

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: 02-27-2012 TIME: 10:19  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PROVENA MERCY CENTER (14-0174) (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		271,312	-5,432		1
2 SUBPROVIDER - IPF		124,019			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		395,331	-5,432		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: 1325 NORTH HIGHLAND AVENUE  
 2 CITY: AURORA

STATE: IL

P.O. BOX:  
 ZIP CODE: 60506

COUNTY: KANE

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	14-0174	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	14-S174	16974	4	07/01/1985	N	P	O	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								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2011			TO: 12/31/2011				20
21	TYPE OF CONTROL			1					21

INPATIENT PPS INFORMATION

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

	IN-STATE MEDICAID PAID DAYS 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 IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	3,248	5,432		14	513	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

	V 1	XVIII 2	XIX 3	
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL			
46	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N 45
47	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
48	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N 47
49	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	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 21248? IF YES, COMPLETE WORKSHEET D-5.			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
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)	N		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
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

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

ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2  
 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY  
 CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-  
 PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY  
 CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5  
 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE  
 INSTRUCTIONS)

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

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5			
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>							
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			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	71		
<b>INPATIENT REHABILITATION FACILITY PPS</b>							
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	75		
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				76		
<b>LONG TERM CARE HOSPITAL PPS</b>							
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	80		
<b>TEFRA PROVIDERS</b>							
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N	85		
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N	86		
<b>TITLE V AND XIX INPATIENT SERVICES</b>							
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 2 N Y	XIX 90		
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 91		
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	92		
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 93		
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 94		
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95		
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 96		
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97		
<b>RURAL PROVIDERS</b>							
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 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	SPEECH N	RESPI- 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
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	8,000,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

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

141	NAME: PROVENA HEALTH	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 00131	141
142	STREET: 9223 W. ST FRANCIS ROAD	P.O. BOX:		142
143	CITY: FRANKFORT	STATE: IL	ZIP CODE: 60423	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

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

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

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(m)? 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

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
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	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	05/31/2012	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
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			Y	15	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.				
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
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	01/31/2012	Y	01/31/2012
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	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200					
2	NON-PHYSICIAN ANESTHETIST PART A					28.66	1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A						3
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4
5	PHYSICIAN-PART B	388,152		388,152	4,553.00	85.25	4.01
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					6
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7
8	HOME OFFICE PERSONNEL						7.01
9	SNF	44					8
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)						9
	OTHER WAGES & RELATED COSTS	5,889,168	-436,803	5,452,365	183,020.00	29.79	10
11	CONTRACT LABOR (SEE INSTRUCTIONS)	3,147,239		3,147,239	81,449.00	38.64	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A	433,129		433,129	3,510.14	123.39	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS	7,528,191		7,528,191	138,860.00	54.21	14
15	HOME OFFICE: PHYSICIAN-PART A						15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)	15,009,407		15,009,407			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS	1,706,816		1,706,816			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A						22
23	PHYSICIAN PART B	92,721		92,721			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS	628,211	-601,231	26,980	728.00	37.06	26
27	ADMINISTRATIVE & GENERAL	7,262,524	-989,808	6,272,716	219,394.00	28.59	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)	78,999		78,999	726.00	108.81	28
29	MAINTENANCE & REPAIRS	550,567		550,567	20,223.00	27.22	29
30	OPERATION OF PLANT	1,022,709		1,022,709	42,055.00	24.32	30
31	LAUNDRY & LINEN SERVICE	47,360		47,360	3,390.00	13.97	31
32	HOUSEKEEPING	1,438,267		1,438,267	104,231.00	13.80	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY	1,154,713	-539,510	615,203	46,572.00	13.21	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)	555,763		555,763	16,706.00	33.27	35
36	CAFETERIA		539,510	539,510	40,841.00	13.21	36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION	2,176,421		2,176,421	49,294.00	44.15	38
39	CENTRAL SERVICES AND SUPPLY	889,753	-233,088	656,665	37,758.00	17.39	39
40	PHARMACY	1,807,188		1,807,188	42,709.00	42.31	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,093,255		1,093,255	47,965.00	22.79	41
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	55,003,921	-1,824,127	53,179,794	1,859,967.0	28.59	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	5,889,168	-436,803	5,452,365	183,020.00	29.79	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	49,114,753	-1,387,324	47,727,429	1,676,947.0	28.46	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	11,108,559		11,108,559	223,819.14	49.63	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	15,009,407		15,009,407		31.45%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	75,232,719	-1,387,324	73,845,395	1,900,766.1	38.85	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	18,705,730	-1,824,127	16,881,603	672,592.00	25.10	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	2,110,743	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	316,793	3
4 PRIOR YEAR PENSION SERVICE COST	4,095,576	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)	4,883,504	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	361,102	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	76,658	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	132,922	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	18,132	14
15 WORKERS' COMPENSATION INSURANCE	1,160,665	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	3,784,957	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	-343,688	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION	42,091	21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	169,489	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	16,808,944	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0174 PROVENA MERCY CENTER  
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  
02/27/2012 10:19

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	4,215,130	2
3	SUBPROVIDER - IPF	4,215,130	3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.194278	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				35,111,696	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				135,065,509	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				26,240,257	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				63,400	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 FAMILY	33,862,170	652,597	34,514,767		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	6,578,675	126,785	6,705,460		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	133,331	3,251	136,582		22
23	COST OF CHARITY CARE	6,445,344	123,534	6,568,878		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)			19,847,019		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			733,310		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			19,113,709		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			3,713,373		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			10,282,251		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			10,282,251		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100 CAP REL COSTS-BLDG & FIXT		7,385,424	7,385,424	170,849	1
2	00200 CAP REL COSTS-MVBLE EQUIP				3,970,561	2
3	00300 OTHER CAPITAL RELATED COSTS					3
4	00400 EMPLOYEE BENEFITS	628,211	13,810,089	14,438,300		4
5	00500 ADMINISTRATIVE & GENERAL	7,262,524	43,313,121	50,575,645		5
6	00600 MAINTENANCE & REPAIRS	550,567	2,513,901	3,064,468		6
7	00700 OPERATION OF PLANT	1,022,709	2,776,231	3,798,940		7
8	00800 LAUNDRY & LINEN SERVICE	47,360	554,453	601,813		8
9	00900 HOUSEKEEPING	1,438,267	384,767	1,823,034		9
10	01000 DIETARY	1,154,713	1,573,509	2,728,222	-1,274,692	10
11	01100 CAFETERIA				1,274,692	11
13	01300 NURSING ADMINISTRATION	2,176,421	80,483	2,256,904		13
14	01400 CENTRAL SERVICES & SUPPLY	889,753	1,145,704	2,035,457	-259,634	14
15	01500 PHARMACY	1,807,188	4,002,443	5,809,631	-3,626,546	15
16	01600 MEDICAL RECORDS & LIBRARY	1,093,255	858,711	1,951,966		16
INPATIENT ROUTINE SERV COST CENTERS						
30	03000 ADULTS & PEDIATRICS	10,107,950	1,109,664	11,217,614	-793,867	30
31	03100 INTENSIVE CARE UNIT	2,604,798	1,248,013	3,852,811		31
40	04000 SUBPROVIDER - IPF	5,098,959	413,540	5,512,499	-535,975	40
43	04300 NURSERY	382,020	345,940	727,960		43
ANCILLARY SERVICE COST CENTERS						
50	05000 OPERATING ROOM	1,970,666	6,663,927	8,634,593	-5,525,145	50
51	05100 RECOVERY ROOM	1,308,869	166,768	1,475,637		51
52	05200 DELIVERY ROOM & LABOR ROOM	2,310,707	144,467	2,455,174		52
53	05300 ANESTHESIOLOGY	79,070	1,607,591	1,686,661		53
54	05400 RADIOLOGY-DIAGNOSTIC	1,979,395	1,214,866	3,194,261	-315,040	54
54.02	03630 ULTRASOUND	545,690	126,350	672,040		54.02
57	05700 COMPUTED TOMOGRAPHY (CT) SCAN	538,737	141,279	680,016	-80,657	57
58	05800 MAGNETIC RESONANCE IMAGING (MRI)	298,695	85,874	384,569	-41,106	58
59	05900 CARDIAC CATHETERIZATION	939,658	4,276,866	5,216,524	-4,260,012	59
60	06000 LABORATORY	28,813	4,484,366	4,513,179	-100,011	60
63	06300 BLOOD STORING, PROCESSING & TRANS.		994,024	994,024		63
65	06500 RESPIRATORY THERAPY	954,175	169,660	1,123,835		65
66	06600 PHYSICAL THERAPY	685,391	180,331	865,722		66
67	06700 OCCUPATIONAL THERAPY	178,800	37,433	216,233		67
68	06800 SPEECH PATHOLOGY	280,899	45,827	326,726		68
69	06900 ELECTROCARDIOLOGY	436,795	156,519	593,314	-942	69
70.01	03320 ECT	29,872	2,651	32,523	7,503	70.01
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS				4,574,594	71
72	07200 IMPL. DEV. CHARGED TO PATIENT				6,119,747	72
73	07300 DRUGS CHARGED TO PATIENTS				3,626,546	73
74	07400 RENAL DIALYSIS		464,527	464,527		74
75.01	03550 PSYCHOLOGY	539,707	8,539	548,246	135,568	75.01
76	03950 OCCUPATIONAL HEALTH	449,466	881,664	1,331,130		76
76.97	07697 CARDIAC REHABILITATION	277,321	4,977	282,298		76.97
OUTPATIENT SERVICE COST CENTERS						
90	09000 CLINIC	584,887	321,735	906,622		90
90.01	09001 OUTPATIENT PROCEDURES	16,661	119,764	136,425	1,170,261	90.01
90.02	09002 PRCC	21,583	558,035	579,618		90.02
91	09100 EMERGENCY	3,246,550	2,005,575	5,252,125	-211,805	91
92	09200 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300 INTEREST EXPENSE		4,041,399	4,041,399	-4,041,399	113
118	SUBTOTALS (SUM OF LINES 1-117)	53,967,102	110,421,007	164,388,109	-16,510	118
NONREIMBURSABLE COST CENTERS						
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,045	82,673	96,718		190
192.01	19201 PHYSICIAN PRACTICE MANAGEMENT					192.01
193.01	19301 MASSAGE THERAPY	30,577	632	31,209		193.01
193.02	19302 IDOL SPACE/HOME HEALTH					193.02
193.03	19303 ADOL SCHOOL	65,728	1,023	66,751	16,510	193.03
193.04	19304 FOUNDATION	194,948	260,760	455,708		193.04
193.05	19305 LEASED BLDG					193.05
193.07	19307 PARISH NURSING	261,722	3,237	264,959		193.07
194	07950 OP PHARMACY	223,189	800,288	1,023,477		194
200	TOTAL (SUM OF LINES 118-199)	54,757,311	111,569,620	166,326,931		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	7,556,273		8,178,342	1
2	00200	3,970,561		3,970,561	2
3	00300				3
4	00400	14,438,300	4,063,762	18,502,062	4
5	00500	50,575,645	-23,694,389	26,881,256	5
6	00600	3,064,468	-182	3,064,286	6
7	00700	3,798,940	-11,856	3,787,084	7
8	00800	601,813		601,813	8
9	00900	1,823,034		1,823,034	9
10	01000	1,453,530	-779,874	673,656	10
11	01100	1,274,692		1,274,692	11
13	01300	2,256,904	-12,429	2,244,475	13
14	01400	1,775,823	-139,740	1,636,083	14
15	01500	2,183,085	-1,420	2,181,665	15
16	01600	1,951,966	-6,637	1,945,329	16
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	10,423,747	-18,750	10,404,997	30
31	03100	3,852,811	-517,095	3,335,716	31
40	04000	4,976,524	-281,041	4,695,483	40
43	04300	727,960	-321,555	406,405	43
ANCILLARY SERVICE COST CENTERS					
50	05000	3,109,448		3,109,448	50
51	05100	1,475,637		1,475,637	51
52	05200	2,455,174	-14,505	2,440,669	52
53	05300	1,686,661	-1,388,021	298,640	53
54	05400	2,879,221	72,392	2,951,613	54
54.02	03630	672,040	-127	671,913	54.02
57	05700	599,359	-1,273	598,086	57
58	05800	343,463	-7,093	336,370	58
59	05900	956,512		956,512	59
60	06000	4,413,168	-11,962	4,401,206	60
63	06300	994,024		994,024	63
65	06500	1,123,835		1,123,835	65
66	06600	865,722		865,722	66
67	06700	216,233		216,233	67
68	06800	326,726		326,726	68
69	06900	592,372	-3,966	588,406	69
70.01	03320	40,026		40,026	70.01
71	07100	4,574,594		4,574,594	71
72	07200	6,119,747		6,119,747	72
73	07300	3,626,546		3,626,546	73
74	07400	464,527		464,527	74
75.01	03550	683,814	-2,222	681,592	75.01
76	03950	1,331,130	-508,037	823,093	76
76.97	07697	282,298		282,298	76.97
OUTPATIENT SERVICE COST CENTERS					
90	09000	906,622	-5,958	900,664	90
90.01	09001	1,306,686	-99,591	1,207,095	90.01
90.02	09002	579,618	-96,887	482,731	90.02
91	09100	5,040,320	-700,025	4,340,295	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		164,371,599	-23,866,412	140,505,187	118
NONREIMBURSABLE COST CENTERS					
190	19000	96,718		96,718	190
192.01	19201				192.01
193.01	19301	31,209		31,209	193.01
193.02	19302				193.02
193.03	19303	83,261	-83,261		193.03
193.04	19304	455,708	-66,208	389,500	193.04
193.05	19305				193.05
193.07	19307	264,959	-34,328	230,631	193.07
194	07950	1,023,477		1,023,477	194
200		166,326,931	-24,050,209	142,276,722	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
1		2	3		4	5	
1 RECLASS SUPPLY COST	A	MEDICAL SUPPLIES CHRGED TO PA	71			4,574,594	1
2		IMPL. DEV. CHARGED TO PATIENT	72			6,119,747	2
3							3
4							4
5							5
6							6
7							7
8							8
500 TOTAL RECLASSIFICATIONS							
CODE LETTER - A						10,694,341	500
1 RECLASS PHARMACY	B	DRUGS CHARGED TO PATIENTS	73			3,626,546	1
500 TOTAL RECLASSIFICATIONS						3,626,546	500
CODE LETTER - B							
1 RECLASS INTEREST	C	CAP REL COSTS-BLDG & FIXT	1			4,041,399	1
500 TOTAL RECLASSIFICATIONS						4,041,399	500
CODE LETTER - C							
1 RECLASS PSYCH ADMIN EXP	D	ADULTS & PEDIATRICS	30		316,499	59,895	1
2		ECT	70.01		6,309	1,194	2
3		PSYCHOLOGY	75.01		113,995	21,573	3
4		ADOL SCHOOL	193.03		13,883	2,627	4
500 TOTAL RECLASSIFICATIONS					450,686	85,289	500
CODE LETTER - D							
1 RECLASS DEFERED COMP TO BENEFITS	E	EMPLOYEE BENEFITS	4			42,091	1
500 TOTAL RECLASSIFICATIONS						42,091	500
CODE LETTER - E							
1 CAFETERIA EXPENSE RECLASS	F	CAFETERIA	11		539,510	735,182	1
500 TOTAL RECLASSIFICATIONS					539,510	735,182	500
CODE LETTER - F							
1 RECLASS O/P PROCEDURE EXPENSES	G	OUTPATIENT PROCEDURES	90.01		1,054,497	115,764	1
500 TOTAL RECLASSIFICATIONS					1,054,497	115,764	500
CODE LETTER - G							
1 RECLASS SUBACCOUNT 704880 TO OTHER	H	EMPLOYEE BENEFITS	4			559,140	1
2		ADMINISTRATIVE & GENERAL	5			989,808	2
3		CENTRAL SERVICES & SUPPLY	14			233,088	3
500 TOTAL RECLASSIFICATIONS						1,782,036	500
CODE LETTER - H							
1 RECLASS EQUIP DEPRECIATION TO M.E.	I	CAP REL COSTS-MVBLE EQUIP	2			3,870,550	1
500 TOTAL RECLASSIFICATIONS						3,870,550	500
CODE LETTER - I							
1 RECLASS LAB DEPRECIATION TO EQUIP	J	CAP REL COSTS-MVBLE EQUIP	2			100,011	1
500 TOTAL RECLASSIFICATIONS						100,011	500
CODE LETTER - J							
GRAND TOTAL (INCREASES)					2,044,693	25,093,209	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		SALARY	OTHER	WKST A-7	
			LINE #				REF.	
	1	6	7		8	9	10	
1 RECLASS SUPPLY COST	A	CENTRAL SERVICES & SUPPLY	14			259,634		1
2		OPERATING ROOM	50			5,525,145		2
3		RADIOLOGY-DIAGNOSTIC	54			315,040		3
4		COMPUTED TOMOGRAPHY (CT) SCAN	57			80,657		4
5		MAGNETIC RESONANCE IMAGING (M	58			41,106		5
6		CARDIAC CATHETERIZATION	59			4,260,012		6
7		ELECTROCARDIOLOGY	69			942		7
8		EMERGENCY	91			211,805		8
500 TOTAL RECLASSIFICATIONS						10,694,341		500
CODE LETTER - A								
1 RECLASS PHARMACY	B	PHARMACY	15			3,626,546		1
500 TOTAL RECLASSIFICATIONS						3,626,546		500
CODE LETTER - B								
1 RECLASS INTEREST	C	INTEREST EXPENSE	113			4,041,399		11 1
500 TOTAL RECLASSIFICATIONS						4,041,399		500
CODE LETTER - C								
1 RECLASS PSYCH ADMIN EXP	D	SUBPROVIDER - IPF	40		450,686	85,289		1
2								2
3								3
4								4
500 TOTAL RECLASSIFICATIONS					450,686	85,289		500
CODE LETTER - D								
1 RECLASS DEFERED COMP TO BENEFITS	E	EMPLOYEE BENEFITS	4		42,091			1
500 TOTAL RECLASSIFICATIONS					42,091			500
CODE LETTER - E								
1 CAFETERIA EXPENSE RECLASS	F	DIETARY	10		539,510	735,182		1
500 TOTAL RECLASSIFICATIONS					539,510	735,182		500
CODE LETTER - F								
1 RECLASS O/P PROCEDURE EXPENSES	G	ADULTS & PEDIATRICS	30		1,054,497	115,764		1
500 TOTAL RECLASSIFICATIONS					1,054,497	115,764		500
CODE LETTER - G								
1 RECLASS SUBACCOUNT 704880 TO OTHER	H	EMPLOYEE BENEFITS	4		559,140			1
2		ADMINISTRATIVE & GENERAL	5		989,808			2
3		CENTRAL SERVICES & SUPPLY	14		233,088			3
500 TOTAL RECLASSIFICATIONS					1,782,036			500
CODE LETTER - H								
1 RECLASS EQUIP DEPRECIATION TO M.E.	I	CAP REL COSTS-BLDG & FIXT	1			3,870,550		9 1
500 TOTAL RECLASSIFICATIONS						3,870,550		500
CODE LETTER - I								
1 RECLASS LAB DEPRECIATION TO EQUIP	J	LABORATORY	60			100,011		9 1
500 TOTAL RECLASSIFICATIONS						100,011		500
CODE LETTER - J								
GRAND TOTAL (DECREASES)					3,868,820	23,269,082		

