
51 RECOVERY ROOM					105,230	51
51.01 OP ONCOLOGY					583,033	51.01
52.02 SUBSTANCE ABUSE					98,302	52.02
52.04 DIABETES EDUCATION					17,786	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC					51,511	52.06
53 ANESTHESIOLOGY					85,757	53
54 RADIOLOGY-DIAGNOSTIC					1,391,971	54
56 RADIOISOTOPE					433,154	56
59 CARDIAC CATHETERIZATION					507,200	59
60 LABORATORY					580,647	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					161,049	65
66 PHYSICAL THERAPY					186,372	66
66.01 WOUND CARE					27,787	66.01
67 OCCUPATIONAL THERAPY					11,860	67
68 SPEECH PATHOLOGY					5,440	68
69 ELECTROCARDIOLOGY					238,865	69
70 ELECTROENCEPHALOGRAPHY					19,204	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					29,292	71
72 IMPL. DEV. CHARGED TO PATIENT					24,888	72
73 DRUGS CHARGED TO PATIENTS	370,840				405,085	73
74 RENAL DIALYSIS		8,412	808		414,650	74
76 OTHER						76
76.97 CARDIAC REHABILITATION					12,489	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH					201,273	90.01
91 EMERGENCY					514,883	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	370,840	168,249	12,161		9,618,884	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					803	190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	
194 OTHER NRCC					656,974	194
194.01 SISTERS RESIDENCE					151,180	194.01
200 CROSS FOOT ADJUSTMENTS				9,359	9,359	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	370,840	168,249	12,161	9,359	10,437,200	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS 25		
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
7.01 BIO MED			7.01
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
14.01 STERILE PROCESSING			14.01
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	1,492,783		30
31 INTENSIVE CARE UNIT	259,207		31
34 SURGICAL INTENSIVE CARE UNIT	169,445		34
40 SUBPROVIDER - IPF	151,882		40
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	1,417,260		50
50.01 SPECIAL PROCEDURES	20,579		50.01
51 RECOVERY ROOM	105,230		51
51.01 OP ONCOLOGY	583,033		51.01
52.02 SUBSTANCE ABUSE	98,302		52.02
52.04 DIABETES EDUCATION	17,786		52.04
52.05 PODIATRY			52.05
52.06 INFUSION CLINIC	51,511		52.06
53 ANESTHESIOLOGY	85,757		53
54 RADIOLOGY-DIAGNOSTIC	1,391,971		54
56 RADIOISOTOPE	433,154		56
59 CARDIAC CATHETERIZATION	507,200		59
60 LABORATORY	580,647		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	161,049		65
66 PHYSICAL THERAPY	186,372		66
66.01 WOUND CARE	27,787		66.01
67 OCCUPATIONAL THERAPY	11,860		67
68 SPEECH PATHOLOGY	5,440		68
69 ELECTROCARDIOLOGY	238,865		69
70 ELECTROENCEPHALOGRAPHY	19,204		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	29,292		71
72 IMPL. DEV. CHARGED TO PATIENT	24,888		72
73 DRUGS CHARGED TO PATIENTS	405,085		73
74 RENAL DIALYSIS	414,650		74
76 OTHER			76
76.97 CARDIAC REHABILITATION	12,489		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 OCCUPATIONAL HEALTH	201,273		90.01
91 EMERGENCY	514,883		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES			95
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
113 INTEREST EXPENSE			113
118 SUBTOTALS (SUM OF LINES 1-117)	9,618,884		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	803		190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194 OTHER NRCC		656,974	194
194.01 SISTERS RESIDENCE		151,180	194.01
200 CROSS FOOT ADJUSTMENTS		9,359	200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		10,437,200	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	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	401,630					1
2 CAP REL COSTS-MVBLE EQUIP		1,628,498				2
4 EMPLOYEE BENEFITS	4,760	432	40,516,135			4
5 ADMINISTRATIVE & GENERAL	15,653	75,016	4,513,096	-26,121,789	98,612,234	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	106,401	185,423	744,227		5,390,548	7
7.01 BIO MED	473	238	32		1,553,409	7.01
8 LAUNDRY & LINEN SERVICE	1,155		37,647		411,886	8
9 HOUSEKEEPING	1,195	3,679	675,749		1,395,046	9
10 DIETARY	7,997	11,215	765,184		1,271,555	10
11 CAFETERIA	4,370				539,799	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	610	51,339	820,633		1,302,806	13
14 CENTRAL SERVICES & SUPPLY	7,924	1,612	265,250		550,591	14
14.01 STERILE PROCESSING	7,198	70,845	287,504		786,187	14.01
15 PHARMACY	2,033	3,625	1,275,398		2,101,557	15
16 MEDICAL RECORDS & LIBRARY	6,856	3,542	1,364,515		2,509,033	16
17 SOCIAL SERVICE	300		608,293		873,615	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)	200	422	102,789		81,848	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	42,274	90,510	9,034,520		11,367,982	30
31 INTENSIVE CARE UNIT	7,281	14,608	1,968,552		3,196,413	31
34 SURGICAL INTENSIVE CARE UNIT	5,800	4,255	1,273,643		1,942,997	34
40 SUBPROVIDER - IPF	5,195	1,238			1,070,005	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,680	233,582	1,634,858		3,991,105	50
50.01 SPECIAL PROCEDURES		3,698	304,934		455,683	50.01
51 RECOVERY ROOM	4,327	1,716	1,260,435		1,753,202	51
51.01 OP ONCOLOGY	32,428	704	891,018		2,340,580	51.01
52.02 SUBSTANCE ABUSE	4,914		217,060		403,158	52.02
52.04 DIABETES EDUCATION	1,017		17		14,449	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	2,366	1,782	245,139		362,535	52.06
53 ANESTHESIOLOGY	310	17,447	36,973		4,219,803	53
54 RADIOLOGY-DIAGNOSTIC	14,441	322,609	2,593,558		5,323,190	54
56 RADIOISOTOPE	1,800	116,312	329,025		992,927	56
59 CARDIAC CATHETERIZATION	4,035	124,005	549,035		1,291,153	59
60 LABORATORY	11,835	104,156			4,696,967	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		22,435	1,101,901		1,797,336	65
66 PHYSICAL THERAPY	7,442	5,789	729,308		1,122,267	66
66.01 WOUND CARE		337	133,873		543,274	66.01
67 OCCUPATIONAL THERAPY	406		136,358		215,126	67
68 SPEECH PATHOLOGY	240	40	105,568		165,729	68
69 ELECTROCARDIOLOGY	9,931	18,470	350,087		640,510	69
70 ELECTROENCEPHALOGRAPHY	799	1,414	16,318		108,118	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					5,693,443	71
72 IMPL. DEV. CHARGED TO PATIENT					4,788,431	72
73 DRUGS CHARGED TO PATIENTS					7,152,303	73
74 RENAL DIALYSIS	13,325	34,460	1,686,335		5,007,800	74
76 OTHER						76
76.97 CARDIAC REHABILITATION		2,854	151,166		160,489	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	8,000	1,124	922,267		1,675,917	90.01
91 EMERGENCY	10,218	62,678	2,696,325		4,479,457	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	367,189	1,593,611	39,828,590	-26,121,789	95,740,229	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			22,981		46,497	190

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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	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
194	OTHER NRCC	25,782	34,512	664,564		2,731,304	194
194.01	SISTERS RESIDENCE	8,659	375			94,204	194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	4,311,300	5,445,362	13,862,883		26,121,789	202
203	UNIT COST MULT-WS B PT I	10.734507	3.343794	0.342157		0.264894	203
204	COST TO BE ALLOC PER B PT II			52,604		472,119	204
205	UNIT COST MULT-WS B PT II			0.001298		0.004788	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY
	SQUARE FEET 7	WORKORDERS 7.01	POUNDS OF LAUNDRY 8	HOURS OF SERVICE 9	MEALS SERVED 10
GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT				1
2	CAP REL COSTS-MVBLE EQUIP				2
4	EMPLOYEE BENEFITS				4
5	ADMINISTRATIVE & GENERAL				5
6	MAINTENANCE & REPAIRS				6
7	OPERATION OF PLANT	274,816			7
7.01	BIO MED	473	4,348		7.01
8	LAUNDRY & LINEN SERVICE	1,155		788,553	8
9	HOUSEKEEPING	1,195		1,200,890	9
10	DIETARY	7,997		30,688	79,494
11	CAFETERIA	4,370		30,688	11
12	MAINTENANCE OF PERSONNEL				12
13	NURSING ADMINISTRATION	610	49	23,814	13
14	CENTRAL SERVICES & SUPPLY	7,924		16,948	14
14.01	STERILE PROCESSING	7,198	440	18,518	14.01
15	PHARMACY	2,033		35,353	15
16	MEDICAL RECORDS & LIBRARY	6,856		48,467	16
17	SOCIAL SERVICE	300		15,906	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)	200		3,907	23
INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	42,274	794	280,434	289,903
31	INTENSIVE CARE UNIT	7,281		45,207	62,127
34	SURGICAL INTENSIVE CARE UNIT	5,800		30,496	40,723
40	SUBPROVIDER - IPF	5,195	8	15,453	31,573
43	NURSERY				8,886
43	NURSERY				43
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	11,680	3	77,962	52,445
50.01	SPECIAL PROCEDURES			23,374	9,604
51	RECOVERY ROOM	4,327		50,104	33,857
51.01	OP ONCOLOGY	32,428	46	2,448	19,818
52.02	SUBSTANCE ABUSE	4,914			9,550
52.04	DIABETES EDUCATION	1,017			
52.05	PODIATRY				
52.06	INFUSION CLINIC	2,366	19	1,578	6,542
53	ANESTHESIOLOGY	310	267		2,116
54	RADIOLOGY-DIAGNOSTIC	14,441	132	51,269	95,886
56	RADIOISOTOPE	1,800		4,576	4,371
59	CARDIAC CATHETERIZATION	4,035	150	10,435	14,129
60	LABORATORY	11,835	190		
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				
65	RESPIRATORY THERAPY		29	3,025	38,238
66	PHYSICAL THERAPY	7,442		9,145	21,712
66.01	WOUND CARE			8,749	12,219
67	OCCUPATIONAL THERAPY	406			4,049
68	SPEECH PATHOLOGY	240			1,865
69	ELECTROCARDIOLOGY	9,931	15	4,833	11,387
70	ELECTROENCEPHALOGRAPHY	799		867	736
71	MEDICAL SUPPLIES CHRGD TO PATIENTS				
72	IMPL. DEV. CHARGED TO PATIENT				
73	DRUGS CHARGED TO PATIENTS				
74	RENAL DIALYSIS	13,325	424		54,588
76	OTHER				
76.97	CARDIAC REHABILITATION		396		4,532
76.98	HYPERBARIC OXYGEN THERAPY				
76.99	LITHOTRIPSY				
OUTPATIENT SERVICE COST CENTERS					
90.01	OCCUPATIONAL HEALTH	8,000		3,601	26,608
91	EMERGENCY	10,218	1,174	143,122	86,102
92	OBSERVATION BEDS				
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				
99.10	CORF				
99.20	OUTPATIENT PHYSICAL THERAPY				
99.30	OUTPATIENT OCCUPATIONAL THERAPY				
99.40	OUTPATIENT SPEECH PATHOLOGY				
SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)	240,375	4,136	766,678	1,158,969
NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			5,287	
					190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY
		SQUARE FEET	WORKORDERS	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED
		7	7.01	8	9	10
194	OTHER NRCC	25,782	212	21,875	36,634	194
194.01	SISTERS RESIDENCE	8,659				194.01
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	6,818,472	1,976,634	549,649	1,794,234	1,852,647
203	UNIT COST MULT-WS B PT I	24.811044	454.607636	0.697035	1.494087	23.305495
204	COST TO BE ALLOC PER B PT II	1,789,494	16,595	21,940	41,494	183,772
205	UNIT COST MULT-WS B PT II	6.511608	3.816697	0.027823	0.034553	2.311772