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	4,545,766					4,545,766		1
2 LAND IMPROVEMENTS	4,357,458	20,391		20,391		4,377,849	1,434,526	2
3 BUILDINGS AND FIXTURES	102,543,299	8,958,057		8,958,057	6,262,979	105,238,377	26,073,569	3
4 BUILDING IMPROVEMENTS	896,639					896,639		4
5 FIXED EQUIPMENT	7,641,083	81,020		81,020	309,763	7,412,340	1,314,119	5
6 MOVABLE EQUIPMENT	52,310,467	561,026		561,026	7,655,484	45,216,009	21,918,116	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	172,294,712	9,620,494		9,620,494	14,228,226	167,686,980	50,740,330	8
9 RECONCILING ITEMS	3,113,033	4,179,564		4,179,564		7,292,597		9
10 TOTAL (LINE 7 MINUS LINE 9)	169,181,679	5,440,930		5,440,930	14,228,226	160,394,383	50,740,330	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	7,385,424						7,385,424	1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)	7,385,424						7,385,424	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 7	TOTAL (SUM OF COLS. 5-7) 8	
1 CAP REL COSTS-BLDG & FIXT	122,470,971		122,470,971	0.730355					1
2 CAP REL COSTS-MVBLE EQUIP	45,216,009		45,216,009	0.269645					2
3 TOTAL (SUM OF LINES 1-2)	167,686,980		167,686,980	1.000000					3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	6,025,365		2,890,691			-737,714	8,178,342	1
2 CAP REL COSTS-MVBLE EQUIP	3,970,561						3,970,561	2
3 TOTAL	9,995,926		2,890,691			-737,714	12,148,903	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	-259,332	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) TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-8,184	ADMINISTRATIVE & GENERAL	5	4 4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5 5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)	B	-3,566	ADMINISTRATIVE & GENERAL	5	6 6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	B	-151,188	ADMINISTRATIVE & GENERAL	5	7 7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8 8
9 PARKING LOT (CHAPTER 21)					9 9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,682,024			10 10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-182	MAINTENANCE & REPAIRS	6	11 11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-1,989,142			12 12
13 LAUNDRY AND LINEN SERVICE					13 13
14 CAFETERIA - EMPLOYEES AND GUESTS					14 14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15 15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16 16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17 17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-6,203	MEDICAL RECORDS & LIBRARY	16	18 18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19 19
20 VENDING MACHINES					20 20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21 21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22 22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23 23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24 24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25 25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26 26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27 27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28 28
29 PHYSICIANS' ASSISTANT					29 29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30 30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31 31
32 CAH HIT ADJ FOR DEPRECIATION AND					32 32
33 MISC MEDICAL STAFF INCOME	B	-25,500	ADMINISTRATIVE & GENERAL	5	33 33
34 MISC EMPLOYEE BENEFIT REV. OFFSET	B	-30	EMPLOYEE BENEFITS	4	34 34
35 MISC A&G INCOME OFFSET	B	-59,455	ADMINISTRATIVE & GENERAL	5	35 35
36					36 36
37 MISC OPERATION OF PLANT INCOME	B	-11,856	OPERATION OF PLANT	7	37 37
38 CAFETERIA AND VENDING SALES	B	-756,403	DIETARY	10	38 38
38.01 MEALS ON WHEELS INCOME OFFSET	B	-23,534	DIETARY	10	38.01 38.01
38.02 MISC INCOME CAFETERIA	B	80	DIETARY	10	38.02 38.02
39					39 39
40 MISC INCOME SUBPROVIDER	B	-60,000	SUBPROVIDER - IPF	40	40 40
41 MISC RADIOLOGY INCOME	B	-395	RADIOLOGY-DIAGNOSTIC	54	41 41
42 MISC INCOME DELIVERY	B	-430	DELIVERY ROOM & LABOR ROOM	52	42 42
43 MISC INCOME - EKG	B	-3,762	ELECTROCARDIOLOGY	69	43 43
44 OFFSET OTHER MINISTRY EXPENSE	A	2,126	ADMINISTRATIVE & GENERAL	5	44 44
44.02 ADOL SCHOOL MISC REVENUE	B	-83,261	ADOL SCHOOL	193.03	44.02 44.02
44.03 MISC INCOME PSYCHOLOGY	B	-640	PSYCHOLOGY	75.01	44.03 44.03
44.04 MISC INCOME CLINIC	B	-5,958	CLINIC	90	44.04 44.04
44.05 MISC INCOME NURSING ADMIN	B	-12,429	NURSING ADMINISTRATION	13	44.05 44.05
44.06 MISC INCOME MATERIALS MGMT	B	-34	CENTRAL SERVICES & SUPPLY	14	44.06 44.06
45 PRCC MISC INCOME	B	-19,400	PRCC	90.02	45 45
45.03 FAITH COM NURSING MISC INCOME	A	-34,328	PARISH NURSING	193.07	45.03 45.03
45.04 REMOVE PHYSICIAN RECRUITMENT COSTS	A	-84	ADMINISTRATIVE & GENERAL	5	45.04 45.04
45.06 NON-ALLOW DONATIONS, SPONSORSHIPS, FOUNDATION	A	-66,208	FOUNDATION	193.04	45.06 45.06
45.07 NON-ALLOW DONATIONS, SPONSORSHIPS, ADMINISTRATIVE & GENERAL	A	-52,172	ADMINISTRATIVE & GENERAL	5	45.07 45.07
45.08 NON-ALLOW DONATIONS, SPONSORSHIP, DIETARY	A	-17	DIETARY	10	45.08 45.08
45.09 REMOVE 50% OF MARKETING COST	A	-84,668	ADMINISTRATIVE & GENERAL	5	45.09 45.09
45.10 REMOVE PHYSICIAN LOAN AMORTIZATION	A	-736,289	CAP REL COSTS-BLDG & FIXT	1	14 45.10 45.10
45.13 MISC PHARMACY REVENUE	B	-700	PHARMACY	15	45.13 45.13
45.14 MISC INCOME MED RECORDS	B	-434	MEDICAL RECORDS & LIBRARY	16	45.14 45.14

PROVIDER CCN: 14-0174 PROVENA MERCY CENTER  
 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  
 02/27/2012 10:19

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO. 4	WKST A-7 REF 5
			COST CENTER 3			
45.16 MISC ER INCOME	B	-60,441	EMERGENCY		91	45.16
45.18 NON ALLOWABLE LOBBYING DUES	A	-7,489	ADMINISTRATIVE & GENERAL		5	45.18
45.19 OFFSET UNUSED BUILDING DEPR	A	-1,425	CAP REL COSTS-BLDG & FIXT		1	14 45.19
45.20 OFFSET BAD DEBT EXPENSE	A	-19,847,857	ADMINISTRATIVE & GENERAL		5	45.20
46 FAS 87 FUNDING	A	4,002,605	EMPLOYEE BENEFITS		4	46
47						47
48						48
49						49
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-24,050,209				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	1	CAP REL COSTS-BLDG & FIXT	CAPITAL	2,510,491		2,510,491	9 1
2	4	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	2,321,771	2,260,584	61,187	2
3	5	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	8,420,887	11,826,769	-3,405,882	3
4	15	PHARMACY	EMM	396	1,116	-720	4
4.01	31	INTENSIVE CARE UNIT	EICU	347,960	544,068	-196,108	4.01
4.02	54	RADIOLOGY-DIAGNOSTIC	PACS	740,268	667,092	73,176	4.02
4.03	69	ELECTROCARDIOLOGY	CPACS	133,500	133,704	-204	4.03
4.04	1	CAP REL COSTS-BLDG & FIXT	INTEREST	3,138,163	4,029,539	-891,376	11 4.04
4.05	14	CENTRAL SERVICES & SUPPLY	MATERIALS MANAGEMENT	275,206	414,912	-139,706	4.05
5		TOTALS (SUM OF LINES 1-4)		17,888,642	19,877,784	-1,989,142	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 (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
B	PROVENA MERCY CENTER		PROVENA HEALTH		HEALTHCARE CHAIN	6
						7
						8
						9
						10