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA HOURS OF SERVICE 11	NURSING ADMINIS- TRATION HOURS OF SERVICE 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	STER PROC TIME SERV 14.01	PHARMACY COSTED REQUIS. 15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIO MED						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,139,514					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	23,814	742,271				13
14 CENTRAL SERVICES & SUPPLY	16,948		536,413			14
14.01 STERILE PROCESSING	18,518		34,319	96,970		14.01
15 PHARMACY	35,353		13,122		100	15
16 MEDICAL RECORDS & LIBRARY	48,467	48,467	23,345			16
17 SOCIAL SERVICE	15,906		433			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)	3,907	3,907	8,896			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	289,903	289,903	55,569	2,366		30
31 INTENSIVE CARE UNIT	62,127	62,127	5,959			31
34 SURGICAL INTENSIVE CARE UNIT	40,723	40,723	4,801			34
40 SUBPROVIDER - IPF	31,573	31,573	7,382			40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	52,445	52,445	87,918	86,587		50
50.01 SPECIAL PROCEDURES	9,604		9,566	294		50.01
51 RECOVERY ROOM	33,857	33,857	3,874			51
51.01 OP ONCOLOGY	19,818	19,818	5,771			51.01
52.02 SUBSTANCE ABUSE	9,550		2,497			52.02
52.04 DIABETES EDUCATION			635			52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	6,542	6,542	512			52.06
53 ANESTHESIOLOGY	2,116		1,946			53
54 RADIOLOGY-DIAGNOSTIC	95,886		79,360	308		54
56 RADIOISOTOPE	4,371		38			56
59 CARDIAC CATHETERIZATION	14,129		39,323	525		59
60 LABORATORY			17,795			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	38,238		14,742	108		65
66 PHYSICAL THERAPY	21,712		2,108			66
66.01 WOUND CARE	12,219	12,219	2,676	4,712		66.01
67 OCCUPATIONAL THERAPY	4,049		582			67
68 SPEECH PATHOLOGY	1,865		6			68
69 ELECTROCARDIOLOGY	11,387		3,125			69
70 ELECTROENCEPHALOGRAPHY	736		56			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			7,253			71
72 IMPL. DEV. CHARGED TO PATIENT			7,000			72
73 DRUGS CHARGED TO PATIENTS					100	73
74 RENAL DIALYSIS	54,588	54,588	45,205			74
76 OTHER						76
76.97 CARDIAC REHABILITATION	4,532					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	26,608		12,668	169		90.01
91 EMERGENCY	86,102	86,102	20,301	1,901		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,097,593	742,271	518,783	96,970	100	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,287					190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	STER PROC	PHARMACY
	HOURS OF SERVICE	ADMINIS- TRATION HOURS OF SERVICE	SERVICES & SUPPLY COSTED REQUIS.	TIME SERV	COSTED REQUIS.
	11	13	14	14.01	15
194 OTHER NRCC	36,634		17,125		194
194.01 SISTERS RESIDENCE			505		194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	837,064	1,738,395	930,814	1,473,883	2,810,248
203 UNIT COST MULT-WS B PT I	0.734580	2.341995	1.735256	15.199371	28,102.480000
204 COST TO BE ALLOC PER B PT II	79,011	192,456	150,291	378,497	370,840
205 UNIT COST MULT-WS B PT II	0.069337	0.259280	0.280178	3.903238	3,708.400000

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	PARAMED EDUCATION ASSIGNED TIME	
	16	17	23	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
7.01 BIO MED				7.01
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
14.01 STERILE PROCESSING				14.01
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY	10,000			16
17 SOCIAL SERVICE		9,401		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)			2,286	23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	6,675	6,166	216	30
31 INTENSIVE CARE UNIT	1,086	1,003	216	31
34 SURGICAL INTENSIVE CARE UNIT	713	659		34
40 SUBPROVIDER - IPF	1,026	948		40
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM			216	50
50.01 SPECIAL PROCEDURES				50.01
51 RECOVERY ROOM			144	51
51.01 OP ONCOLOGY				51.01
52.02 SUBSTANCE ABUSE				52.02
52.04 DIABETES EDUCATION				52.04
52.05 PODIATRY				52.05
52.06 INFUSION CLINIC				52.06
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC			72	54
56 RADIOISOTOPE				56
59 CARDIAC CATHETERIZATION			72	59
60 LABORATORY				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY			144	65
66 PHYSICAL THERAPY				66
66.01 WOUND CARE				66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY			72	69
70 ELECTROENCEPHALOGRAPHY				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENT				72
73 DRUGS CHARGED TO PATIENTS				73
74 RENAL DIALYSIS	500	625	72	74
76 OTHER				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OCCUPATIONAL HEALTH				90.01
91 EMERGENCY			1,062	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	10,000	9,401	2,286	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	PARAMED EDUCATION ASSIGNED TIME 23	
194 OTHER NRCC				194
194.01 SISTERS RESIDENCE				194.01
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	3,605,802	1,148,673	141,785	202
203 UNIT COST MULT-WS B PT I	360.580200	122.186257	62.023185	203
204 COST TO BE ALLOC PER B PT II	168,249	12,161	9,359	204
205 UNIT COST MULT-WS B PT II	16.824900	1.293586	4.094051	205

PROVIDER CCN: 14-0155 PROVENA ST. MARY'S HOSPITAL
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POST STEP DOWN ADJUSTMENTS

WORKSHEET B-2

----- WORKSHEET B -----
PART LINE NO. AMOUNT
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1 EXCLUDE EPO FROM RENAL FACILITY
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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	21,898,029		21,898,029	8,658	21,906,687	30
31 INTENSIVE CARE UNIT	5,296,360		5,296,360	328	5,296,688	31
34 SURGICAL INTENSIVE CARE UNI	3,298,904		3,298,904		3,298,904	34
40 SUBPROVIDER - IPF	2,346,745		2,346,745		2,346,745	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,115,559		7,115,559		7,115,559	50
50.01 SPECIAL PROCEDURES	635,155		635,155		635,155	50.01
51 RECOVERY ROOM	2,530,298		2,530,298		2,530,298	51
51.01 OP ONCOLOGY	3,888,373		3,888,373	6,519	3,894,892	51.01
52.02 SUBSTANCE ABUSE	657,490		657,490		657,490	52.02
52.04 DIABETES EDUCATION	44,611		44,611		44,611	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	557,798		557,798		557,798	52.06
53 ANESTHESIOLOGY	5,474,766		5,474,766		5,474,766	53
54 RADIOLOGY-DIAGNOSTIC	7,547,866		7,547,866		7,547,866	54
56 RADIOISOTOPE	1,313,605		1,313,605		1,313,605	56
59 CARDIAC CATHETERIZATION	1,920,920		1,920,920	5,556	1,926,476	59
60 LABORATORY	6,352,058		6,352,058	54	6,352,112	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,410,107		2,410,107	1,490	2,411,597	65
66 PHYSICAL THERAPY	1,662,614		1,662,614		1,662,614	66
66.01 WOUND CARE	825,394		825,394		825,394	66.01
67 OCCUPATIONAL THERAPY	292,219		292,219		292,219	67
68 SPEECH PATHOLOGY	219,751		219,751		219,751	68
69 ELECTROCARDIOLOGY	1,102,030		1,102,030		1,102,030	69
70 ELECTROENCEPHALOGRAPHY	158,924		158,924		158,924	70
71 MEDICAL SUPPLIES CHRGED TO	7,214,188		7,214,188		7,214,188	71
72 IMPL. DEV. CHARGED TO PATIE	6,069,005		6,069,005		6,069,005	72
73 DRUGS CHARGED TO PATIENTS	11,857,153		11,857,153		11,857,153	73
74 RENAL DIALYSIS	5,937,992		5,937,992		5,937,992	74
76 OTHER						76
76.97 CARDIAC REHABILITATION	393,127		393,127		393,127	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	2,404,707		2,404,707		2,404,707	90.01
91 EMERGENCY	7,076,559		7,076,559		7,076,559	91
92 OBSERVATION BEDS	1,496,197		1,496,197		1,496,197	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	119,998,504		119,998,504	22,605	120,021,109	200
201 LESS OBSERVATION BEDS	1,496,197		1,496,197		1,496,197	201
202 TOTAL (SEE INSTRUCTIONS)	118,502,307		118,502,307		118,524,912	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	27,617,848		27,617,848			30
31 INTENSIVE CARE UNIT	19,622,769		19,622,769			31
34 SURGICAL INTENSIVE CARE UNI	12,721,336		12,721,336			34
40 SUBPROVIDER - IPF	2,822,343		2,822,343			40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,830,726	24,304,791	37,135,517	0.191611	0.191611	0.191611 50
50.01 SPECIAL PROCEDURES	1,437,098	2,559,966	3,997,064	0.158905	0.158905	0.158905 50.01
51 RECOVERY ROOM	1,765,013	7,371,399	9,136,412	0.276947	0.276947	0.276947 51
51.01 OP ONCOLOGY		2,185,831	2,185,831	1.778899	1.778899	1.781882 51.01
52.02 SUBSTANCE ABUSE	63,400	594,522	657,922	0.999343	0.999343	0.999343 52.02
52.04 DIABETES EDUCATION	1,832,364	250,456	2,082,820	0.021419	0.021419	0.021419 52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	361,993	565,824	927,817	0.601194	0.601194	0.601194 52.06
53 ANESTHESIOLOGY	2,550,199	6,958,369	9,508,568	0.575772	0.575772	0.575772 53
54 RADIOLOGY-DIAGNOSTIC	30,238,025	69,830,470	100,068,495	0.075427	0.075427	0.075427 54
56 RADIOISOTOPE	2,770,489	6,695,992	9,466,481	0.138764	0.138764	0.138764 56
59 CARDIAC CATHETERIZATION	13,500,295	8,785,838	22,286,133	0.086194	0.086194	0.086443 59
60 LABORATORY	33,000,986	37,622,596	70,623,582	0.089942	0.089942	0.089943 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	8,552,068	3,242,093	11,794,161	0.204347	0.204347	0.204474 65
66 PHYSICAL THERAPY	1,958,064	3,735,201	5,693,265	0.292032	0.292032	0.292032 66
66.01 WOUND CARE	42,723	4,212,291	4,255,014	0.193982	0.193982	0.193982 66.01
67 OCCUPATIONAL THERAPY	681,715	718,805	1,400,520	0.208650	0.208650	0.208650 67
68 SPEECH PATHOLOGY	194,522	108,807	303,329	0.724464	0.724464	0.724464 68
69 ELECTROCARDIOLOGY	6,706,813	5,490,859	12,197,672	0.090348	0.090348	0.090348 69
70 ELECTROENCEPHALOGRAPHY	227,406	359,949	587,355	0.270576	0.270576	0.270576 70
71 MEDICAL SUPPLIES CHRGD TO	25,528,023	17,068,318	42,596,341	0.169362	0.169362	0.169362 71
72 IMPL. DEV. CHARGED TO PATIE	10,066,822	6,447,303	16,514,125	0.367504	0.367504	0.367504 72
73 DRUGS CHARGED TO PATIENTS	55,038,417	33,655,165	88,693,582	0.133687	0.133687	0.133687 73
74 RENAL DIALYSIS	1,249,605	25,673,461	26,923,066	0.220554	0.220554	0.220554 74
76 OTHER						76
76.97 CARDIAC REHABILITATION	7,266	350,890	358,156	1.097642	1.097642	1.097642 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH		1,359,110	1,359,110	1.769325	1.769325	1.769325 90.01
91 EMERGENCY	10,446,886	34,846,850	45,293,736	0.156237	0.156237	0.156237 91
92 OBSERVATION BEDS	135,884	3,864,018	3,999,902	0.374058	0.374058	0.374058 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	283,971,098	308,859,174	592,830,272			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	283,971,098	308,859,174	592,830,272			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
30 INPAT ROUTINE SERV COST CTRS							
31 ADULTS & PEDIATRICS	1,492,783		1,492,783	22,431	66.55	13,216	879,525 30
32 INTENSIVE CARE UNIT	259,207		259,207	3,629	71.43	1,975	141,074 31
33 CORONARY CARE UNIT							32
34 BURN INTENSIVE CARE UNIT							33
35 SURGICAL INTENSIVE CARE UNIT	169,445		169,445	2,352	72.04	1,186	85,439 34
40 OTHER SPECIAL CARE (SPECIFY)							35
41 SUBPROVIDER - IPF	151,882		151,882	3,291	46.15		40
42 SUBPROVIDER - IRF							41
43 SUBPROVIDER I							42
44 NURSERY				898			43
45 SKILLED NURSING FACILITY							44
200 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	2,073,317		2,073,317	32,601		16,377	1,106,038 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0155) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA		
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	1,417,260	37,135,517	0.038165	5,769,786	220,204 50
50.01	SPECIAL PROCEDURES	20,579	3,997,064	0.005149	800,030	4,119 50.01
51	RECOVERY ROOM	105,230	9,136,412	0.011518	741,377	8,539 51
51.01	OP ONCOLOGY	583,033	2,185,831	0.266733		
52.02	SUBSTANCE ABUSE	98,302	657,922	0.149413	12,099	1,808 52.02
52.04	DIABETES EDUCATION	17,786	2,082,820	0.008539	1,071,983	9,154 52.04
52.05	PODIATRY					
52.06	INFUSION CLINIC	51,511	927,817	0.055518	192,045	10,662 52.06
53	ANESTHESIOLOGY	85,757	9,508,568	0.009019	1,066,050	9,615 53
54	RADIOLOGY-DIAGNOSTIC	1,391,971	100,068,495	0.013910	15,169,935	211,014 54
56	RADIOISOTOPE	433,154	9,466,481	0.045757	1,513,656	69,260 56
59	CARDIAC CATHETERIZATION	507,200	22,286,133	0.022759	7,360,817	167,525 59
60	LABORATORY	580,647	70,623,582	0.008222	17,069,677	140,347 60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					
65	RESPIRATORY THERAPY	161,049	11,794,161	0.013655	4,696,067	64,125 65
66	PHYSICAL THERAPY	186,372	5,693,265	0.032736	1,238,645	40,548 66
66.01	WOUND CARE	27,787	4,255,014	0.006530	32,788	214 66.01
67	OCCUPATIONAL THERAPY	11,860	1,400,520	0.008468	388,867	3,293 67
68	SPEECH PATHOLOGY	5,440	303,329	0.017934	144,576	2,593 68
69	ELECTROCARDIOLOGY	238,865	12,197,672	0.019583	3,577,240	70,053 69
70	ELECTROENCEPHALOGRAPHY	19,204	587,355	0.032696	115,384	3,773 70
71	MEDICAL SUPPLIES CHRGD TO PA	29,292	42,596,341	0.000688	13,590,368	9,350 71
72	IMPL. DEV. CHARGED TO PATIENT	24,888	16,514,125	0.001507	4,629,483	6,977 72
73	DRUGS CHARGED TO PATIENTS	405,085	88,693,582	0.004567	29,824,391	136,208 73
74	RENAL DIALYSIS	414,650	26,923,066	0.015401	926,219	14,265 74
76	OTHER					
76.97	CARDIAC REHABILITATION	12,489	358,156	0.034870	3,474	121 76.97
76.98	HYPERBARIC OXYGEN THERAPY					
76.99	LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS						
90.01	OCCUPATIONAL HEALTH	201,273	1,359,110	0.148092		
91	EMERGENCY	514,883	45,293,736	0.011368	5,150,837	58,555 91
92	OBSERVATION BEDS	101,955	3,999,902	0.025489	53,839	1,372 92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					
200	TOTAL (SUM OF LINES 50-199)	7,647,522	530,045,976	530,045,976	115,139,633	1,263,694 200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		13,397			13,397	30
31 INTENSIVE CARE UNIT		13,397			13,397	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						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		26,794			26,794	200