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

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		
LINE NO.	1	2	3	4	5	6	7	8	9		
1	40	SUBPROVIDER - IPF	PSYCH PHYSICIAN	266,530	187,302	79,228	154,100	614	45,489	2,274	1
2	43	NURSERY	NURSERY	326,667	315,000	11,667	177,200	60	5,112	256	2
3	90.01	OUTPATIENT PROCEDURES	AMBULATORY CARE	99,591	99,591						3
4	91	EMERGENCY	EMERGENCY	721,795	613,748	108,047	177,200	965	82,211	4,111	4
5	54	RADIOLOGY-DIAGNOSTIC	MAMMOGRAPHY	389	389						5
6	53	ANESTHESIOLOGY	ANESTHESIOLOGY	1,388,021	1,388,021						6
7	76	OCCUPATIONAL HEALTH	OCCUPATIONAL HE	508,037	508,037						7
8	58	MAGNETIC RESONANCE IMAGI	MRI	7,093	7,093						8
9	5	ADMINISTRATIVE & GENERAL	UTILIZATION REV	142,904	205	142,699	177,200	1,085	92,434	4,622	9
10	30	ADULTS & PEDIATRICS	ADOLESCENT PSYC	39,865		39,865	154,100	285	21,115	1,056	10
11	31	INTENSIVE CARE UNIT	ICU	325,587	317,700	7,887	177,200	54	4,600	230	11
12	60	LABORATORY	PATHOLOGY	119,604		119,604	215,700	1,038	107,642	5,382	12
13	52	DELIVERY ROOM & LABOR RO	LDRP	14,075	14,075						13
14	57	COMPUTED TOMOGRAPHY (CT)	CT SCAN	1,273	1,273						14
15	54.02	ULTRASOUND	ULTRASOUND	127	127						15
16	75.01	PSYCHOLOGY	ADHD	3,360		3,360	154,100	24	1,778	89	16
17	90.02	PRCC	PRCC ADMIN	77,487	77,487						17
200		TOTAL		4,042,405	3,530,048	512,357		4,125	360,381	18,020	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	40 SUBPROVIDER - IPF			PSYCH PHYSICIAN		45,489	33,739	221,041	1
2	43 NURSERY			NURSERY		5,112	6,555	321,555	2
3	90.01 OUTPATIENT PROCEDURES			AMBULATORY CARE				99,591	3
4	91 EMERGENCY			EMERGENCY		82,211	25,836	639,584	4
5	54 RADIOLOGY-DIAGNOSTIC			MAMMOGRAPHY				389	5
6	53 ANESTHESIOLOGY			ANESTHESIOLOGY				1,388,021	6
7	76 OCCUPATIONAL HEALTH			OCCUPATIONAL HE				508,037	7
8	58 MAGNETIC RESONANCE IMAGI			MRI				7,093	8
9	5 ADMINISTRATIVE & GENERAL			UTILIZATION REV		92,434	50,265	50,470	9
10	30 ADULTS & PEDIATRICS			ADOLESCENT PSYC		21,115	18,750	18,750	10
11	31 INTENSIVE CARE UNIT			ICU		4,600	3,287	320,987	11
12	60 LABORATORY			PATHOLOGY		107,642	11,962	11,962	12
13	52 DELIVERY ROOM & LABOR RO			LDRP				14,075	13
14	57 COMPUTED TOMOGRAPHY (CT)			CT SCAN				1,273	14
15	54.02 ULTRASOUND			ULTRASOUND				127	15
16	75.01 PSYCHOLOGY			ADHD		1,778	1,582	1,582	16
17	90.02 PRCC			PRCC ADMIN				77,487	17
200	TOTAL					360,381	151,976	3,682,024	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	8,178,342	8,178,342				1
2 CAP REL COSTS-MVBLE EQUIP	3,970,561		3,970,561			2
4 EMPLOYEE BENEFITS	18,502,062	87,463	42,463	18,631,988		4
5 ADMINISTRATIVE & GENERAL	26,881,256	1,148,634	557,660	2,499,862	31,087,412	5
6 MAINTENANCE & REPAIRS	3,064,286	1,023,483	496,898	189,513	4,774,180	6
7 OPERATION OF PLANT	3,787,084	487,997	236,921	352,031	4,864,033	7
8 LAUNDRY & LINEN SERVICE	601,813	85,018	41,276	16,302	744,409	8
9 HOUSEKEEPING	1,823,034	85,601	41,559	495,072	2,445,266	9
10 DIETARY	673,656	310,284	150,642	397,468	1,532,050	10
11 CAFETERIA	1,274,692				1,274,692	11
13 NURSING ADMINISTRATION	2,244,475	15,841	7,691	749,155	3,017,162	13
14 CENTRAL SERVICES & SUPPLY	1,636,083	229,284	111,316	306,265	2,282,948	14
15 PHARMACY	2,181,665	122,433	59,441	622,059	2,985,598	15
16 MEDICAL RECORDS & LIBRARY	1,945,329	78,668	38,193	376,314	2,438,504	16
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,404,997	1,073,548	521,204	3,479,295	15,479,044	30
31 INTENSIVE CARE UNIT	3,335,716	257,871	125,196	896,608	4,615,391	31
40 SUBPROVIDER - IPF	4,695,483	467,362	226,903	1,755,133	7,144,881	40
43 NURSERY	406,405	24,247	11,772	131,497	573,921	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,109,448	546,695	265,419	678,331	4,599,893	50
51 RECOVERY ROOM	1,475,637	336,540	163,389	450,531	2,426,097	51
52 DELIVERY ROOM & LABOR ROOM	2,440,669	269,484	130,834	795,378	3,636,365	52
53 ANESTHESIOLOGY	298,640	12,115	5,882	27,217	343,854	53
54 RADIOLOGY-DIAGNOSTIC	2,951,613	200,923	97,547	681,335	3,931,418	54
54.02 ULTRASOUND	671,913	7,742	3,759	187,834	871,248	54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN	598,086	18,108	8,791	185,441	810,426	57
58 MAGNETIC RESONANCE IMAGING (MRI)	336,370	42,420	20,595	102,815	502,200	58
59 CARDIAC CATHETERIZATION	956,512	84,321	40,938	323,443	1,405,214	59
60 LABORATORY	4,401,206	156,916	76,182	9,918	4,644,222	60
63 BLOOD STORING, PROCESSING & TRANS.	994,024	5,296	2,571		1,001,891	63
65 RESPIRATORY THERAPY	1,123,835	40,897	19,855	328,440	1,513,027	65
66 PHYSICAL THERAPY	865,722	20,878	10,136	235,921	1,132,657	66
67 OCCUPATIONAL THERAPY	216,233	11,322	5,497	61,545	294,597	67
68 SPEECH PATHOLOGY	326,726	5,475	2,658	96,689	431,548	68
69 ELECTROCARDIOLOGY	588,406	57,224	27,782	150,351	823,763	69
70.01 ECT	40,026	3,353	1,628	10,282	55,289	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,574,594				4,574,594	71
72 IMPL. DEV. CHARGED TO PATIENT	6,119,747				6,119,747	72
73 DRUGS CHARGED TO PATIENTS	3,626,546				3,626,546	73
74 RENAL DIALYSIS	464,527	17,817	8,650		490,994	74
75.01 PSYCHOLOGY	681,592	127,616	61,957	185,775	1,056,940	75.01
76 OCCUPATIONAL HEALTH	823,093			154,712	977,805	76
76.97 CARDIAC REHABILITATION	282,298	51,053	24,786	95,458	453,595	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	900,664	73,307	35,590	201,326	1,210,887	90
90.01 OUTPATIENT PROCEDURES	1,207,095			5,735	1,212,830	90.01
90.02 PRCC	482,731			7,429	490,160	90.02
91 EMERGENCY	4,340,295	265,727	129,009	1,117,508	5,852,539	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	140,505,187	7,852,963	3,812,590	18,359,988	139,749,837	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	96,718	42,970	20,862	4,834	165,384	190
192.01 PHYSICIAN PRACTICE MANAGEMENT						192.01
193.01 MASSAGE THERAPY	31,209			10,525	41,734	193.01
193.02 IDOL SPACE/HOME HEALTH		266,925	129,591		396,516	193.02
193.03 ADOL SCHOOL				22,624	22,624	193.03
193.04 FOUNDATION	389,500	13,443	6,527	67,104	476,574	193.04
193.05 LEASED BLDG						193.05
193.07 PARISH NURSING	230,631	2,041	991	90,088	323,751	193.07
194 OP PHARMACY	1,023,477			76,825	1,100,302	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	142,276,722	8,178,342	3,970,561	18,631,988	142,276,722	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	31,087,412					5
6 MAINTENANCE & REPAIRS	1,334,813	6,108,993				6
7 OPERATION OF PLANT	1,359,935	503,682	6,727,650			7
8 LAUNDRY & LINEN SERVICE	208,129	87,750	105,320	1,145,608		8
9 HOUSEKEEPING	683,672	88,352	106,043		3,323,333	9
10 DIETARY	428,346	320,257	384,382	17,203	196,036	10
11 CAFETERIA	356,391					11
13 NURSING ADMINISTRATION	843,568	16,350	19,623		10,008	13
14 CENTRAL SERVICES & SUPPLY	638,289	236,653	284,037		144,860	14
15 PHARMACY	834,743	126,368	151,670		77,352	15
16 MEDICAL RECORDS & LIBRARY	681,781	81,197	97,455		49,702	16
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,327,782	1,108,050	1,329,917	533,007	678,261	30
31 INTENSIVE CARE UNIT	1,290,417	266,159	319,452	57,734	162,922	31
40 SUBPROVIDER - IPF	1,997,637	482,384	578,970	73,776	295,277	40
43 NURSERY	160,463	25,026	30,037		15,319	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,286,084	564,266	677,247	57,850	345,399	50
51 RECOVERY ROOM	678,312	347,356	416,907	88,628	212,624	51
52 DELIVERY ROOM & LABOR ROOM	1,016,691	278,146	333,838	95,525	170,259	52
53 ANESTHESIOLOGY	96,138	12,505	15,008		7,654	53
54 RADIOLOGY-DIAGNOSTIC	1,099,185	207,381	248,904	40,280	126,942	54
54.02 ULTRASOUND	243,592	7,991	9,591	19,230	4,891	54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN	226,587	18,690	22,432		11,441	57
58 MAGNETIC RESONANCE IMAGING (MRI)	140,410	43,783	52,550	7,541	26,801	58
59 CARDIAC CATHETERIZATION	392,884	87,031	104,457	11,607	53,274	59
60 LABORATORY	1,298,478	161,959	194,388		99,139	60
63 BLOOD STORING, PROCESSING & TRANS.	280,119	5,467	6,561		3,346	63
65 RESPIRATORY THERAPY	423,027	42,212	50,664		25,839	65
66 PHYSICAL THERAPY	316,680	21,549	25,864	1,989	13,191	66
67 OCCUPATIONAL THERAPY	82,366	11,686	14,025		7,153	67
68 SPEECH PATHOLOGY	120,657	5,651	6,782		3,459	68
69 ELECTROCARDIOLOGY	230,316	59,063	70,889		36,154	69
70.01 ECT	15,458	3,461	4,153		2,118	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,279,011					71
72 IMPL. DEV. CHARGED TO PATIENT	1,711,020					72
73 DRUGS CHARGED TO PATIENTS	1,013,946					73
74 RENAL DIALYSIS	137,277	18,389	22,071		11,256	74
75.01 PSYCHOLOGY	295,510	131,717	158,091		80,627	75.01
76 OCCUPATIONAL HEALTH	273,384					76
76.97 CARDIAC REHABILITATION	126,821	52,694	63,244		32,255	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	338,552	75,663	90,813		46,315	90
90.01 OUTPATIENT PROCEDURES	339,095					90.01
90.02 PRCC	137,044					90.02
91 EMERGENCY	1,636,311	274,267	329,183	141,238	167,885	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	30,380,921	5,773,155	6,324,568	1,145,608	3,117,759	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,240	44,352	53,232		27,149	190
192.01 PHYSICIAN PRACTICE MANAGEMENT						192.01
193.01 MASSAGE THERAPY	11,668					193.01
193.02 IDOL SPACE/HOME HEALTH	110,862	275,504	330,668		168,642	193.02
193.03 ADOL SCHOOL	6,325					193.03
193.04 FOUNDATION	133,245	13,876	16,654		8,494	193.04
193.05 LEASED BLDG						193.05
193.07 PARISH NURSING	90,518	2,106	2,528		1,289	193.07
194 OP PHARMACY	307,633					194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	31,087,412	6,108,993	6,727,650	1,145,608	3,323,333	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	2,878,274					10
11 CAFETERIA		1,631,083				11
13 NURSING ADMINISTRATION			3,906,711			13
14 CENTRAL SERVICES & SUPPLY			88,711	3,675,498		14
15 PHARMACY				9,204	4,184,935	15
16 MEDICAL RECORDS & LIBRARY				8,687		16
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,703,554	965,383	1,339,841	125,449	83,236	30
31 INTENSIVE CARE UNIT	167,880	95,136	283,164	39,836	24,009	31
40 SUBPROVIDER - IPF	842,881	477,650	613,080	17,753	441	40
43 NURSERY			38,303	3,993	1,888	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	49	28	210,276	1,525,097	24,734	50
51 RECOVERY ROOM	41,345	23,430	134,758	23,142	55,645	51
52 DELIVERY ROOM & LABOR ROOM	94,160	53,359	235,508	22,432	12,460	52
53 ANESTHESIOLOGY			15,522	39,989	7,181	53
54 RADIOLOGY-DIAGNOSTIC				99,841	2,977	54
54.02 ULTRASOUND				2,396	117	54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN				35,066		57
58 MAGNETIC RESONANCE IMAGING (MRI)				15,233	837	58
59 CARDIAC CATHETERIZATION				1,102,249	6,831	59
60 LABORATORY				2,464	3	60
63 BLOOD STORING, PROCESSING & TRANS.				256,684		63
65 RESPIRATORY THERAPY			125,844	25,862		65
66 PHYSICAL THERAPY				3,199		66
67 OCCUPATIONAL THERAPY				808		67
68 SPEECH PATHOLOGY				1,874		68
69 ELECTROCARDIOLOGY			59,426	3,895	1,793	69
70.01 ECT			4,284	683		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				134,233		71
72 IMPL. DEV. CHARGED TO PATIENT				8,061		72
73 DRUGS CHARGED TO PATIENTS					3,535,768	73
74 RENAL DIALYSIS				3		74
75.01 PSYCHOLOGY			76,537	1,264		75.01
76 OCCUPATIONAL HEALTH				16,103	13,363	76
76.97 CARDIAC REHABILITATION			30,598	1,213		76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			74,116	6,498	3,761	90
90.01 OUTPATIENT PROCEDURES			154,514	77		90.01
90.02 PRCC					302,716	90.02
91 EMERGENCY	28,405	16,097	422,229	137,062	107,173	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,878,274	1,631,083	3,906,711	3,670,350	4,184,933	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				1,263		190
192.01 PHYSICIAN PRACTICE MANAGEMENT						192.01
193.01 MASSAGE THERAPY				91		193.01
193.02 IDOL SPACE/HOME HEALTH						193.02
193.03 ADOL SCHOOL				264		193.03
193.04 FOUNDATION				1,245		193.04
193.05 LEASED BLDG				869		193.05
193.07 PARISH NURSING				348	2	193.07
194 OP PHARMACY				1,068		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,878,274	1,631,083	3,906,711	3,675,498	4,184,935	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	3,357,326				16
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	310,724	27,984,248		27,984,248	30
31 INTENSIVE CARE UNIT	73,492	7,395,592		7,395,592	31
40 SUBPROVIDER - IPF	89,908	12,614,638		12,614,638	40
43 NURSERY	4,220	853,170		853,170	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	601,729	9,892,652		9,892,652	50
51 RECOVERY ROOM	135,876	4,584,120		4,584,120	51
52 DELIVERY ROOM & LABOR ROOM	37,493	5,986,236		5,986,236	52
53 ANESTHESIOLOGY	45,800	583,651		583,651	53
54 RADIOLOGY-DIAGNOSTIC	121,220	5,878,148		5,878,148	54
54.02 ULTRASOUND	58,802	1,217,858		1,217,858	54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN	214,874	1,339,516		1,339,516	57
58 MAGNETIC RESONANCE IMAGING (MRI)	55,094	844,449		844,449	58
59 CARDIAC CATHETERIZATION	254,411	3,417,958		3,417,958	59
60 LABORATORY	298,707	6,699,360		6,699,360	60
63 BLOOD STORING, PROCESSING & TRANS.	12,558	1,566,626		1,566,626	63
65 RESPIRATORY THERAPY	78,172	2,284,647		2,284,647	65
66 PHYSICAL THERAPY	26,646	1,541,775		1,541,775	66
67 OCCUPATIONAL THERAPY	5,833	416,468		416,468	67
68 SPEECH PATHOLOGY	5,442	575,413		575,413	68
69 ELECTROCARDIOLOGY	82,224	1,367,523		1,367,523	69
70.01 ECT	2,691	88,137		88,137	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	45,647	6,033,485		6,033,485	71
72 IMPL. DEV. CHARGED TO PATIENT		7,838,828		7,838,828	72
73 DRUGS CHARGED TO PATIENTS	348,389	8,524,649		8,524,649	73
74 RENAL DIALYSIS	16,580	696,570		696,570	74
75.01 PSYCHOLOGY	15,176	1,815,862		1,815,862	75.01
76 OCCUPATIONAL HEALTH	6,459	1,287,114		1,287,114	76
76.97 CARDIAC REHABILITATION	7,501	767,921		767,921	76.97
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	11,472	1,858,077		1,858,077	90
90.01 OUTPATIENT PROCEDURES	1,372	1,707,888		1,707,888	90.01
90.02 PRCC	14,067	943,987		943,987	90.02
91 EMERGENCY	374,747	9,487,136		9,487,136	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	3,357,326	138,093,702		138,093,702	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		337,620		337,620	190
192.01 PHYSICIAN PRACTICE MANAGEMENT					192.01
193.01 MASSAGE THERAPY		53,493		53,493	193.01
193.02 IDOL SPACE/HOME HEALTH		1,282,192		1,282,192	193.02
193.03 ADOL SCHOOL		29,213		29,213	193.03
193.04 FOUNDATION		650,088		650,088	193.04
193.05 LEASED BLDG		869		869	193.05
193.07 PARISH NURSING		420,542		420,542	193.07
194 OP PHARMACY		1,409,003		1,409,003	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	3,357,326	142,276,722		142,276,722	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		87,463	42,463	129,926	129,926	4
5 ADMINISTRATIVE & GENERAL		1,148,634	557,660	1,706,294	17,430	5
6 MAINTENANCE & REPAIRS		1,023,483	496,898	1,520,381	1,321	6
7 OPERATION OF PLANT		487,997	236,921	724,918	2,455	7
8 LAUNDRY & LINEN SERVICE		85,018	41,276	126,294	114	8
9 HOUSEKEEPING		85,601	41,559	127,160	3,452	9
10 DIETARY		310,284	150,642	460,926	2,771	10
11 CAFETERIA						11
13 NURSING ADMINISTRATION		15,841	7,691	23,532	5,223	13
14 CENTRAL SERVICES & SUPPLY		229,284	111,316	340,600	2,135	14
15 PHARMACY		122,433	59,441	181,874	4,337	15
16 MEDICAL RECORDS & LIBRARY		78,668	38,193	116,861	2,624	16
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		1,073,548	521,204	1,594,752	24,272	30
31 INTENSIVE CARE UNIT		257,871	125,196	383,067	6,252	31
40 SUBPROVIDER - IPF		467,362	226,903	694,265	12,238	40
43 NURSERY		24,247	11,772	36,019	917	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		546,695	265,419	812,114	4,730	50
51 RECOVERY ROOM		336,540	163,389	499,929	3,141	51
52 DELIVERY ROOM & LABOR ROOM		269,484	130,834	400,318	5,546	52
53 ANESTHESIOLOGY		12,115	5,882	17,997	190	53
54 RADIOLOGY-DIAGNOSTIC		200,923	97,547	298,470	4,751	54
54.02 ULTRASOUND		7,742	3,759	11,501	1,310	54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN		18,108	8,791	26,899	1,293	57
58 MAGNETIC RESONANCE IMAGING (MRI)		42,420	20,595	63,015	717	58
59 CARDIAC CATHETERIZATION		84,321	40,938	125,259	2,255	59
60 LABORATORY		156,916	76,182	233,098	69	60
63 BLOOD STORING, PROCESSING & TRANS.		5,296	2,571	7,867		63
65 RESPIRATORY THERAPY		40,897	19,855	60,752	2,290	65
66 PHYSICAL THERAPY		20,878	10,136	31,014	1,645	66
67 OCCUPATIONAL THERAPY		11,322	5,497	16,819	429	67
68 SPEECH PATHOLOGY		5,475	2,658	8,133	674	68
69 ELECTROCARDIOLOGY		57,224	27,782	85,006	1,048	69
70.01 ECT		3,353	1,628	4,981	72	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		17,817	8,650	26,467		74
75.01 PSYCHOLOGY		127,616	61,957	189,573	1,295	75.01
76 OCCUPATIONAL HEALTH					1,079	76
76.97 CARDIAC REHABILITATION		51,053	24,786	75,839	666	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		73,307	35,590	108,897	1,404	90
90.01 OUTPATIENT PROCEDURES					40	90.01
90.02 PRCC					52	90.02
91 EMERGENCY		265,727	129,009	394,736	7,792	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)		7,852,963	3,812,590	11,665,553	128,029	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		42,970	20,862	63,832	34	190
192.01 PHYSICIAN PRACTICE MANAGEMENT						192.01
193.01 MASSAGE THERAPY					73	193.01
193.02 IDOL SPACE/HOME HEALTH		266,925	129,591	396,516		193.02
193.03 ADOL SCHOOL					158	193.03
193.04 FOUNDATION		13,443	6,527	19,970	468	193.04
193.05 LEASED BLDG						193.05
193.07 PARISH NURSING		2,041	991	3,032	628	193.07
194 OP PHARMACY					536	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		8,178,342	3,970,561	12,148,903	129,926	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	1,723,724					5
6 MAINTENANCE & REPAIRS	74,014	1,595,716				6
7 OPERATION OF PLANT	75,407	131,566	934,346			7
8 LAUNDRY & LINEN SERVICE	11,541	22,921	14,627	175,497		8
9 HOUSEKEEPING	37,909	23,078	14,727		206,326	9
10 DIETARY	23,751	83,654	53,383	2,635	12,171	10
11 CAFETERIA	19,762					11
13 NURSING ADMINISTRATION	46,775	4,271	2,725		621	13
14 CENTRAL SERVICES & SUPPLY	35,393	61,816	39,448		8,994	14
15 PHARMACY	46,286	33,008	21,064		4,802	15
16 MEDICAL RECORDS & LIBRARY	37,804	21,209	13,535		3,086	16
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	239,928	289,432	184,703	81,652	42,108	30
31 INTENSIVE CARE UNIT	71,552	69,523	44,366	8,844	10,115	31
40 SUBPROVIDER - IPF	110,767	126,002	80,408	11,302	18,332	40
43 NURSERY	8,897	6,537	4,172		951	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	71,312	147,391	94,057	8,862	21,444	50
51 RECOVERY ROOM	37,612	90,732	57,901	13,577	13,201	51
52 DELIVERY ROOM & LABOR ROOM	56,375	72,654	46,364	14,634	10,570	52
53 ANESTHESIOLOGY	5,331	3,266	2,084		475	53
54 RADIOLOGY-DIAGNOSTIC	60,949	54,169	34,568	6,171	7,881	54
54.02 ULTRASOUND	13,507	2,087	1,332	2,946	304	54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN	12,564	4,882	3,115		710	57
58 MAGNETIC RESONANCE IMAGING (MRI)	7,786	11,436	7,298	1,155	1,664	58
59 CARDIAC CATHETERIZATION	21,785	22,733	14,507	1,778	3,307	59
60 LABORATORY	71,999	42,305	26,997		6,155	60
63 BLOOD STORING, PROCESSING & TRANS.	15,532	1,428	911		208	63
65 RESPIRATORY THERAPY	23,456	11,026	7,036		1,604	65
66 PHYSICAL THERAPY	17,560	5,629	3,592	305	819	66
67 OCCUPATIONAL THERAPY	4,567	3,052	1,948		444	67
68 SPEECH PATHOLOGY	6,690	1,476	942		215	68
69 ELECTROCARDIOLOGY	12,771	15,428	9,845		2,245	69
70.01 ECT	857	904	577		132	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	70,920					71
72 IMPL. DEV. CHARGED TO PATIENT	94,874					72
73 DRUGS CHARGED TO PATIENTS	56,222					73
74 RENAL DIALYSIS	7,612	4,803	3,065		699	74
75.01 PSYCHOLOGY	16,386	34,406	21,956		5,006	75.01
76 OCCUPATIONAL HEALTH	15,159					76
76.97 CARDIAC REHABILITATION	7,032	13,764	8,783		2,003	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	18,772	19,764	12,612		2,875	90
90.01 OUTPATIENT PROCEDURES	18,803					90.01
90.02 PRCC	7,599					90.02
91 EMERGENCY	90,732	71,641	45,717	21,636	10,423	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,684,550	1,507,993	878,365	175,497	193,564	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,564	11,585	7,393		1,685	190
192.01 PHYSICIAN PRACTICE MANAGEMENT						192.01
193.01 MASSAGE THERAPY	647					193.01
193.02 IDOL SPACE/HOME HEALTH	6,147	71,964	45,924		10,470	193.02
193.03 ADOL SCHOOL	351					193.03
193.04 FOUNDATION	7,388	3,624	2,313		527	193.04
193.05 LEASED BLDG						193.05
193.07 PARISH NURSING	5,019	550	351		80	193.07
194 OP PHARMACY	17,058					194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,723,724	1,595,716	934,346	175,497	206,326	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	639,291					10
11 CAFETERIA		19,762				11
13 NURSING ADMINISTRATION			83,147			13
14 CENTRAL SERVICES & SUPPLY			1,888	490,274		14
15 PHARMACY				1,228	292,599	15
16 MEDICAL RECORDS & LIBRARY				1,159		16
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	378,374	11,697	28,518	16,734	5,820	30
31 INTENSIVE CARE UNIT	37,288	1,153	6,027	5,314	1,679	31
40 SUBPROVIDER - IPF	187,212	5,787	13,048	2,368	31	40
43 NURSERY			815	533	132	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11		4,475	203,431	1,729	50
51 RECOVERY ROOM	9,183	284	2,868	3,087	3,891	51
52 DELIVERY ROOM & LABOR ROOM	20,914	646	5,012	2,992	871	52
53 ANESTHESIOLOGY			330	5,334	502	53
54 RADIOLOGY-DIAGNOSTIC				13,318	208	54
54.02 ULTRASOUND				320	8	54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN				4,678	57	57
58 MAGNETIC RESONANCE IMAGING (MRI)				2,032	59	58
59 CARDIAC CATHETERIZATION				147,029	478	59
60 LABORATORY				329		60
63 BLOOD STORING, PROCESSING & TRANS.				34,239		63
65 RESPIRATORY THERAPY			2,678	3,450		65
66 PHYSICAL THERAPY				427		66
67 OCCUPATIONAL THERAPY				108		67
68 SPEECH PATHOLOGY				250		68
69 ELECTROCARDIOLOGY			1,265	519	125	69
70.01 ECT			91	91		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				17,905		71
72 IMPL. DEV. CHARGED TO PATIENT				1,075		72
73 DRUGS CHARGED TO PATIENTS					247,211	73
74 RENAL DIALYSIS						74
75.01 PSYCHOLOGY			1,629	169		75.01
76 OCCUPATIONAL HEALTH				2,148	934	76
76.97 CARDIAC REHABILITATION			651	162		76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			1,577	867	263	90
90.01 OUTPATIENT PROCEDURES			3,289	10		90.01
90.02 PRCC					21,165	90.02
91 EMERGENCY	6,309	195	8,986	18,283	7,493	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	639,291	19,762	83,147	489,589	292,599	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				168		190
192.01 PHYSICIAN PRACTICE MANAGEMENT						192.01
193.01 MASSAGE THERAPY				12		193.01
193.02 IDOL SPACE/HOME HEALTH						193.02
193.03 ADOL SCHOOL				35		193.03
193.04 FOUNDATION				166		193.04
193.05 LEASED BLDG				116		193.05
193.07 PARISH NURSING				46		193.07
194 OP PHARMACY				142		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	639,291	19,762	83,147	490,274	292,599	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	196,278				16
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	18,183	2,916,173		2,916,173	30
31 INTENSIVE CARE UNIT	4,301	649,481		649,481	31
40 SUBPROVIDER - IPF	5,261	1,267,021		1,267,021	40
43 NURSERY	247	59,220		59,220	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	35,029	1,404,585		1,404,585	50
51 RECOVERY ROOM	7,951	743,357		743,357	51
52 DELIVERY ROOM & LABOR ROOM	2,194	639,090		639,090	52
53 ANESTHESIOLOGY	2,680	38,189		38,189	53
54 RADIOLOGY-DIAGNOSTIC	7,093	487,578		487,578	54
54.02 ULTRASOUND	3,441	36,756		36,756	54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN	12,574	66,715		66,715	57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,224	98,386		98,386	58
59 CARDIAC CATHETERIZATION	14,888	354,019		354,019	59
60 LABORATORY	17,480	398,432		398,432	60
63 BLOOD STORING, PROCESSING & TRANS.	735	60,920		60,920	63
65 RESPIRATORY THERAPY	4,574	116,866		116,866	65
66 PHYSICAL THERAPY	1,559	62,550		62,550	66
67 OCCUPATIONAL THERAPY	341	27,708		27,708	67
68 SPEECH PATHOLOGY	318	18,698		18,698	68
69 ELECTROCARDIOLOGY	4,812	133,064		133,064	69
70.01 ECT	157	7,862		7,862	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,671	91,496		91,496	71
72 IMPL. DEV. CHARGED TO PATIENT		95,949		95,949	72
73 DRUGS CHARGED TO PATIENTS	20,387	323,820		323,820	73
74 RENAL DIALYSIS	970	43,616		43,616	74
75.01 PSYCHOLOGY	888	271,308		271,308	75.01
76 OCCUPATIONAL HEALTH	378	19,698		19,698	76
76.97 CARDIAC REHABILITATION	439	109,339		109,339	76.97
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	671	167,702		167,702	90
90.01 OUTPATIENT PROCEDURES	80	22,222		22,222	90.01
90.02 PRCC	823	29,639		29,639	90.02
91 EMERGENCY	21,929	705,872		705,872	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	196,278	11,467,331		11,467,331	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		87,261		87,261	190
192.01 PHYSICIAN PRACTICE MANAGEMENT					192.01
193.01 MASSAGE THERAPY		732		732	193.01
193.02 IDOL SPACE/HOME HEALTH		531,021		531,021	193.02
193.03 ADOL SCHOOL		544		544	193.03
193.04 FOUNDATION		34,456		34,456	193.04
193.05 LEASED BLDG		116		116	193.05
193.07 PARISH NURSING		9,706		9,706	193.07
194 OP PHARMACY		17,736		17,736	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	196,278	12,148,903		12,148,903	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	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	504,932					1
2 CAP REL COSTS-MVBLE EQUIP		504,932				2
4 EMPLOYEE BENEFITS	5,400	5,400	54,129,100			4
5 ADMINISTRATIVE & GENERAL	70,917	70,917	7,262,524	-31,087,412	111,189,310	5
6 MAINTENANCE & REPAIRS	63,190	63,190	550,567		4,774,180	6
7 OPERATION OF PLANT	30,129	30,129	1,022,709		4,864,033	7
8 LAUNDRY & LINEN SERVICE	5,249	5,249	47,360		744,409	8
9 HOUSEKEEPING	5,285	5,285	1,438,267		2,445,266	9
10 DIETARY	19,157	19,157	1,154,713		1,532,050	10
11 CAFETERIA					1,274,692	11
13 NURSING ADMINISTRATION	978	978	2,176,421		3,017,162	13
14 CENTRAL SERVICES & SUPPLY	14,156	14,156	889,753		2,282,948	14
15 PHARMACY	7,559	7,559	1,807,188		2,985,598	15
16 MEDICAL RECORDS & LIBRARY	4,857	4,857	1,093,255		2,438,504	16
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	66,281	66,281	10,107,950		15,479,044	30
31 INTENSIVE CARE UNIT	15,921	15,921	2,604,798		4,615,391	31
40 SUBPROVIDER - IPF	28,855	28,855	5,098,959		7,144,881	40
43 NURSERY	1,497	1,497	382,020		573,921	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	33,753	33,753	1,970,666		4,599,893	50
51 RECOVERY ROOM	20,778	20,778	1,308,869		2,426,097	51
52 DELIVERY ROOM & LABOR ROOM	16,638	16,638	2,310,707		3,636,365	52
53 ANESTHESIOLOGY	748	748	79,070		343,854	53
54 RADIOLOGY-DIAGNOSTIC	12,405	12,405	1,979,395		3,931,418	54
54.02 ULTRASOUND	478	478	545,690		871,248	54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,118	1,118	538,737		810,426	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,619	2,619	298,695		502,200	58
59 CARDIAC CATHETERIZATION	5,206	5,206	939,658		1,405,214	59
60 LABORATORY	9,688	9,688	28,813		4,644,222	60
63 BLOOD STORING, PROCESSING & TRANS.	327	327			1,001,891	63
65 RESPIRATORY THERAPY	2,525	2,525	954,175		1,513,027	65
66 PHYSICAL THERAPY	1,289	1,289	685,391		1,132,657	66
67 OCCUPATIONAL THERAPY	699	699	178,800		294,597	67
68 SPEECH PATHOLOGY	338	338	280,899		431,548	68
69 ELECTROCARDIOLOGY	3,533	3,533	436,795		823,763	69
70.01 ECT	207	207	29,872		55,289	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					4,574,594	71
72 IMPL. DEV. CHARGED TO PATIENT					6,119,747	72
73 DRUGS CHARGED TO PATIENTS					3,626,546	73
74 RENAL DIALYSIS	1,100	1,100			490,994	74
75.01 PSYCHOLOGY	7,879	7,879	539,707		1,056,940	75.01
76 OCCUPATIONAL HEALTH			449,466		977,805	76
76.97 CARDIAC REHABILITATION	3,152	3,152	277,321		453,595	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,526	4,526	584,887		1,210,887	90
90.01 OUTPATIENT PROCEDURES			16,661		1,212,830	90.01
90.02 PRCC			21,583		490,160	90.02
91 EMERGENCY	16,406	16,406	3,246,550		5,852,539	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	484,843	484,843	53,338,891	-31,087,412	108,662,425	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,653	2,653	14,045		165,384	190
192.01 PHYSICIAN PRACTICE MANAGEMENT						192.01
193.01 MASSAGE THERAPY			30,577		41,734	193.01
193.02 IDOL SPACE/HOME HEALTH	16,480	16,480			396,516	193.02
193.03 ADOL SCHOOL			65,728		22,624	193.03
193.04 FOUNDATION	830	830	194,948		476,574	193.04
193.05 LEASED BLDG						193.05
193.07 PARISH NURSING	126	126	261,722		323,751	193.07
194 OP PHARMACY			223,189		1,100,302	194