PROVIDER CCN: 14-0155 PROVENA ST. MARY'S HOSPITAL
 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 [] 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	
30 INPAT ROUTINE SERV COST CTRS					
31 ADULTS & PEDIATRICS	22,431	0.60	13,216	7,930	30
32 INTENSIVE CARE UNIT	3,629	3.69	1,975	7,288	31
33 CORONARY CARE UNIT					32
34 BURN INTENSIVE CARE UNIT					33
35 SURGICAL INTENSIVE CARE UNIT	2,352		1,186		34
40 OTHER SPECIAL CARE (SPECIFY)					35
41 SUBPROVIDER - IPF	3,291				40
42 SUBPROVIDER - IRF					41
43 SUBPROVIDER I					42
44 NURSERY	898				43
45 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	32,601		16,377	15,218	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			13,397		13,397	13,397	50
50.01 SPECIAL PROCEDURES							50.01
51 RECOVERY ROOM			8,931		8,931	8,931	51
51.01 OP ONCOLOGY							51.01
52.02 SUBSTANCE ABUSE							52.02
52.04 DIABETES EDUCATION							52.04
52.05 PODIATRY							52.05
52.06 INFUSION CLINIC							52.06
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			4,466		4,466	4,466	54
56 RADIOISOTOPE							56
59 CARDIAC CATHETERIZATION			4,466		4,466	4,466	59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			8,931		8,931	8,931	65
66 PHYSICAL THERAPY							66
66.01 WOUND CARE							66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			4,466		4,466	4,466	69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS			4,466		4,466	4,466	74
76 OTHER							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OCCUPATIONAL HEALTH							90.01
91 EMERGENCY			65,868		65,868	65,868	91
92 OBSERVATION BEDS			916		916	916	92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)			115,907		115,907	115,907	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	37,135,517	0.000361	0.000361	5,769,786	2,083	5,185,616	1,872	50	
50.01 SPECIAL PROCEDURES	3,997,064			800,030		676,301		50.01	
51 RECOVERY ROOM	9,136,412	0.000978	0.000978	741,377	725	1,233,177	1,206	51	
51.01 OP ONCOLOGY	2,185,831					704,015		51.01	
52.02 SUBSTANCE ABUSE	657,922			12,099		12,496		52.02	
52.04 DIABETES EDUCATION	2,082,820			1,071,983		79,383		52.04	
52.05 PODIATRY								52.05	
52.06 INFUSION CLINIC	927,817			192,045		166,249		52.06	
53 ANESTHESIOLOGY	9,508,568			1,066,050		1,079,954		53	
54 RADIOLOGY-DIAGNOSTIC	100,068,495	0.000045	0.000045	15,169,935	683	13,778,864	620	54	
56 RADIOISOTOPE	9,466,481			1,513,656		2,122,562		56	
59 CARDIAC CATHETERIZATION	22,286,133	0.000200	0.000200	7,360,817	1,472	3,462,304	692	59	
60 LABORATORY	70,623,582			17,069,677		814,240		60	
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30	
65 RESPIRATORY THERAPY	11,794,161	0.000757	0.000757	4,696,067	3,555	718,531	544	65	
66 PHYSICAL THERAPY	5,693,265			1,238,645		36,909		66	
66.01 WOUND CARE	4,255,014			32,788		1,991,653		66.01	
67 OCCUPATIONAL THERAPY	1,400,520			388,867		1,989		67	
68 SPEECH PATHOLOGY	303,329			144,576		6,166		68	
69 ELECTROCARDIOLOGY	12,197,672	0.000366	0.000366	3,577,240	1,309	1,257,817	460	69	
70 ELECTROENCEPHALOGRAPHY	587,355			115,384		73,871		70	
71 MEDICAL SUPPLIES CHRGD TO P	42,596,341			13,590,368		4,117,402		71	
72 IMPL. DEV. CHARGED TO PATIEN	16,514,125			4,629,483		2,320,886		72	
73 DRUGS CHARGED TO PATIENTS	88,693,582			29,824,391		9,259,454		73	
74 RENAL DIALYSIS	26,923,066	0.000166	0.000166	926,219	154	20,067,568	3,331	74	
76 OTHER								76	
76.97 CARDIAC REHABILITATION	358,156			3,474		135,083		76.97	
76.98 HYPERBARIC OXYGEN THERAPY								76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01 OCCUPATIONAL HEALTH	1,359,110					11,463		90.01	
91 EMERGENCY	45,293,736	0.001454	0.001454	5,150,837	7,489	3,525,263	5,126	91	
92 OBSERVATION BEDS	3,999,902	0.000229	0.000229	53,839	12	1,278,567	293	92	
OTHER REIMBURSABLE COST CENTERS									
95 AMBULANCE SERVICES								95	
200 TOTAL (SUM OF LINES 50-199)	530,045,976			115,139,633	17,482	74,117,783	14,144	200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0155) [] 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	0.191611	5,185,616			993,621			50
50.01 SPECIAL PROCEDURES	0.158905	676,301			107,468			50.01
51 RECOVERY ROOM	0.276947	1,233,177			341,525			51
51.01 OP ONCOLOGY	1.778899	704,015			1,252,372			51.01
52.02 SUBSTANCE ABUSE	0.999343	12,496			12,488			52.02
52.04 DIABETES EDUCATION	0.021419	79,383			1,700			52.04
52.05 PODIATRY								52.05
52.06 INFUSION CLINIC	0.601194	166,249			99,948			52.06
53 ANESTHESIOLOGY	0.575772	1,079,954			621,807			53
54 RADIOLOGY-DIAGNOSTIC	0.075427	13,778,864			1,039,298			54
56 RADIOISOTOPE	0.138764	2,122,562			294,535			56
59 CARDIAC CATHETERIZATION	0.086194	3,462,304			298,430			59
60 LABORATORY	0.089942	814,240			73,234			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.204347	718,531			146,830			65
66 PHYSICAL THERAPY	0.292032	36,909			10,779			66
66.01 WOUND CARE	0.193982	1,991,653			386,345			66.01
67 OCCUPATIONAL THERAPY	0.208650	1,989			415			67
68 SPEECH PATHOLOGY	0.724464	6,166			4,467			68
69 ELECTROCARDIOLOGY	0.090348	1,257,817			113,641			69
70 ELECTROENCEPHALOGRAPHY	0.270576	73,871			19,988			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.169362	4,117,402			697,331			71
72 IMPL. DEV. CHARGED TO PATIENT	0.367504	2,320,886			852,935			72
73 DRUGS CHARGED TO PATIENTS	0.133687	9,259,454		129,990	1,237,869		17,378	73
74 RENAL DIALYSIS	0.220554	20,067,568			4,425,982			74
76 OTHER								76
76.97 CARDIAC REHABILITATION	1.097642	135,083			148,273			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 OCCUPATIONAL HEALTH	1.769325	11,463			20,282			90.01
91 EMERGENCY	0.156237	3,525,263			550,777			91
92 OBSERVATION BEDS	0.374058	1,278,567			478,258			92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES								95
200 SUBTOTAL (SEE INSTRUCTIONS)		74,117,783		129,990	14,230,598		17,378	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		74,117,783		129,990	14,230,598		17,378	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S155) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	1,417,260	37,135,517	0.038165	50
50.01	SPECIAL PROCEDURES	20,579	3,997,064	0.005149	50.01
51	RECOVERY ROOM	105,230	9,136,412	0.011518	51
51.01	OP ONCOLOGY	583,033	2,185,831	0.266733	51.01
52.02	SUBSTANCE ABUSE	98,302	657,922	0.149413	52.02
52.04	DIABETES EDUCATION	17,786	2,082,820	0.008539	52.04
52.05	PODIATRY				52.05
52.06	INFUSION CLINIC	51,511	927,817	0.055518	52.06
53	ANESTHESIOLOGY	85,757	9,508,568	0.009019	53
54	RADIOLOGY-DIAGNOSTIC	1,391,971	100,068,495	0.013910	54
56	RADIOISOTOPE	433,154	9,466,481	0.045757	56
59	CARDIAC CATHETERIZATION	507,200	22,286,133	0.022759	59
60	LABORATORY	580,647	70,623,582	0.008222	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	161,049	11,794,161	0.013655	65
66	PHYSICAL THERAPY	186,372	5,693,265	0.032736	66
66.01	WOUND CARE	27,787	4,255,014	0.006530	66.01
67	OCCUPATIONAL THERAPY	11,860	1,400,520	0.008468	67
68	SPEECH PATHOLOGY	5,440	303,329	0.017934	68
69	ELECTROCARDIOLOGY	238,865	12,197,672	0.019583	69
70	ELECTROENCEPHALOGRAPHY	19,204	587,355	0.032696	70
71	MEDICAL SUPPLIES CHRGD TO PA	29,292	42,596,341	0.000688	71
72	IMPL. DEV. CHARGED TO PATIENT	24,888	16,514,125	0.001507	72
73	DRUGS CHARGED TO PATIENTS	405,085	88,693,582	0.004567	73
74	RENAL DIALYSIS	414,650	26,923,066	0.015401	74
76	OTHER				76
76.97	CARDIAC REHABILITATION	12,489	358,156	0.034870	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	OCCUPATIONAL HEALTH	201,273	1,359,110	0.148092	90.01
91	EMERGENCY	514,883	45,293,736	0.011368	91
92	OBSERVATION BEDS	101,955	3,999,902	0.025489	92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-199)	7,647,522	530,045,976	530,045,976	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S155) [] 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			13,397		13,397	13,397	50
50.01 SPECIAL PROCEDURES							50.01
51 RECOVERY ROOM			8,931		8,931	8,931	51
51.01 OP ONCOLOGY							51.01
52.02 SUBSTANCE ABUSE							52.02
52.04 DIABETES EDUCATION							52.04
52.05 PODIATRY							52.05
52.06 INFUSION CLINIC							52.06
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			4,466		4,466	4,466	54
56 RADIOISOTOPE							56
59 CARDIAC CATHETERIZATION			4,466		4,466	4,466	59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			8,931		8,931	8,931	65
66 PHYSICAL THERAPY							66
66.01 WOUND CARE							66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			4,466		4,466	4,466	69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS			4,466		4,466	4,466	74
76 OTHER							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OCCUPATIONAL HEALTH							90.01
91 EMERGENCY			65,868		65,868	65,868	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)			114,991		114,991	114,991	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S155) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	37,135,517	0.000361	0.000361					50	
50.01 SPECIAL PROCEDURES	3,997,064							50.01	
51 RECOVERY ROOM	9,136,412	0.000978	0.000978					51	
51.01 OP ONCOLOGY	2,185,831							51.01	
52.02 SUBSTANCE ABUSE	657,922							52.02	
52.04 DIABETES EDUCATION	2,082,820							52.04	
52.05 PODIATRY								52.05	
52.06 INFUSION CLINIC	927,817							52.06	
53 ANESTHESIOLOGY	9,508,568							53	
54 RADIOLOGY-DIAGNOSTIC	100,068,495	0.000045	0.000045					54	
56 RADIOISOTOPE	9,466,481							56	
59 CARDIAC CATHETERIZATION	22,286,133	0.000200	0.000200					59	
60 LABORATORY	70,623,582							60	
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30	
65 RESPIRATORY THERAPY	11,794,161	0.000757	0.000757					65	
66 PHYSICAL THERAPY	5,693,265							66	
66.01 WOUND CARE	4,255,014							66.01	
67 OCCUPATIONAL THERAPY	1,400,520							67	
68 SPEECH PATHOLOGY	303,329							68	
69 ELECTROCARDIOLOGY	12,197,672	0.000366	0.000366					69	
70 ELECTROENCEPHALOGRAPHY	587,355							70	
71 MEDICAL SUPPLIES CHRGD TO P	42,596,341							71	
72 IMPL. DEV. CHARGED TO PATIEN	16,514,125							72	
73 DRUGS CHARGED TO PATIENTS	88,693,582							73	
74 RENAL DIALYSIS	26,923,066	0.000166	0.000166					74	
76 OTHER								76	
76.97 CARDIAC REHABILITATION	358,156							76.97	
76.98 HYPERBARIC OXYGEN THERAPY								76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01 OCCUPATIONAL HEALTH	1,359,110							90.01	
91 EMERGENCY	45,293,736	0.001454	0.001454					91	
92 OBSERVATION BEDS	3,999,902							92	
OTHER REIMBURSABLE COST CENTERS									
95 AMBULANCE SERVICES								95	
200 TOTAL (SUM OF LINES 50-199)	530,045,976							200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S155) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS 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	0.191611						50
50.01 SPECIAL PROCEDURES	0.158905						50.01
51 RECOVERY ROOM	0.276947						51
51.01 OP ONCOLOGY	1.778899						51.01
52.02 SUBSTANCE ABUSE	0.999343						52.02
52.04 DIABETES EDUCATION	0.021419						52.04
52.05 PODIATRY							52.05
52.06 INFUSION CLINIC	0.601194						52.06
53 ANESTHESIOLOGY	0.575772						53
54 RADIOLOGY-DIAGNOSTIC	0.075427						54
56 RADIOISOTOPE	0.138764						56
59 CARDIAC CATHETERIZATION	0.086194						59
60 LABORATORY	0.089942						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.204347						65
66 PHYSICAL THERAPY	0.292032						66
66.01 WOUND CARE	0.193982						66.01
67 OCCUPATIONAL THERAPY	0.208650						67
68 SPEECH PATHOLOGY	0.724464						68
69 ELECTROCARDIOLOGY	0.090348						69
70 ELECTROENCEPHALOGRAPHY	0.270576						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.169362						71
72 IMPL. DEV. CHARGED TO PATIENT	0.367504						72
73 DRUGS CHARGED TO PATIENTS	0.133687						73
74 RENAL DIALYSIS	0.220554						74
76 OTHER							76
76.97 CARDIAC REHABILITATION	1.097642						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OCCUPATIONAL HEALTH	1.769325						90.01
91 EMERGENCY	0.156237						91
92 OBSERVATION BEDS	0.374058						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
30 INPAT ROUTINE SERV COST CTRS							
31 ADULTS & PEDIATRICS	1,492,783		1,492,783	66.55	4,279	284,767	30
32 INTENSIVE CARE UNIT	259,207		259,207	71.43	284	20,286	31
33 CORONARY CARE UNIT							32
34 BURN INTENSIVE CARE UNIT							33
35 SURGICAL INTENSIVE CARE UNIT	169,445		169,445	72.04	194	13,976	34
40 OTHER SPECIAL CARE (SPECIFY)							35
41 SUBPROVIDER - IPF	151,882		151,882	46.15	1,014	46,796	40
42 SUBPROVIDER - IRF							41
43 SUBPROVIDER I							42
44 NURSERY			898		373		43
45 SKILLED NURSING FACILITY							44
200 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	2,073,317		2,073,317		6,144	365,825	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL
	(FROM WKST B, PT. II, COL. 26) 1	(FROM WKST C, PT. I, COL. 8) 2	(COL.1 + COL.2) 3		(COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,417,260	37,135,517	0.038165		50
50.01 SPECIAL PROCEDURES	20,579	3,997,064	0.005149		50.01
51 RECOVERY ROOM	105,230	9,136,412	0.011518		51
51.01 OP ONCOLOGY	583,033	2,185,831	0.266733		51.01
52.02 SUBSTANCE ABUSE	98,302	657,922	0.149413		52.02
52.04 DIABETES EDUCATION	17,786	2,082,820	0.008539		52.04
52.05 PODIATRY					52.05
52.06 INFUSION CLINIC	51,511	927,817	0.055518		52.06
53 ANESTHESIOLOGY	85,757	9,508,568	0.009019		53
54 RADIOLOGY-DIAGNOSTIC	1,391,971	100,068,495	0.013910		54
56 RADIOISOTOPE	433,154	9,466,481	0.045757		56
59 CARDIAC CATHETERIZATION	507,200	22,286,133	0.022759		59
60 LABORATORY	580,647	70,623,582	0.008222		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	161,049	11,794,161	0.013655		65
66 PHYSICAL THERAPY	186,372	5,693,265	0.032736		66
66.01 WOUND CARE	27,787	4,255,014	0.006530		66.01
67 OCCUPATIONAL THERAPY	11,860	1,400,520	0.008468		67
68 SPEECH PATHOLOGY	5,440	303,329	0.017934		68
69 ELECTROCARDIOLOGY	238,865	12,197,672	0.019583		69
70 ELECTROENCEPHALOGRAPHY	19,204	587,355	0.032696		70
71 MEDICAL SUPPLIES CHRGD TO PA	29,292	42,596,341	0.000688		71
72 IMPL. DEV. CHARGED TO PATIENT	24,888	16,514,125	0.001507		72
73 DRUGS CHARGED TO PATIENTS	405,085	88,693,582	0.004567		73
74 RENAL DIALYSIS	414,650	26,923,066	0.015401		74
76 OTHER					76
76.97 CARDIAC REHABILITATION	12,489	358,156	0.034870		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OCCUPATIONAL HEALTH	201,273	1,359,110	0.148092		90.01
91 EMERGENCY	514,883	45,293,736	0.011368		91
92 OBSERVATION BEDS	101,955	3,999,902	0.025489		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-199)	7,647,522	530,045,976	530,045,976		200