PROVIDER CCN: 14-0174 PROVENA MERCY CENTER  
 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  
 02/27/2012 10:19

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	8,178,342	3,970,561	18,631,988		31,087,412	202
203	UNIT COST MULT-WS B PT I	16.196918	7.863556	0.344214		0.279590	203
204	COST TO BE ALLOC PER B PT II			129,926		1,723,724	204
205	UNIT COST MULT-WS B PT II			0.002400		0.015503	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING SQUARE FEET	MEALS SERVED	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	365,425					6
7 OPERATION OF PLANT	30,129	335,296				7
8 LAUNDRY & LINEN SERVICE	5,249	5,249	1,217,335			8
9 HOUSEKEEPING	5,285	5,285		324,762		9
10 DIETARY	19,157	19,157	18,280	19,157	117,442	10
11 CAFETERIA						11
13 NURSING ADMINISTRATION	978	978		978		13
14 CENTRAL SERVICES & SUPPLY	14,156	14,156		14,156		14
15 PHARMACY	7,559	7,559		7,559		15
16 MEDICAL RECORDS & LIBRARY	4,857	4,857		4,857		16
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	66,281	66,281	566,378	66,281	69,510	30
31 INTENSIVE CARE UNIT	15,921	15,921	61,349	15,921	6,850	31
40 SUBPROVIDER - IPF	28,855	28,855	78,395	28,855	34,392	40
43 NURSERY	1,497	1,497		1,497		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	33,753	33,753	61,472	33,753	2	50
51 RECOVERY ROOM	20,778	20,778	94,177	20,778	1,687	51
52 DELIVERY ROOM & LABOR ROOM	16,638	16,638	101,506	16,638	3,842	52
53 ANESTHESIOLOGY	748	748		748		53
54 RADIOLOGY-DIAGNOSTIC	12,405	12,405	42,802	12,405		54
54.02 ULTRASOUND	478	478	20,434	478		54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,118	1,118		1,118		57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,619	2,619	8,013	2,619		58
59 CARDIAC CATHETERIZATION	5,206	5,206	12,334	5,206		59
60 LABORATORY	9,688	9,688		9,688		60
63 BLOOD STORING, PROCESSING & TRANS.	327	327		327		63
65 RESPIRATORY THERAPY	2,525	2,525		2,525		65
66 PHYSICAL THERAPY	1,289	1,289	2,114	1,289		66
67 OCCUPATIONAL THERAPY	699	699		699		67
68 SPEECH PATHOLOGY	338	338		338		68
69 ELECTROCARDIOLOGY	3,533	3,533		3,533		69
70.01 ECT	207	207		207		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	1,100	1,100		1,100		74
75.01 PSYCHOLOGY	7,879	7,879		7,879		75.01
76 OCCUPATIONAL HEALTH						76
76.97 CARDIAC REHABILITATION	3,152	3,152		3,152		76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,526	4,526		4,526		90
90.01 OUTPATIENT PROCEDURES						90.01
90.02 PRCC						90.02
91 EMERGENCY	16,406	16,406	150,081	16,406	1,159	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	345,336	315,207	1,217,335	304,673	117,442	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,653	2,653		2,653		190
192.01 PHYSICIAN PRACTICE MANAGEMENT						192.01
193.01 MASSAGE THERAPY						193.01
193.02 IDOL SPACE/HOME HEALTH	16,480	16,480		16,480		193.02
193.03 ADOL SCHOOL						193.03
193.04 FOUNDATION	830	830		830		193.04
193.05 LEASED BLDG						193.05
193.07 PARISH NURSING	126	126		126		193.07
194 OP PHARMACY						194

PROVIDER CCN: 14-0174 PROVENA MERCY CENTER  
 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  
 02/27/2012 10:19

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	6,108,993	6,727,650	1,145,608	3,323,333	2,878,274	202
203	UNIT COST MULT-WS B PT I	16.717502	20.064808	0.941079	10.233134	24.508047	203
204	COST TO BE ALLOC PER B PT II	1,595,716	934,346	175,497	206,326	639,291	204
205	UNIT COST MULT-WS B PT II	4.366740	2.786630	0.144165	0.635314	5.443461	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	MEALS SERVED	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS + LIBRARY GROSS REVENUE	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	117,442					11
13 NURSING ADMINISTRATION		1,015,045				13
14 CENTRAL SERVICES & SUPPLY		23,049	14,233,610			14
15 PHARMACY			35,644	4,292,379		15
16 MEDICAL RECORDS & LIBRARY			33,640		727,579,217	16
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	69,510	348,118	485,809	85,373	67,343,715	30
31 INTENSIVE CARE UNIT	6,850	73,572	154,269	24,625	15,928,121	31
40 SUBPROVIDER - IPF	34,392	159,291	68,748	452	19,485,987	40
43 NURSERY		9,952	15,462	1,936	914,619	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2	54,634	5,906,052	25,369	130,353,605	50
51 RECOVERY ROOM	1,687	35,013	89,618	57,074	29,448,677	51
52 DELIVERY ROOM & LABOR ROOM	3,842	61,190	86,868	12,780	8,125,900	52
53 ANESTHESIOLOGY		4,033	154,858	7,365	9,926,208	53
54 RADIOLOGY-DIAGNOSTIC			386,642	3,053	26,272,190	54
54.02 ULTRASOUND			9,279	120	12,744,325	54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN			135,797		46,570,095	57
58 MAGNETIC RESONANCE IMAGING (MRI)			58,990	859	11,940,652	58
59 CARDIAC CATHETERIZATION			4,268,527	7,006	55,138,925	59
60 LABORATORY			9,542	3	64,739,316	60
63 BLOOD STORING, PROCESSING & TRANS.			994,024		2,721,738	63
65 RESPIRATORY THERAPY		32,697	100,152		16,942,332	65
66 PHYSICAL THERAPY			12,390		5,775,077	66
67 OCCUPATIONAL THERAPY			3,130		1,264,197	67
68 SPEECH PATHOLOGY			7,259		1,179,481	68
69 ELECTROCARDIOLOGY		15,440	15,082	1,839	17,820,511	69
70.01 ECT		1,113	2,646		583,191	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			519,827		9,893,221	71
72 IMPL. DEV. CHARGED TO PATIENT			31,215			72
73 DRUGS CHARGED TO PATIENTS				3,626,546	75,506,843	73
74 RENAL DIALYSIS			12		3,593,511	74
75.01 PSYCHOLOGY		19,886	4,896		3,289,090	75.01
76 OCCUPATIONAL HEALTH			62,359	13,706	1,399,798	76
76.97 CARDIAC REHABILITATION		7,950	4,698		1,625,718	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		19,257	25,163	3,858	2,486,434	90
90.01 OUTPATIENT PROCEDURES		40,146	300		297,254	90.01
90.02 PRCC				310,488	3,048,844	90.02
91 EMERGENCY	1,159	109,704	530,781	109,925	81,219,642	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	117,442	1,015,045	14,213,679	4,292,377	727,579,217	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			4,890			190
192.01 PHYSICIAN PRACTICE MANAGEMENT						192.01
193.01 MASSAGE THERAPY			351			193.01
193.02 IDOL SPACE/HOME HEALTH						193.02
193.03 ADOL SCHOOL			1,023			193.03
193.04 FOUNDATION			4,820			193.04
193.05 LEASED BLDG			3,366			193.05
193.07 PARISH NURSING			1,347	2		193.07
194 OP PHARMACY			4,134			194

PROVIDER CCN: 14-0174 PROVENA MERCY CENTER  
 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  
 02/27/2012 10:19

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY  COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	
		MEALS SERVED 11	13	14	15	16	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,631,083	3,906,711	3,675,498	4,184,935	3,357,326	202
203	UNIT COST MULT-WS B PT I	13.888413	3.848806	0.258227	0.974969	0.004614	203
204	COST TO BE ALLOC PER B PT II	19,762	83,147	490,274	292,599	196,278	204
205	UNIT COST MULT-WS B PT II	0.168270	0.081915	0.034445	0.068167	0.000270	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
40	SUBPROVIDER - IPF	40
43	NURSERY	43
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
51	RECOVERY ROOM	51
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
54.02	ULTRASOUND	54.02
57	COMPUTED TOMOGRAPHY (CT) SCAN	57
58	MAGNETIC RESONANCE IMAGING (MRI)	58
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
63	BLOOD STORING, PROCESSING & TRANS.	63
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
69	ELECTROCARDIOLOGY	69
70.01	ECT	70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENT	72
73	DRUGS CHARGED TO PATIENTS	73
74	RENAL DIALYSIS	74
75.01	PSYCHOLOGY	75.01
76	OCCUPATIONAL HEALTH	76
76.97	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS		
90	CLINIC	90
90.01	OUTPATIENT PROCEDURES	90.01
90.02	PRCC	90.02
91	EMERGENCY	91
92	OBSERVATION BEDS	92
OTHER REIMBURSABLE COST CENTERS		
SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
192.01	PHYSICIAN PRACTICE MANAGEMENT	192.01
193.01	MASSAGE THERAPY	193.01
193.02	IDOL SPACE/HOME HEALTH	193.02
193.03	ADOL SCHOOL	193.03
193.04	FOUNDATION	193.04
193.05	LEASED BLDG	193.05
193.07	PARISH NURSING	193.07
194	OP PHARMACY	194

PROVIDER CCN: 14-0174 PROVENA MERCY CENTER  
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  
02/27/2012 10:19

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	27,984,248		27,984,248	18,750	28,002,998	30
31 INTENSIVE CARE UNIT	7,395,592		7,395,592	3,287	7,398,879	31
40 SUBPROVIDER - IPF	12,614,638		12,614,638	33,739	12,648,377	40
43 NURSERY	853,170		853,170	6,555	859,725	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,892,652		9,892,652		9,892,652	50
51 RECOVERY ROOM	4,584,120		4,584,120		4,584,120	51
52 DELIVERY ROOM & LABOR ROOM	5,986,236		5,986,236		5,986,236	52
53 ANESTHESIOLOGY	583,651		583,651		583,651	53
54 RADIOLOGY-DIAGNOSTIC	5,878,148		5,878,148		5,878,148	54
54.02 ULTRASOUND	1,217,858		1,217,858		1,217,858	54.02
57 COMPUTED TOMOGRAPHY (CT) SC	1,339,516		1,339,516		1,339,516	57
58 MAGNETIC RESONANCE IMAGING	844,449		844,449		844,449	58
59 CARDIAC CATHETERIZATION	3,417,958		3,417,958		3,417,958	59
60 LABORATORY	6,699,360		6,699,360	11,962	6,711,322	60
63 BLOOD STORING, PROCESSING &	1,566,626		1,566,626		1,566,626	63
65 RESPIRATORY THERAPY	2,284,647		2,284,647		2,284,647	65
66 PHYSICAL THERAPY	1,541,775		1,541,775		1,541,775	66
67 OCCUPATIONAL THERAPY	416,468		416,468		416,468	67
68 SPEECH PATHOLOGY	575,413		575,413		575,413	68
69 ELECTROCARDIOLOGY	1,367,523		1,367,523		1,367,523	69
70.01 ECT	88,137		88,137		88,137	70.01
71 MEDICAL SUPPLIES CHRGD TO	6,033,485		6,033,485		6,033,485	71
72 IMPL. DEV. CHARGED TO PATIE	7,838,828		7,838,828		7,838,828	72
73 DRUGS CHARGED TO PATIENTS	8,524,649		8,524,649		8,524,649	73
74 RENAL DIALYSIS	696,570		696,570		696,570	74
75.01 PSYCHOLOGY	1,815,862		1,815,862	1,582	1,817,444	75.01
76 OCCUPATIONAL HEALTH	1,287,114		1,287,114		1,287,114	76
76.97 CARDIAC REHABILITATION	767,921		767,921		767,921	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,858,077		1,858,077		1,858,077	90
90.01 OUTPATIENT PROCEDURES	1,707,888		1,707,888		1,707,888	90.01
90.02 PRC	943,987		943,987		943,987	90.02
91 EMERGENCY	9,487,136		9,487,136	25,836	9,512,972	91
92 OBSERVATION BEDS	3,259,209		3,259,209		3,259,209	92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	141,352,911		141,352,911	101,711	141,454,622	200
201 LESS OBSERVATION BEDS	3,259,209		3,259,209		3,259,209	201
202 TOTAL (SEE INSTRUCTIONS)	138,093,702		138,093,702		138,195,413	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	50,342,667		50,342,667			30
31 INTENSIVE CARE UNIT	15,049,774		15,049,774			31
40 SUBPROVIDER - IPF	19,485,987		19,485,987			40
43 NURSERY	912,760		912,760			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	55,952,537	40,050,017	96,002,554	0.103046	0.103046	0.103046 50
51 RECOVERY ROOM	11,541,269	17,392,440	28,933,709	0.158435	0.158435	0.158435 51
52 DELIVERY ROOM & LABOR ROOM	7,282,028	820,053	8,102,081	0.738852	0.738852	0.738852 52
53 ANESTHESIOLOGY	4,094,961	5,791,480	9,886,441	0.059036	0.059036	0.059036 53
54 RADIOLOGY-DIAGNOSTIC	7,550,109	18,671,168	26,221,277	0.224175	0.224175	0.224175 54
54.02 ULTRASOUND	3,163,962	9,569,884	12,733,846	0.095639	0.095639	0.095639 54.02
57 COMPUTED TOMOGRAPHY (CT) SC	12,417,713	34,124,080	46,541,793	0.028781	0.028781	0.028781 57
58 MAGNETIC RESONANCE IMAGING	2,653,466	9,265,872	11,919,338	0.070847	0.070847	0.070847 58
59 CARDIAC CATHETERIZATION	17,595,979	21,538,385	39,134,364	0.087339	0.087339	0.087339 59
60 LABORATORY	33,627,772	31,111,544	64,739,316	0.103482	0.103482	0.103667 60
63 BLOOD STORING, PROCESSING &	2,167,256	554,482	2,721,738	0.575598	0.575598	0.575598 63
65 RESPIRATORY THERAPY	9,207,815	1,257,905	10,465,720	0.218298	0.218298	0.218298 65
66 PHYSICAL THERAPY	2,889,105	2,885,972	5,775,077	0.266970	0.266970	0.266970 66
67 OCCUPATIONAL THERAPY	691,774	571,403	1,263,177	0.329699	0.329699	0.329699 67
68 SPEECH PATHOLOGY	472,873	706,608	1,179,481	0.487853	0.487853	0.487853 68
69 ELECTROCARDIOLOGY	8,251,588	9,568,923	17,820,511	0.076739	0.076739	0.076739 69
70.01 ECT	211,514	371,677	583,191	0.151129	0.151129	0.151129 70.01
71 MEDICAL SUPPLIES CHRGD TO	31,425,763	18,538,901	49,964,664	0.120755	0.120755	0.120755 71
72 IMPL. DEV. CHARGED TO PATIE	10,592,438	8,831,028	19,423,466	0.403575	0.403575	0.403575 72
73 DRUGS CHARGED TO PATIENTS	53,977,816	21,487,861	75,465,677	0.112961	0.112961	0.112961 73
74 RENAL DIALYSIS	3,422,753	170,758	3,593,511	0.193841	0.193841	0.193841 74
75.01 PSYCHOLOGY	18,645	3,270,445	3,289,090	0.552086	0.552086	0.552567 75.01
76 OCCUPATIONAL HEALTH	1,860	1,330,314	1,332,174	0.966176	0.966176	0.966176 76
76.97 CARDIAC REHABILITATION	2,891	1,622,827	1,625,718	0.472358	0.472358	0.472358 76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	33,059	2,453,375	2,486,434	0.747286	0.747286	0.747286 90
90.01 OUTPATIENT PROCEDURES	8,608	7,194,794	7,203,402	0.237095	0.237095	0.237095 90.01
90.02 PRC		3,048,844	3,048,844	0.309621	0.309621	0.309621 90.02
91 EMERGENCY	17,777,737	62,983,527	80,761,264	0.117471	0.117471	0.117791 91
92 OBSERVATION BEDS	2,028,432	7,542,782	9,571,214	0.340522	0.340522	0.340522 92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	384,852,911	342,727,349	727,580,260			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	384,852,911	342,727,349	727,580,260			202

PROVIDER CCN: 14-0174 PROVENA MERCY CENTER  
 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  
 02/27/2012 10:19

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3		5		7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	2,916,173		2,916,173	31,524	92.51	11,185	1,034,724	30
31 INTENSIVE CARE UNIT	649,481		649,481	3,840	169.14	1,603	271,131	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	1,267,021		1,267,021	12,671	99.99	4,734	473,353	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	59,220		59,220	1,658	35.72			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	4,891,895		4,891,895	49,693		17,522	1,779,208	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0174) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