PROVIDER CCN: 14-0155 PROVENA ST. MARY'S HOSPITAL
 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 19:22

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		13,397			13,397	30
31 INTENSIVE CARE UNIT		13,397			13,397	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						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		26,794			26,794	200

PROVIDER CCN: 14-0155 PROVENA ST. MARY'S HOSPITAL
 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 19:22

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
30 INPAT ROUTINE SERV COST CTRS					
31 ADULTS & PEDIATRICS	22,431	0.60	4,279	2,567	30
32 INTENSIVE CARE UNIT	3,629	3.69	284	1,048	31
33 CORONARY CARE UNIT					32
34 BURN INTENSIVE CARE UNIT					33
35 SURGICAL INTENSIVE CARE UNIT	2,352		194		34
40 OTHER SPECIAL CARE (SPECIFY)					35
41 SUBPROVIDER - IPF	3,291		1,014		40
42 SUBPROVIDER - IRF					41
43 SUBPROVIDER I					42
44 NURSERY	898		373		43
45 SKILLED NURSING FACILITY					44
200 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	32,601		6,144	3,615	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			13,397		13,397	13,397	50
50.01 SPECIAL PROCEDURES							50.01
51 RECOVERY ROOM			8,931		8,931	8,931	51
51.01 OP ONCOLOGY							51.01
52.02 SUBSTANCE ABUSE							52.02
52.04 DIABETES EDUCATION							52.04
52.05 PODIATRY							52.05
52.06 INFUSION CLINIC							52.06
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			4,466		4,466	4,466	54
56 RADIOISOTOPE							56
59 CARDIAC CATHETERIZATION			4,466		4,466	4,466	59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			8,931		8,931	8,931	65
66 PHYSICAL THERAPY							66
66.01 WOUND CARE							66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			4,466		4,466	4,466	69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS			4,466		4,466	4,466	74
76 OTHER							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OCCUPATIONAL HEALTH							90.01
91 EMERGENCY			65,868		65,868	65,868	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)			114,991		114,991	114,991	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0155) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM	37,135,517	0.000361	0.000361			50
50.01						SPECIAL PROCEDURES	3,997,064					50.01
51						RECOVERY ROOM	9,136,412	0.000978	0.000978			51
51.01						OP ONCOLOGY	2,185,831					51.01
52.02						SUBSTANCE ABUSE	657,922					52.02
52.04						DIABETES EDUCATION	2,082,820					52.04
52.05						PODIATRY						52.05
52.06						INFUSION CLINIC	927,817					52.06
53						ANESTHESIOLOGY	9,508,568					53
54						RADIOLOGY-DIAGNOSTIC	100,068,495	0.000045	0.000045			54
56						RADIOISOTOPE	9,466,481					56
59						CARDIAC CATHETERIZATION	22,286,133	0.000200	0.000200			59
60						LABORATORY	70,623,582					60
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
65						RESPIRATORY THERAPY	11,794,161	0.000757	0.000757			65
66						PHYSICAL THERAPY	5,693,265					66
66.01						WOUND CARE	4,255,014					66.01
67						OCCUPATIONAL THERAPY	1,400,520					67
68						SPEECH PATHOLOGY	303,329					68
69						ELECTROCARDIOLOGY	12,197,672	0.000366	0.000366			69
70						ELECTROENCEPHALOGRAPHY	587,355					70
71						MEDICAL SUPPLIES CHRGED TO P	42,596,341					71
72						IMPL. DEV. CHARGED TO PATIEN	16,514,125					72
73						DRUGS CHARGED TO PATIENTS	88,693,582					73
74						RENAL DIALYSIS	26,923,066	0.000166	0.000166			74
76						OTHER						76
76.97						CARDIAC REHABILITATION	358,156					76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90.01						OCCUPATIONAL HEALTH	1,359,110					90.01
91						EMERGENCY	45,293,736	0.001454	0.001454			91
92						OBSERVATION BEDS	3,999,902					92
OTHER REIMBURSABLE COST CENTERS												
95						AMBULANCE SERVICES						95
200						TOTAL (SUM OF LINES 50-199)	530,045,976					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0155) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	COST REIMB.	COST REIMB.	COST	COST	COST	
	CHARGE RATIO	PPS	SVCES NOT	SVCES NOT	SVCES NOT	SVCES NOT	
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO	
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.191611						50
50.01 SPECIAL PROCEDURES	0.158905						50.01
51 RECOVERY ROOM	0.276947						51
51.01 OP ONCOLOGY	1.778899						51.01
52.02 SUBSTANCE ABUSE	0.999343						52.02
52.04 DIABETES EDUCATION	0.021419						52.04
52.05 PODIATRY							52.05
52.06 INFUSION CLINIC	0.601194						52.06
53 ANESTHESIOLOGY	0.575772						53
54 RADIOLOGY-DIAGNOSTIC	0.075427						54
56 RADIOISOTOPE	0.138764						56
59 CARDIAC CATHETERIZATION	0.086194						59
60 LABORATORY	0.089942						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.204347						65
66 PHYSICAL THERAPY	0.292032						66
66.01 WOUND CARE	0.193982						66.01
67 OCCUPATIONAL THERAPY	0.208650						67
68 SPEECH PATHOLOGY	0.724464						68
69 ELECTROCARDIOLOGY	0.090348						69
70 ELECTROENCEPHALOGRAPHY	0.270576						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.169362						71
72 IMPL. DEV. CHARGED TO PATIENT	0.367504						72
73 DRUGS CHARGED TO PATIENTS	0.133687						73
74 RENAL DIALYSIS	0.220554						74
76 OTHER							76
76.97 CARDIAC REHABILITATION	1.097642						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OCCUPATIONAL HEALTH	1.769325						90.01
91 EMERGENCY	0.156237						91
92 OBSERVATION BEDS	0.374058						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0155) [] 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)	22,431	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	22,431	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,431	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)	13,216	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)	21,906,687	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	21,906,687	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	30,440,192	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30,440,192	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.719663	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)	1,357.06	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)	21,906,687	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0155) [] 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) 976.63 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 12,907,142 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) 12,907,142 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	5,296,688	3,629	1,459.54	1,975	2,882,592	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT	3,298,904	2,352	1,402.60	1,186	1,663,484	46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					16,619,932	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					34,073,150	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,121,256 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,281,176 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,402,432 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 31,670,718 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) 1,532 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 976.63 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,496,197 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	1,492,783	21,906,687	0.068143	1,496,197	101,955	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	13,397	21,906,687	0.000612	1,496,197	916	92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S155) [] 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)	3,291	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,291	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,291	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)		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)	2,346,745	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	2,346,745	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	2,346,745	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S155) [] 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)	713.08 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
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 INSTRUC (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