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	1,404,585	96,002,554	0.014631	23,552,911	344,603	50
51 RECOVERY ROOM	743,357	28,933,709	0.025692	4,827,459	124,027	51
52 DELIVERY ROOM & LABOR ROOM	639,090	8,102,081	0.078880	21,450	1,692	52
53 ANESTHESIOLOGY	38,189	9,886,441	0.003863	1,593,686	6,156	53
54 RADIOLOGY-DIAGNOSTIC	487,578	26,221,277	0.018595	3,804,499	70,745	54
54.02 ULTRASOUND	36,756	12,733,846	0.002886	1,521,199	4,390	54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN	66,715	46,541,793	0.001433	5,804,500	8,318	57
58 MAGNETIC RESONANCE IMAGING (M	98,386	11,919,338	0.008254	1,183,837	9,771	58
59 CARDIAC CATHETERIZATION	354,019	39,134,364	0.009046	8,366,954	75,687	59
60 LABORATORY	398,432	64,739,316	0.006154	13,837,722	85,157	60
63 BLOOD STORING, PROCESSING & T	60,920	2,721,738	0.022383	1,048,436	23,467	63
65 RESPIRATORY THERAPY	116,866	10,465,720	0.011167	4,933,199	55,089	65
66 PHYSICAL THERAPY	62,550	5,775,077	0.010831	1,798,759	19,482	66
67 OCCUPATIONAL THERAPY	27,708	1,263,177	0.021935	460,066	10,092	67
68 SPEECH PATHOLOGY	18,698	1,179,481	0.015853	292,265	4,633	68
69 ELECTROCARDIOLOGY	133,064	17,820,511	0.007467	4,331,904	32,346	69
70.01 ECT	7,862	583,191	0.013481	18,645	251	70.01
71 MEDICAL SUPPLIES CHRGD TO PA	91,496	49,964,664	0.001831	13,800,865	25,269	71
72 IMPL. DEV. CHARGED TO PATIENT	95,949	19,423,466	0.004940	6,371,896	31,477	72
73 DRUGS CHARGED TO PATIENTS	323,820	75,465,677	0.004291	24,556,068	105,370	73
74 RENAL DIALYSIS	43,616	3,593,511	0.012137	2,018,222	24,495	74
75.01 PSYCHOLOGY	271,308	3,289,090	0.082487			75.01
76 OCCUPATIONAL HEALTH	19,698	1,332,174	0.014786	1,127	17	76
76.97 CARDIAC REHABILITATION	109,339	1,625,718	0.067256	2,099	141	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	167,702	2,486,434	0.067447	20,072	1,354	90
90.01 OUTPATIENT PROCEDURES	22,222	7,203,402	0.003085			90.01
90.02 PRCC	29,639	3,048,844	0.009721			90.02
91 EMERGENCY	705,872	80,761,264	0.008740	8,402,438	73,437	91
92 OBSERVATION BEDS	339,408	9,571,214	0.035461	784,075	27,804	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	6,914,844	641,789,072	641,789,072	133,354,353	1,165,270	200

PROVIDER CCN: 14-0174 PROVENA MERCY CENTER  
 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  
 02/27/2012 10:19

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					30
31 INTENSIVE CARE UNIT					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)					200

PROVIDER CCN: 14-0174 PROVENA MERCY CENTER  
 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  
 02/27/2012 10:19

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	31,524		11,185		30
31 INTENSIVE CARE UNIT	3,840		1,603		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	12,671		4,734		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,658				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	49,693		17,522		200

PROVIDER CCN: 14-0174 PROVENA MERCY CENTER  
 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  
 02/27/2012 10:19

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.02 ULTRASOUND						54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70.01 ECT						70.01
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 PSYCHOLOGY						75.01
76 OCCUPATIONAL HEALTH						76
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 OUTPATIENT PROCEDURES						90.01
90.02 PRCC						90.02
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0174)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] 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)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	96,002,554			23,552,911		6,179,407	50
51 RECOVERY ROOM	28,933,709			4,827,459		3,625,830	51
52 DELIVERY ROOM & LABOR ROOM	8,102,081			21,450		5,738	52
53 ANESTHESIOLOGY	9,886,441			1,593,686		1,003,249	53
54 RADIOLOGY-DIAGNOSTIC	26,221,277			3,804,499		3,016,571	54
54.02 ULTRASOUND	12,733,846			1,521,199		1,327,813	54.02
57 COMPUTED TOMOGRAPHY (CT) SCA	46,541,793			5,804,500		6,328,400	57
58 MAGNETIC RESONANCE IMAGING (	11,919,338			1,183,837		1,419,493	58
59 CARDIAC CATHETERIZATION	39,134,364			8,366,954		7,374,667	59
60 LABORATORY	64,739,316			13,837,722		1,668,268	60
63 BLOOD STORING, PROCESSING &	2,721,738			1,048,436		188,238	63
65 RESPIRATORY THERAPY	10,465,720			4,933,199		342,754	65
66 PHYSICAL THERAPY	5,775,077			1,798,759		7,761	66
67 OCCUPATIONAL THERAPY	1,263,177			460,066		2,049	67
68 SPEECH PATHOLOGY	1,179,481			292,265		35,627	68
69 ELECTROCARDIOLOGY	17,820,511			4,331,904		2,001,885	69
70.01 ECT	583,191			18,645		182,039	70.01
71 MEDICAL SUPPLIES CHRGD TO P	49,964,664			13,800,865		3,950,132	71
72 IMPL. DEV. CHARGED TO PATIEN	19,423,466			6,371,896		2,605,960	72
73 DRUGS CHARGED TO PATIENTS	75,465,677			24,556,068		6,220,163	73
74 RENAL DIALYSIS	3,593,511			2,018,222		83,483	74
75.01 PSYCHOLOGY	3,289,090					80,607	75.01
76 OCCUPATIONAL HEALTH	1,332,174			1,127		3,159	76
76.97 CARDIAC REHABILITATION	1,625,718			2,099		499,111	76.97
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,486,434			20,072		597,356	90
90.01 OUTPATIENT PROCEDURES	7,203,402					587,194	90.01
90.02 PRCC	3,048,844					1,177,160	90.02
91 EMERGENCY	80,761,264			8,402,438		7,346,460	91
92 OBSERVATION BEDS	9,571,214			784,075		3,221,491	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	641,789,072			133,354,353		61,082,065	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0174) [ ] 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 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.103046	6,179,407			636,763		50
51 RECOVERY ROOM	0.158435	3,625,830			574,458		51
52 DELIVERY ROOM & LABOR ROOM	0.738852	5,738			4,240		52
53 ANESTHESIOLOGY	0.059036	1,003,249			59,228		53
54 RADIOLOGY-DIAGNOSTIC	0.224175	3,016,571			676,240		54
54.02 ULTRASOUND	0.095639	1,327,813			126,991		54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.028781	6,328,400			182,138		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.070847	1,419,493			100,567		58
59 CARDIAC CATHETERIZATION	0.087339	7,374,667			644,096		59
60 LABORATORY	0.103482	1,668,268			172,636		60
63 BLOOD STORING, PROCESSING & TRA	0.575598	188,238			108,349		63
65 RESPIRATORY THERAPY	0.218298	342,754			74,823		65
66 PHYSICAL THERAPY	0.266970	7,761			2,072		66
67 OCCUPATIONAL THERAPY	0.329699	2,049			676		67
68 SPEECH PATHOLOGY	0.487853	35,627			17,381		68
69 ELECTROCARDIOLOGY	0.076739	2,001,885			153,623		69
70.01 ECT	0.151129	182,039			27,511		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.120755	3,950,132			476,998		71
72 IMPL. DEV. CHARGED TO PATIENT	0.403575	2,605,960			1,051,700		72
73 DRUGS CHARGED TO PATIENTS	0.112961	6,220,163		99,911	702,636	11,286	73
74 RENAL DIALYSIS	0.193841	83,483			16,182		74
75.01 PSYCHOLOGY	0.552086	80,607			44,502		75.01
76 OCCUPATIONAL HEALTH	0.966176	3,159			3,052		76
76.97 CARDIAC REHABILITATION	0.472358	499,111			235,759		76.97
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.747286	597,356			446,396		90
90.01 OUTPATIENT PROCEDURES	0.237095	587,194			139,221		90.01
90.02 PRCC	0.309621	1,177,160			364,473		90.02
91 EMERGENCY	0.117471	7,346,460			862,996		91
92 OBSERVATION BEDS	0.340522	3,221,491			1,096,989		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		61,082,065		99,911	9,002,696	11,286	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		61,082,065		99,911	9,002,696	11,286	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-S174) [ ] 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	1,404,585	96,002,554	0.014631	9,973	146	50
51	RECOVERY ROOM	743,357	28,933,709	0.025692	51,896	1,333	51
52	DELIVERY ROOM & LABOR ROOM	639,090	8,102,081	0.078880			52
53	ANESTHESIOLOGY	38,189	9,886,441	0.003863	2,511	10	53
54	RADIOLOGY-DIAGNOSTIC	487,578	26,221,277	0.018595	91,308	1,698	54
54.02	ULTRASOUND	36,756	12,733,846	0.002886	15,135	44	54.02
57	COMPUTED TOMOGRAPHY (CT) SCAN	66,715	46,541,793	0.001433	163,529	234	57
58	MAGNETIC RESONANCE IMAGING (M	98,386	11,919,338	0.008254	14,036	116	58
59	CARDIAC CATHETERIZATION	354,019	39,134,364	0.009046			59
60	LABORATORY	398,432	64,739,316	0.006154	1,166,104	7,176	60
63	BLOOD STORING, PROCESSING & T	60,920	2,721,738	0.022383			63
65	RESPIRATORY THERAPY	116,866	10,465,720	0.011167	1,216	14	65
66	PHYSICAL THERAPY	62,550	5,775,077	0.010831	72,580	786	66
67	OCCUPATIONAL THERAPY	27,708	1,263,177	0.021935			67
68	SPEECH PATHOLOGY	18,698	1,179,481	0.015853	5,731	91	68
69	ELECTROCARDIOLOGY	133,064	17,820,511	0.007467	16,804	125	69
70.01	ECT	7,862	583,191	0.013481	109,994	1,483	70.01
71	MEDICAL SUPPLIES CHRGD TO PA	91,496	49,964,664	0.001831	7,105	13	71
72	IMPL. DEV. CHARGED TO PATIENT	95,949	19,423,466	0.004940			72
73	DRUGS CHARGED TO PATIENTS	323,820	75,465,677	0.004291	2,526,239	10,840	73
74	RENAL DIALYSIS	43,616	3,593,511	0.012137	31,369	381	74
75.01	PSYCHOLOGY	271,308	3,289,090	0.082487	2,034	168	75.01
76	OCCUPATIONAL HEALTH	19,698	1,332,174	0.014786			76
76.97	CARDIAC REHABILITATION	109,339	1,625,718	0.067256			76.97
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	167,702	2,486,434	0.067447			90
90.01	OUTPATIENT PROCEDURES	22,222	7,203,402	0.003085			90.01
90.02	PRCC	29,639	3,048,844	0.009721			90.02
91	EMERGENCY	705,872	80,761,264	0.008740	514,442	4,496	91
92	OBSERVATION BEDS	339,408	9,571,214	0.035461			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	6,914,844	641,789,072	641,789,072	4,802,006	29,154	200

PROVIDER CCN: 14-0174 PROVENA MERCY CENTER  
 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  
 02/27/2012 10:19