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0155) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] 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)	22,431	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	22,431	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,431	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)	4,279	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)	898	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	373	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)	21,898,029	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	21,898,029	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	30,440,192	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30,440,192	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.719379	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)	1,357.06	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)	21,898,029	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0155) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] 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) 976.24 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,177,331 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) 4,177,331 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)		898		373		42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	5,296,360	3,629	1,459.45	284	414,484	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT	3,298,904	2,352	1,402.60	194	272,104	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)					4,863,919	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 322,644 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 322,644 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) 1,532 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] 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		15,040,051			30
31 INTENSIVE CARE UNIT		11,680,118			31
34 SURGICAL INTENSIVE CARE UNIT		7,498,649			34
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.191611	5,769,786	1,105,554		50
50.01 SPECIAL PROCEDURES	0.158905	800,030	127,129		50.01
51 RECOVERY ROOM	0.276947	741,377	205,322		51
51.01 OP ONCOLOGY	1.781882				51.01
52.02 SUBSTANCE ABUSE	0.999343	12,099	12,091		52.02
52.04 DIABETES EDUCATION	0.021419	1,071,983	22,961		52.04
52.05 PODIATRY					52.05
52.06 INFUSION CLINIC	0.601194	192,045	115,456		52.06
53 ANESTHESIOLOGY	0.575772	1,066,050	613,802		53
54 RADIOLOGY-DIAGNOSTIC	0.075427	15,169,935	1,144,223		54
56 RADIOISOTOPE	0.138764	1,513,656	210,041		56
59 CARDIAC CATHETERIZATION	0.086443	7,360,817	636,291		59
60 LABORATORY	0.089943	17,069,677	1,535,298		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.204474	4,696,067	960,224		65
66 PHYSICAL THERAPY	0.292032	1,238,645	361,724		66
66.01 WOUND CARE	0.193982	32,788	6,360		66.01
67 OCCUPATIONAL THERAPY	0.208650	388,867	81,137		67
68 SPEECH PATHOLOGY	0.724464	144,576	104,740		68
69 ELECTROCARDIOLOGY	0.090348	3,577,240	323,196		69
70 ELECTROENCEPHALOGRAPHY	0.270576	115,384	31,220		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.169362	13,590,368	2,301,692		71
72 IMPL. DEV. CHARGED TO PATIENT	0.367504	4,629,483	1,701,354		72
73 DRUGS CHARGED TO PATIENTS	0.133687	29,824,391	3,987,133		73
74 RENAL DIALYSIS	0.220554	926,219	204,281		74
76 OTHER					76
76.97 CARDIAC REHABILITATION	1.097642	3,474	3,813		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OCCUPATIONAL HEALTH	1.769325				90.01
91 EMERGENCY	0.156237	5,150,837	804,751		91
92 OBSERVATION BEDS	0.374058	53,839	20,139		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		115,139,633	16,619,932		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		115,139,633			202

PROVIDER CCN: 14-0155 PROVENA ST. MARY'S HOSPITAL
 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 19:22

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S155) [] 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		
			COL.1	COL.2	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
34 SURGICAL INTENSIVE CARE UNIT					34
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.191611				50
50.01 SPECIAL PROCEDURES	0.158905				50.01
51 RECOVERY ROOM	0.276947				51
51.01 OP ONCOLOGY	1.781882				51.01
52.02 SUBSTANCE ABUSE	0.999343				52.02
52.04 DIABETES EDUCATION	0.021419				52.04
52.05 PODIATRY					52.05
52.06 INFUSION CLINIC	0.601194				52.06
53 ANESTHESIOLOGY	0.575772				53
54 RADIOLOGY-DIAGNOSTIC	0.075427				54
56 RADIOISOTOPE	0.138764				56
59 CARDIAC CATHETERIZATION	0.086443				59
60 LABORATORY	0.089943				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.204474				65
66 PHYSICAL THERAPY	0.292032				66
66.01 WOUND CARE	0.193982				66.01
67 OCCUPATIONAL THERAPY	0.208650				67
68 SPEECH PATHOLOGY	0.724464				68
69 ELECTROCARDIOLOGY	0.090348				69
70 ELECTROENCEPHALOGRAPHY	0.270576				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.169362				71
72 IMPL. DEV. CHARGED TO PATIENT	0.367504				72
73 DRUGS CHARGED TO PATIENTS	0.133687				73
74 RENAL DIALYSIS	0.220554				74
76 OTHER					76
76.97 CARDIAC REHABILITATION	1.097642				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OCCUPATIONAL HEALTH	1.769325				90.01
91 EMERGENCY	0.156237				91
92 OBSERVATION BEDS	0.374058				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
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 (14-0155) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] 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		
			COL.1	COL.2	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
34 SURGICAL INTENSIVE CARE UNIT					34
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.191611				50
50.01 SPECIAL PROCEDURES	0.158905				50.01
51 RECOVERY ROOM	0.276947				51
51.01 OP ONCOLOGY	1.778899				51.01
52.02 SUBSTANCE ABUSE	0.999343				52.02
52.04 DIABETES EDUCATION	0.021419				52.04
52.05 PODIATRY					52.05
52.06 INFUSION CLINIC	0.601194				52.06
53 ANESTHESIOLOGY	0.575772				53
54 RADIOLOGY-DIAGNOSTIC	0.075427				54
56 RADIOISOTOPE	0.138764				56
59 CARDIAC CATHETERIZATION	0.086194				59
60 LABORATORY	0.089942				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.204347				65
66 PHYSICAL THERAPY	0.292032				66
66.01 WOUND CARE	0.193982				66.01
67 OCCUPATIONAL THERAPY	0.208650				67
68 SPEECH PATHOLOGY	0.724464				68
69 ELECTROCARDIOLOGY	0.090348				69
70 ELECTROENCEPHALOGRAPHY	0.270576				70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.169362				71
72 IMPL. DEV. CHARGED TO PATIENT	0.367504				72
73 DRUGS CHARGED TO PATIENTS	0.133687				73
74 RENAL DIALYSIS	0.220554				74
76 OTHER					76
76.97 CARDIAC REHABILITATION	1.097642				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OCCUPATIONAL HEALTH	1.769325				90.01
91 EMERGENCY	0.156237				91
92 OBSERVATION BEDS	0.374058				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0155)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	23,285,383	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	799,996	2
3	MANAGED CARE SIMULATED PAYMENTS	871,796	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	177.80	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)	0.0734	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2271	31
32	SUM OF LINES 30 AND 31	0.3005	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1203	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,801,232	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)	26,886,611	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)	26,886,611	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	2,109,009	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 (14-0155)
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	15,218	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	17,482	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	29,028,320	59
60	PRIMARY PAYER PAYMENTS	23,542	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	29,004,778	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,452,372	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	115,181	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	744,095	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	520,867	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	573,429	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	26,958,092	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)	26,958,092	71
72	INTERIM PAYMENTS	26,865,331	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	92,761	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	355,455	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S155) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0155) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		26,828,584		8,214,252	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 07/22/2011	36,747	07/22/2011	14,489	3.01
PROGRAM .02					3.02
TO .03					3.03
PROVIDER .04					3.04
TO .05					3.05
PROVIDER .06					3.06
TO .07					3.07
PROVIDER .08					3.08
TO .09					3.09
PROVIDER .50		NONE		NONE	3.50
TO .51					3.51
PROVIDER .52					3.52
TO .53					3.53
PROGRAM .54					3.54
.55					3.55
.56					3.56
.57					3.57
.58					3.58
.59					3.59
.99					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		36,747		14,489	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		26,865,331		8,228,741	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
TO .02					5.02
PROVIDER .03					5.03
TO .04					5.04
PROVIDER .05					5.05
TO .06					5.06
PROVIDER .07					5.07
TO .08					5.08
PROVIDER .09					5.09
TO .50					5.50
PROVIDER .51		NONE		NONE	5.51
TO .52					5.52
PROGRAM .53					5.53
.54					5.54
.55					5.55
.56					5.56
.57					5.57
.58					5.58
.59					5.59
.99					5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01	92,761		300,223	6.01
TO .02					6.02
PROVIDER .03					6.03
TO .04					6.04
PROVIDER .05					6.05
TO .06					6.06
PROVIDER .07					6.07
TO .08					6.08
PROVIDER .09					6.09
TO .50					6.50
PROVIDER .51					6.51
TO .52					6.52
PROGRAM .53					6.53
.54					6.54
.55					6.55
.56					6.56
.57					6.57
.58					6.58
.59					6.59
.99					6.99
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		26,958,092		8,528,964	7
8 NAME OF CONTRACTOR:	CONTRACTOR NUMBER:		DATE:		

PROVIDER CCN: 14-0155 PROVENA ST. MARY'S HOSPITAL
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 19:22

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0155) [] CAH
APPLICABLE BOX

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	7,036 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	16,377 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	586 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	26,880 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	592,830,272 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	15,601,177 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S155)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)		1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9.016438	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150^{-1}\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)		12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)		16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)		18
19	DEDUCTIBLES		19
20	SUBTOTAL (LINE 18 MINUS LINE 19)		20
21	COINSURANCE		21
22	SUBTOTAL (LINE 20 MINUS LINE 21)		22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)		26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)		31
32	INTERIM PAYMENTS		32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)		34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] SNF [] PPS
APPLICABLE [XX] 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	4,863,919 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4,863,919 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	4,863,919 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))	4,863,919 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	6,248,827			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	24,583,725			4
5 OTHER RECEIVABLES	1,229,583			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	3,209,812			7
8 PREPAID EXPENSES	2,573,772			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS	68,725			10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	37,914,444			11
FIXED ASSETS				
12 LAND	5,113,245			12
13 LAND IMPROVEMENTS	1,933,152			13
14 ACCUMULATED DEPRECIATION	-1,631,323			14
15 BUILDINGS	85,070,827			15
16 ACCUMULATED DEPRECIATION	-49,716,280			16
17 LEASEHOLD IMPROVEMENTS				17
18 ACCUMULATED AMORTIZATION				18
19 FIXED EQUIPMENT	41,911,728			19
20 ACCUMULATED DEPRECIATION	-25,493,357			20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT				23
24 ACCUMULATED DEPRECIATION				24
25 MINOR EQUIPMENT DEPRECIABLE				25
26 ACCUMULATED DEPRECIATION				26
27 HIT DESIGNATED ASSETS				27
28 ACCUMULATED DEPRECIATION				28
29 MINOR EQUIPMENT-NONDEPRECIABLE				29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	57,187,992			30
OTHER ASSETS				
31 INVESTMENTS				31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	2,001,524			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	2,001,524			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	97,103,960			36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	5,577,517			37
38 SALARIES, WAGES & FEES PAYABLE				38
39 PAYROLL TAXES PAYABLE	3,645,114			39
40 NOTES & LOANS PAYABLE (SHORT TERM)				40
41 DEFERRED INCOME	4,079,715			41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS	8,486,196			43
44 OTHER CURRENT LIABILITIES	2,489,761			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	24,278,303			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	3,739,324			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	3,739,324			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	28,017,627			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	69,086,333			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)	69,086,333			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	97,103,960			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		68,020,531							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		2,082,700							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		70,103,231							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTRIBUTIONS									5
6 INVESTMENT INCOME									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		70,103,231							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 ASSETS RELEASED FOR OPERATIO	1,016,898								13
14									14
15 TRANSFER PROVENA IMAGING REC									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		1,016,898							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		69,086,333							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	27,854,030		27,854,030	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)	27,854,030		27,854,030	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	19,634,151		19,634,151	11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT	12,724,522		12,724,522	14
16 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	32,358,673		32,358,673	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	60,212,703		60,212,703	17
18 ANCILLARY SERVICES	223,751,182		223,751,182	18
19 OUTPATIENT SERVICES		317,662,406	317,662,406	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	283,963,885	317,662,406	601,626,291	28

PART II - OPERATING EXPENSES

29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)	1		2	29
30 ADD (SPECIFY)			142,673,755	30
31 BAD DEBTS				31
32				32
33				33
34				34
35				35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)				36
37 DEDUCT (SPECIFY)				37
38 ROUNDING		-1		38
39				39
40				40
41				41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-1		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)			142,673,754	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	601,626,291	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	457,857,491	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	143,768,800	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	142,673,754	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	1,095,046	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	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	946,897	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (ASSETS RELEASED FROM RESTRICTIONS)	64,597	24
24.01	OTHER (UNRESTRICTED CONTRIBUTIONS)	7,607	24.01
24.02	OTHER (OTHER OPERATING REVENUE)	782,958	24.02
24.03	OTHER (MISC)	-40,426	24.03
24.04	OTHER (NON OPERATING REVENUE)	507,897	24.04
24.05	OTHER (IMPAIRMENTS)	-1,281,876	24.05
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	987,654	25
26	TOTAL (LINE 5 PLUS LINE 25)	2,082,700	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	2,082,700	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2318

WORKSHEET I-1

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

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	1,012,969	HOURS OF SERVICE	42,360.00	20.37	1
2 LICENSED PRACTICAL NURSES	120,525	HOURS OF SERVICE	6,930.00	3.33	2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	196,344	HOURS OF SERVICE	13,477.00	6.48	4
5 SOCIAL WORKERS	109,670	HOURS OF SERVICE	4,078.00	1.96	5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	246,827	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	1,686,335				9
10 EMPLOYEE BENEFITS		SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	45,205	REQUISITIONS			14
15 DRUGS	1,508,772	REQUISITIONS			15
16 OTHER	932,233	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	4,172,545				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	143,037	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	115,227	PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS	576,991	SALARY			20
21 ADMINISTRATIVE AND GENERAL	1,326,536	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	604,920	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS	4,466				23
24 CENTRAL SERVICES & SUPPLIES	78,442	REQUISITIONS			24
25 PHARMACY	-1,508,772	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	424,600	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	5,937,992				27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER		CHARGES			30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	5,937,992				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2318

WORKSHEET I-2

CHECK APPLICABLE BOX:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE RNs	SALARY OTHER	EMPLOYEE BENEFITS	DRUGS	
	BUILDING 1	EQUIPMENT 2					
1 TOTAL RENAL DEPT COSTS MAINTENANCE	747,957	115,227	1,012,969	426,539	576,991		1
2 HEMODIALYSIS	411,896	63,453	557,826	234,889	320,550		2
3 INTERMITTENT PERITONEAL TRAINING							3
4 HEMODIALYSIS							4
5 INTERMITTENT PERITONEAL							5
6 CAPD	2,750	423	3,707	1,568			6
7 CCPD	1,347	207	1,817	767			7
8 HOME HEMODIALYSIS							8
9 INTERMITTENT PERITONEAL							9
10 CAPD	56,693	8,737	76,810	32,334	48,083		10
11 CCPD	246,812	38,021	334,261	140,745	192,330		11
OTHER BILLABLE SERVICES							
12 INPATIENT DIALYSIS	28,459	4,386	38,548	16,236	16,028		12
13 METHOD II HOME PATIENT							13
14 EPO (INCL IN RENAL DEPT)						1,508,772	14
15 ARANESP (INCL IN RENAL DEPT)							15
16 OTHER							16
17 TOTAL (SUM OF LINES 2-16)	747,957	115,227	1,012,969	426,539	576,991		17
18 MEDICAL EDUC PGM COSTS							18
19 TOTAL RENAL COSTS (LINES 17+18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2318

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	123,647		3,003,330	2,930,196	5,933,526	1
2 HEMODIALYSIS	68,089		1,656,703	1,616,361	3,273,064	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	454		8,902	8,685	17,587	6
7 CCPD	222		4,360	4,254	8,614	7
HOME						
8 HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD	9,375		232,032	226,382	458,414	10
11 CCPD	40,800		992,969	968,789	1,961,758	11
OTHER BILLABLE SERVICES						
12 INPATIENT DIALYSIS	4,707		108,364	105,725	214,089	12
13 METHOD II HOME PATIENT						13
14 EPO (INCL IN RENAL DEPT)						14
15 ARANESP (INCL IN RENAL DEPT)						15
16 OTHER						16
17 TOTAL (SUM OF LINES 2-16)	123,647		3,003,330	2,930,196	5,933,526	17
18 MEDICAL EDUC PGM COSTS					4,466	18
19 TOTAL RENAL COSTS (LINES 17+18)					5,937,992	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2318

WORKSHEET I-3

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
		BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	
		(SQUARE	(% OF	(HOURS)	(HOURS)	(SALARY)	
		FEET)	TIME)				
		1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS MAINTENANCE	747,957	115,227	1,012,969	426,539	576,991	1
2	HEMODIALYSIS	7,338	14,409.00	23,327.00	13,483.00	20	2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD	49	96.00	155.00	90.00		6
7	CCPD	24	47.00	76.00	44.00		7
8	HOME HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD	1,010	1,984.00	3,212.00	1,856.00	3	10
11	CCPD	4,397	8,634.00	13,978.00	8,079.00	12	11
12	OTHER BILLABLE SERVICES						
13	INPT DIAL TRTMNTS 996	507	996.00	1,612.00	932.00	1	13
14	METHOD II HOME PATIENT EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	13,325	26,166.00	42,360.00	24,484.00	36	17
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	56.131857	4.403692	23.913338	17.421132	16,027.527778	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2318

WORKSHEET I-3
 (CONTINUED)

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

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1 TOTAL RENAL DEPT COSTS MAINTENANCE		123,647		3,003,330	2,930,196	1
2 HEMODIALYSIS	830,845	551,657	440,541			2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	5,536	3,675	2,935			6
7 CCPD	2,710	1,799	1,437			7
HOME						
8 HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD	114,401	75,959	60,659			10
11 CCPD	497,850	330,558	263,976			11
OTHER BILLABLE SERVICES						
12 INPT DIAL TRTMNTS 996		38,132	30,452			12
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	1,451,342	1,001,780	800,000		3,003,330	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)		0.123427			0.975649	18

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS COMPONENT NO: 14-2318 WORKSHEET I-4

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

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST I-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES (COL. 4 x COL. 3) 5	TOTAL PROGRAM PAYMENT 6	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	
1 MAINTENANCE - HEMODIALYSIS	14,409	3,273,064	227.15	13,508	3,068,342	3,405,288	252.09	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	96	17,587	183.20	65	11,908	23,511	361.71	5
6 TRAINING - CCPD	47	8,614	183.28	35	6,415	13,001	371.46	6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	1,984	458,414	231.06	1,485	343,124	173,606	116.91	9
10 HOME PROGRAM - CCPD	8,634	1,961,758	227.21	6,454	1,466,413	724,859	112.31	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 7)	14,552	5,719,437		13,608	4,896,202	4,340,265		11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2318

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	4,896,202	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 6, LINE 11)	4,340,265	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	2,293	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	867,595	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES		5
6			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 AND 4 LESS LINE 5)	869,888	8
9	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80 PERCENT)	3,470,378	9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 8 AND 9) (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 11)	555,936	10
11	REIMBURSABLE BAD DEBTS (LESSER OF LINE 10 OR LINE 5) (TRANSFER TO WKST E, PART B, LINE 33)		11

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-015) [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	1,890,482	1
2	CAPITAL DRG OUTLIER PAYMENTS	99,994	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	73.64	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0734	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2271	8
9	SUM OF LINES 7 AND 8	0.3005	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0627	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	118,533	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	2,109,009	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-	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST &	TOTAL
	NARY CAP- REL COSTS 0			POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 BIO MED					7.01
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
14.01 STERILE PROCESSING					14.01
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
34 SURGICAL INTENSIVE CARE UNIT					34
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 SPECIAL PROCEDURES					50.01
51 RECOVERY ROOM					51
51.01 OP ONCOLOGY					51.01
52.02 SUBSTANCE ABUSE					52.02
52.04 DIABETES EDUCATION					52.04
52.05 PODIATRY					52.05
52.06 INFUSION CLINIC					52.06
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
56 RADIOISOTOPE					56
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
66.01 WOUND CARE					66.01
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 OTHER					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OCCUPATIONAL HEALTH					90.01
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
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

PROVIDER CCN: 14-0155 PROVENA ST. MARY'S HOSPITAL
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2011.10
05/30/2012 19:22

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) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194 OTHER NRCC						194
194.01 SISTERS RESIDENCE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	58.92		19.08				78.00 30
31 INTENSIVE CARE UNIT	54.42		7.83				62.25 31
34 SURGICAL INTENSIVE CARE UNIT	50.43		8.25				58.68 34
43 NURSERY			41.54				41.54 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	15.54	13.96					29.50 50
50.01 SPECIAL PROCEDURES	20.02	16.92					36.94 50.01
51 RECOVERY ROOM	8.11	13.50					21.61 51
51.01 OP ONCOLOGY		32.21					32.21 51.01
52.02 SUBSTANCE ABUSE	1.84	1.90					3.74 52.02
52.04 DIABETES EDUCATION	51.47	3.81					55.28 52.04
52.06 INFUSION CLINIC	20.70	17.92					38.62 52.06
53 ANESTHESIOLOGY	11.21	11.36					22.57 53
54 RADIOLOGY-DIAGNOSTIC	15.16	13.77					28.93 54
56 RADIOISOTOPE	15.99	22.42					38.41 56
59 CARDIAC CATHETERIZATION	33.03	15.54					48.57 59
60 LABORATORY	24.17	1.15					25.32 60
65 RESPIRATORY THERAPY	39.82	6.09					45.91 65
66 PHYSICAL THERAPY	21.76	0.65					22.41 66
66.01 WOUND CARE	0.77	46.81					47.58 66.01
67 OCCUPATIONAL THERAPY	27.77	0.14					27.91 67
68 SPEECH PATHOLOGY	47.66	2.03					49.69 68
69 ELECTROCARDIOLOGY	29.33	10.31					39.64 69
70 ELECTROENCEPHALOGRAPHY	19.64	12.58					32.22 70
71 MEDICAL SUPPLIES CHRGED TO PATI	31.91	9.67					41.58 71
72 IMPL. DEV. CHARGED TO PATIENT	28.03	14.05					42.08 72
73 DRUGS CHARGED TO PATIENTS	33.63	10.59					44.22 73
74 RENAL DIALYSIS	3.44	74.54					77.98 74
76.97 CARDIAC REHABILITATION	0.97	37.72					38.69 76.97
90.01 OCCUPATIONAL HEALTH		0.84					0.84 90.01
91 EMERGENCY	11.37	7.78					19.15 91
92 OBSERVATION BEDS	1.35	31.96					33.31 92
200 TOTAL CHARGES	21.72	14.01					35.73 200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	4,311,300	3.46	-4,311,300	-7.02		1
2	CAP REL COSTS-MVBLE EQUIP	5,445,362	4.37	-5,445,362	-8.86		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	13,810,342	11.07	-13,810,342	-22.48		4
5	ADMINISTRATIVE & GENERAL	24,158,737	19.37	-24,158,737	-39.33		5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	3,373,726	2.70	-3,373,726	-5.49		7
7.01	BIO MED	1,547,525	1.24	-1,547,525	-2.52		7.01
8	LAUNDRY & LINEN SERVICE	386,607	0.31	-386,607	-0.63		8
9	HOUSEKEEPING	1,138,704	0.91	-1,138,704	-1.85		9
10	DIETARY	886,397	0.71	-886,397	-1.44		10
11	CAFETERIA	492,889	0.40	-492,889	-0.80		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	843,806	0.68	-843,806	-1.37		13
14	CENTRAL SERVICES & SUPPLY	369,384	0.30	-369,384	-0.60		14
14.01	STERILE PROCESSING	373,657	0.30	-373,657	-0.61		14.01
15	PHARMACY	1,631,227	1.31	-1,631,227	-2.66		15
16	MEDICAL RECORDS & LIBRARY	1,956,715	1.57	-1,956,715	-3.19		16
17	SOCIAL SERVICE	662,263	0.53	-662,263	-1.08		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP						21
22	I&R SRVCES-OTHER PRGM COSTS APP						22
23	PARAMED ED PRGM-(SPECIFY)	43,120	0.03	-43,120	-0.07		23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	7,520,315	6.03	14,377,714	23.40	21,898,029	17.56
31	INTENSIVE CARE UNIT	2,395,855	1.92	2,900,505	4.72	5,296,360	4.25
34	SURGICAL INTENSIVE CARE UNIT	1,430,723	1.15	1,868,181	3.04	3,298,904	2.64
40	SUBPROVIDER - IPF	1,010,099	0.81	1,336,646	2.18	2,346,745	1.88
43	NURSERY						43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,525,298	2.02	4,590,261	7.47	7,115,559	5.70
50.01	SPECIAL PROCEDURES	338,983	0.27	296,172	0.48	635,155	0.51
51	RECOVERY ROOM	1,269,749	1.02	1,260,549	2.05	2,530,298	2.03
51.01	OP ONCOLOGY	1,685,259	1.35	2,203,114	3.59	3,888,373	3.12
52.02	SUBSTANCE ABUSE	276,140	0.22	381,350	0.62	657,490	0.53
52.04	DIABETES EDUCATION	3,526		41,085	0.07	44,611	0.04
52.05	PODIATRY						52.05
52.06	INFUSION CLINIC	247,302	0.20	310,496	0.51	557,798	0.45
53	ANESTHESIOLOGY	4,145,485	3.32	1,329,281	2.16	5,474,766	4.39
54	RADIOLOGY-DIAGNOSTIC	3,202,030	2.57	4,345,836	7.07	7,547,866	6.05
56	RADIOISOTOPE	472,104	0.38	841,501	1.37	1,313,605	1.05
59	CARDIAC CATHETERIZATION	645,336	0.52	1,275,584	2.08	1,920,920	1.54
60	LABORATORY	4,221,648	3.38	2,130,410	3.47	6,352,058	5.09
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,345,295	1.08	1,064,812	1.73	2,410,107	1.93
66	PHYSICAL THERAPY	773,486	0.62	889,128	1.45	1,662,614	1.33
66.01	WOUND CARE	496,341	0.40	329,053	0.54	825,394	0.66
67	OCCUPATIONAL THERAPY	164,112	0.13	128,107	0.21	292,219	0.23
68	SPEECH PATHOLOGY	126,898	0.10	92,853	0.15	219,751	0.18
69	ELECTROCARDIOLOGY	352,361	0.28	749,669	1.22	1,102,030	0.88
70	ELECTROENCEPHALOGRAPHY	89,230	0.07	69,694	0.11	158,924	0.13
71	MEDICAL SUPPLIES CHRGD TO PATI	5,693,443	4.56	1,520,745	2.48	7,214,188	5.78
72	IMPL. DEV. CHARGED TO PATIENT	4,788,431	3.84	1,280,574	2.08	6,069,005	4.87
73	DRUGS CHARGED TO PATIENTS	7,152,303	5.73	4,704,850	7.66	11,857,153	9.51
74	RENAL DIALYSIS	4,172,545	3.35	3,274,219	5.33	7,446,764	5.97
76	OTHER						76
76.97	CARDIAC REHABILITATION	99,223	0.08	293,904	0.48	393,127	0.32
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90.01	OCCUPATIONAL HEALTH	1,270,723	1.02	1,133,984	1.85	2,404,707	1.93
91	EMERGENCY	3,237,624	2.60	3,838,935	6.25	7,076,559	5.67
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
OUTPATIENT SERVICE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	38,634	0.03	31,963	0.05	70,597	0.06
194	OTHER NRCC	2,111,761	1.69	2,205,713	3.59	4,317,474	3.46
194.01	SISTERS RESIDENCE			334,873	0.55	334,873	0.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL	124,734,023	100.00			124,734,023	100.00

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,417,260	37,135,517	0.038165	5,769,786	220,204	50
50.01 SPECIAL PROCEDURES	20,579	3,997,064	0.005149	800,030	4,119	50.01
51 RECOVERY ROOM	105,230	9,136,412	0.011518	741,377	8,539	51
51.01 OP ONCOLOGY	583,033	2,185,831	0.266733			51.01
52.02 SUBSTANCE ABUSE	98,302	657,922	0.149413	12,099	1,808	52.02
52.04 DIABETES EDUCATION	17,786	2,082,820	0.008539	1,071,983	9,154	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	51,511	927,817	0.055518	192,045	10,662	52.06
53 ANESTHESIOLOGY	85,757	9,508,568	0.009019	1,066,050	9,615	53
54 RADIOLOGY-DIAGNOSTIC	1,391,971	100,068,495	0.013910	15,169,935	211,014	54
56 RADIOISOTOPE	433,154	9,466,481	0.045757	1,513,656	69,260	56
59 CARDIAC CATHETERIZATION	507,200	22,286,133	0.022759	7,360,817	167,525	59
60 LABORATORY	580,647	70,623,582	0.008222	17,069,677	140,347	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	161,049	11,794,161	0.013655	4,696,067	64,125	65
66 PHYSICAL THERAPY	186,372	5,693,265	0.032736	1,238,645	40,548	66
66.01 WOUND CARE	27,787	4,255,014	0.006530	32,788	214	66.01
67 OCCUPATIONAL THERAPY	11,860	1,400,520	0.008468	388,867	3,293	67
68 SPEECH PATHOLOGY	5,440	303,329	0.017934	144,576	2,593	68
69 ELECTROCARDIOLOGY	238,865	12,197,672	0.019583	3,577,240	70,053	69
70 ELECTROENCEPHALOGRAPHY	19,204	587,355	0.032696	115,384	3,773	70
71 MEDICAL SUPPLIES CHRGD TO PATI	29,292	42,596,341	0.000688	13,590,368	9,350	71
72 IMPL. DEV. CHARGED TO PATIENT	24,888	16,514,125	0.001507	4,629,483	6,977	72
73 DRUGS CHARGED TO PATIENTS	405,085	88,693,582	0.004567	29,824,391	136,208	73
74 RENAL DIALYSIS	414,650	26,923,066	0.015401	926,219	14,265	74
76 OTHER						76
76.97 CARDIAC REHABILITATION	12,489	358,156	0.034870	3,474	121	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	201,273	1,359,110	0.148092			90.01
91 EMERGENCY	514,883	45,293,736	0.011368	5,150,837	58,555	91
92 OBSERVATION BEDS	101,955	3,999,902	0.025489	53,839	1,372	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL	7,647,522	530,045,976		115,139,633	1,263,694	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			INPATIENT
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	COST	4	5	DAYS	COSTS
			3			6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	1,492,783		1,492,783	22,431	66.55	13,216	879,525 30
31 INTENSIVE CARE UNIT	259,207		259,207	3,629	71.43	1,975	141,074 31
34 SURGICAL INTENSIVE CARE UNIT	169,445		169,445	2,352	72.04	1,186	85,439 34
200 TOTAL	1,921,435		1,921,435	28,412		16,377	1,106,038 200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,106,038
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,263,694
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,369,732
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)	3,303
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)	16,377
PER DISCHARGE CAPITAL COSTS	717.45
PER DIEM CAPITAL COSTS	144.70

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	31,670,718
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	149,358,451
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.212

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	2,369,732
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.016

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01 & 2.02 x (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	9,391,792
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	52,013,498
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.181