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-S174) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.02 ULTRASOUND						54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70.01 ECT						70.01
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 PSYCHOLOGY						75.01
76 OCCUPATIONAL HEALTH						76
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 OUTPATIENT PROCEDURES						90.01
90.02 PRCC						90.02
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S174)	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	96,002,554		9,973			50
51	RECOVERY ROOM	28,933,709		51,896			51
52	DELIVERY ROOM & LABOR ROOM	8,102,081					52
53	ANESTHESIOLOGY	9,886,441		2,511			53
54	RADIOLOGY-DIAGNOSTIC	26,221,277		91,308		425	54
54.02	ULTRASOUND	12,733,846		15,135			54.02
57	COMPUTED TOMOGRAPHY (CT) SCA	46,541,793		163,529			57
58	MAGNETIC RESONANCE IMAGING (	11,919,338		14,036			58
59	CARDIAC CATHETERIZATION	39,134,364				650	59
60	LABORATORY	64,739,316		1,166,104			60
63	BLOOD STORING, PROCESSING &	2,721,738					63
65	RESPIRATORY THERAPY	10,465,720		1,216			65
66	PHYSICAL THERAPY	5,775,077		72,580			66
67	OCCUPATIONAL THERAPY	1,263,177					67
68	SPEECH PATHOLOGY	1,179,481		5,731			68
69	ELECTROCARDIOLOGY	17,820,511		16,804			69
70.01	ECT	583,191		109,994			70.01
71	MEDICAL SUPPLIES CHRGD TO P	49,964,664		7,105			71
72	IMPL. DEV. CHARGED TO PATIEN	19,423,466					72
73	DRUGS CHARGED TO PATIENTS	75,465,677		2,526,239		276	73
74	RENAL DIALYSIS	3,593,511		31,369			74
75.01	PSYCHOLOGY	3,289,090		2,034			75.01
76	OCCUPATIONAL HEALTH	1,332,174					76
76.97	CARDIAC REHABILITATION	1,625,718					76.97
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,486,434					90
90.01	OUTPATIENT PROCEDURES	7,203,402					90.01
90.02	PRCC	3,048,844					90.02
91	EMERGENCY	80,761,264		514,442			91
92	OBSERVATION BEDS	9,571,214					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	641,789,072		4,802,006		1,351	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-S174) [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.103046						50
51 RECOVERY ROOM	0.158435						51
52 DELIVERY ROOM & LABOR ROOM	0.738852						52
53 ANESTHESIOLOGY	0.059036						53
54 RADIOLOGY-DIAGNOSTIC	0.224175	425			95		54
54.02 ULTRASOUND	0.095639						54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.028781						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.070847						58
59 CARDIAC CATHETERIZATION	0.087339	650			57		59
60 LABORATORY	0.103482						60
63 BLOOD STORING, PROCESSING & TRA	0.575598						63
65 RESPIRATORY THERAPY	0.218298						65
66 PHYSICAL THERAPY	0.266970						66
67 OCCUPATIONAL THERAPY	0.329699						67
68 SPEECH PATHOLOGY	0.487853						68
69 ELECTROCARDIOLOGY	0.076739						69
70.01 ECT	0.151129						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.120755						71
72 IMPL. DEV. CHARGED TO PATIENT	0.403575						72
73 DRUGS CHARGED TO PATIENTS	0.112961	276			31		73
74 RENAL DIALYSIS	0.193841						74
75.01 PSYCHOLOGY	0.552086						75.01
76 OCCUPATIONAL HEALTH	0.966176						76
76.97 CARDIAC REHABILITATION	0.472358						76.97
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.747286						90
90.01 OUTPATIENT PROCEDURES	0.237095						90.01
90.02 PRCC	0.309621						90.02
91 EMERGENCY	0.117471						91
92 OBSERVATION BEDS	0.340522						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		1,351			183		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		1,351			183		202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0174) [ ] 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)	31,524	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	31,524	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	31,524	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11,185	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)	28,002,998	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	28,002,998	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	46,504,668	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46,504,668	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.602155	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)	1,475.21	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)	28,002,998	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0174) [ ] 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) 888.31 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 9,935,747 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) 9,935,747 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	7,398,879	3,840	1,926.79	1,603	3,088,644	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					18,183,439	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					31,207,830	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,305,855 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,165,270 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,471,125 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 28,736,705 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,669 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 888.31 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,259,209 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) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	2,916,173	28,002,998	0.104138	3,259,209	339,408	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S174) [ ] 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)	12,671	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	12,671	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,671	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)	4,734	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)	12,648,377	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	12,648,377	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)	12,648,377	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S174) [ ] 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)	998.21 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	4,725,526 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)	4,725,526 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	552,279 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	5,277,805 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	473,353 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	29,154 51
52	TOTAL PROGRAM EXCLUDABLE COST	502,507 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,775,298 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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0174) [ ] 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	4	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		23,135,774			30
31 INTENSIVE CARE UNIT		7,861,794			31
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.103046	23,552,911	2,427,033		50
51 RECOVERY ROOM	0.158435	4,827,459	764,838		51
52 DELIVERY ROOM & LABOR ROOM	0.738852	21,450	15,848		52
53 ANESTHESIOLOGY	0.059036	1,593,686	94,085		53
54 RADIOLOGY-DIAGNOSTIC	0.224175	3,804,499	852,874		54
54.02 ULTRASOUND	0.095639	1,521,199	145,486		54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.028781	5,804,500	167,059		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.070847	1,183,837	83,871		58
59 CARDIAC CATHETERIZATION	0.087339	8,366,954	730,761		59
60 LABORATORY	0.103667	13,837,722	1,434,515		60
63 BLOOD STORING, PROCESSING & TRA	0.575598	1,048,436	603,478		63
65 RESPIRATORY THERAPY	0.218298	4,933,199	1,076,907		65
66 PHYSICAL THERAPY	0.266970	1,798,759	480,215		66
67 OCCUPATIONAL THERAPY	0.329699	460,066	151,683		67
68 SPEECH PATHOLOGY	0.487853	292,265	142,582		68
69 ELECTROCARDIOLOGY	0.076739	4,331,904	332,426		69
70.01 ECT	0.151129	18,645	2,818		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.120755	13,800,865	1,666,523		71
72 IMPL. DEV. CHARGED TO PATIENT	0.403575	6,371,896	2,571,538		72
73 DRUGS CHARGED TO PATIENTS	0.112961	24,556,068	2,773,878		73
74 RENAL DIALYSIS	0.193841	2,018,222	391,214		74
75.01 PSYCHOLOGY	0.552567				75.01
76 OCCUPATIONAL HEALTH	0.966176	1,127	1,089		76
76.97 CARDIAC REHABILITATION	0.472358	2,099	991		76.97
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.747286	20,072	15,000		90
90.01 OUTPATIENT PROCEDURES	0.237095				90.01
90.02 PRCC	0.309621				90.02
91 EMERGENCY	0.117791	8,402,438	989,732		91
92 OBSERVATION BEDS	0.340522	784,075	266,995		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		133,354,353	18,183,439		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		133,354,353			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S174) [ ] 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					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF		7,230,396			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.103046	9,973	1,028		50
51 RECOVERY ROOM	0.158435	51,896	8,222		51
52 DELIVERY ROOM & LABOR ROOM	0.738852				52
53 ANESTHESIOLOGY	0.059036	2,511	148		53
54 RADIOLOGY-DIAGNOSTIC	0.224175	91,308	20,469		54
54.02 ULTRASOUND	0.095639	15,135	1,447		54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.028781	163,529	4,707		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.070847	14,036	994		58
59 CARDIAC CATHETERIZATION	0.087339				59
60 LABORATORY	0.103667	1,166,104	120,887		60
63 BLOOD STORING, PROCESSING & TRA	0.575598				63
65 RESPIRATORY THERAPY	0.218298	1,216	265		65
66 PHYSICAL THERAPY	0.266970	72,580	19,377		66
67 OCCUPATIONAL THERAPY	0.329699				67
68 SPEECH PATHOLOGY	0.487853	5,731	2,796		68
69 ELECTROCARDIOLOGY	0.076739	16,804	1,290		69
70.01 ECT	0.151129	109,994	16,623		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.120755	7,105	858		71
72 IMPL. DEV. CHARGED TO PATIENT	0.403575				72
73 DRUGS CHARGED TO PATIENTS	0.112961	2,526,239	285,366		73
74 RENAL DIALYSIS	0.193841	31,369	6,081		74
75.01 PSYCHOLOGY	0.552567	2,034	1,124		75.01
76 OCCUPATIONAL HEALTH	0.966176				76
76.97 CARDIAC REHABILITATION	0.472358				76.97
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.747286				90
90.01 OUTPATIENT PROCEDURES	0.237095				90.01
90.02 PRCC	0.309621				90.02
91 EMERGENCY	0.117791	514,442	60,597		91
92 OBSERVATION BEDS	0.340522				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,802,006	552,279		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,802,006			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0174)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	23,459,284	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	409,752	2
3	MANAGED CARE SIMULATED PAYMENTS	4,920,442	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	210.63	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)	0.0358	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2721	31
32	SUM OF LINES 30 AND 31	0.3079	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1462	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,429,747	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)	27,298,783	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)	27,298,783	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	2,074,414	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 (14-0174)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	29,373,197	59
60	PRIMARY PAYER PAYMENTS	9,527	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	29,363,670	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,118,080	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	191,276	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	440,843	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	308,590	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	379,811	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	27,362,904	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)	27,362,904	71
72	INTERIM PAYMENTS	27,091,592	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	271,312	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		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-S174)        [ ] 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)	183	2
3	PPS PAYMENTS	211	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)	211	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	21	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)	190	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)	190	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	190	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)	190	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)	190	40
41	INTERIM PAYMENTS	190	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 (14-0174) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		27,434,605		6,434,731	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE	07/29/2011	38,205	3.01
					3.02
					3.03
					3.04
					3.05
					3.06
					3.07
					3.08
					3.09
					3.50
	07/29/2011	343,013	08/02/2010	NONE	3.51
					3.52
					3.53
					3.54
					3.55
					3.56
					3.57
					3.58
					3.59
					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-343,013		38,205	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		27,091,592		6,472,936	4

TO BE COMPLETED BY CONTRACTOR

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [XX] IPF (14-S174) [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,561,413		190
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				NONE
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,561,413		190

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 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99			5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

PROVIDER CCN: 14-0174 PROVENA MERCY CENTER  
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  
02/27/2012 10:19

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK  
APPLICABLE BOX

HOSPITAL (14-0174)       CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	7,946 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	12,788 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	31,695 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	727,580,260 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	34,514,767 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7 7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IPF (14-S174)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	3,879,296	1
2	NET IPF PPS OUTLIER PAYMENT	101,541	2
3	NET IPF PPS ECT PAYMENT	22,629	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)	34.715068	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)	4,003,466	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)	4,003,466	16
17	PRIMARY PAYER PAYMENTS	4,540	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	3,998,926	18
19	DEDUCTIBLES	392,516	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	3,606,410	20
21	COINSURANCE	44,997	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	3,561,413	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	177,170	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	124,019	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	142,093	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	3,685,432	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)	3,685,432	31
32	INTERIM PAYMENTS	3,561,413	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	124,019	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

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	2,652,844			1
2 TEMPORARY INVESTMENTS	2,931			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	106,261,872			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE				
NOTES & ACCOUNTS RECEIVABLE	-76,535,955			6
7 INVENTORY	3,555,760			7
8 PREPAID EXPENSES	3,891,904			8
9 OTHER CURRENT ASSETS	1,830,213			9
10 DUE FROM OTHER FUNDS	252,059			10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	41,911,628			11
<b>FIXED ASSETS</b>				
12 LAND	4,545,766			12
13 LAND IMPROVEMENTS	4,377,849			13
14 ACCUMULATED DEPRECIATION	-2,696,805			14
15 BUILDINGS	103,155,683			15
16 ACCUMULATED DEPRECIATION	-62,738,184			16
17 LEASEHOLD IMPROVEMENTS	896,639			17
18 ACCUMULATED AMORTIZATION	-490,708			18
19 FIXED EQUIPMENT	3,849,038			19
20 ACCUMULATED DEPRECIATION	-3,026,047			20
21 AUTOMOBILES AND TRUCKS	140,944			21
22 ACCUMULATED DEPRECIATION	-140,944			22
23 MAJOR MOVABLE EQUIPMENT	50,721,063			23
24 ACCUMULATED DEPRECIATION	-32,459,475			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)	66,134,819			30
<b>OTHER ASSETS</b>				
31 INVESTMENTS	974,086			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	6,397,081			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	7,371,167			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	115,417,614			36
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
37 ACCOUNTS PAYABLE	7,402,108			37
38 SALARIES, WAGES & FEES PAYABLE	4,219,050			38
39 PAYROLL TAXES PAYABLE	776,139			39
40 NOTES & LOANS PAYABLE (SHORT TERM)				40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS	2,371,759			43
44 OTHER CURRENT LIABILITIES	19,906,574			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	34,675,630			45
<b>LONG-TERM LIABILITIES</b>				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	4,994,775			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	4,994,775			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	39,670,405			51
<b>CAPITAL ACCOUNTS</b>				
52 GENERAL FUND BALANCE	75,747,209			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)	75,747,209			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	115,417,614			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		67,896,253							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-3,851,308							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		64,044,945							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 MISCELLANEOUS		756,435							5
6 NET ASSET TRANSFER		10,945,829							6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		11,702,264							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		75,747,209							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 NET ASSET TRANSFER									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		75,747,209							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	71,220,030		71,220,030	2
3 SUBPROVIDER IPF	19,476,214		19,476,214	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)	90,696,244		90,696,244	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	90,696,244		90,696,244	18
19 ANCILLARY SERVICES	294,180,324		294,180,324	19
20 OUTPATIENT SERVICES		342,727,860	342,727,860	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	384,876,568	342,727,860	727,604,428	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		166,326,931	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		166,326,931	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	727,604,428	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	565,560,334	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	162,044,094	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	166,326,931	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-4,282,837	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	53,065	6
7	INCOME FROM INVESTMENTS	991,423	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	151,188	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	8,184	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	767,392	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	1,200,411	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	6,238	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	6,964	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	94,209	20
21	RENTAL OF VENDING MACHINES	12,545	21
22	RENTAL OF HOSPITAL SPACE	34,345	22
23	GOVERNMENTAL APPROPRIATIONS	63,399	23
24	OTHER (RENTAL INCOME)		24
24.01	OTHER (UNRESTRICTED DONATIONS)		24.01
24.02	OTHER (INCOME FROM UNCONSOLIDATED ENTITIES)		24.02
24.03	OTHER (OTHER OPERATING REVENUE)	408,756	24.03
24.04	OTHER (ASSETS RELEASED FROM RESTRICTION)	114,756	24.04
24.06	OTHER (NON-OP: INVESTMENT INCOME-REALIZED)		24.06
24.07	OTHER (NON-OP: GAIN ON SALE OF ASSETS)		24.07
24.08	OTHER (NON-OP: INVESTMENT INCOME -UNREALIZ)		24.08
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	3,912,875	25
26	TOTAL (LINE 5 PLUS LINE 25)	-369,962	26
27	OTHER EXPENSES (IMPAIRMENT)		27
27.01	OTHER EXPENSES (TRANSFERS TO AFFILIATES)		27.01
27.02	OTHER EXPENSES (RELEASED FROM RESTRICTIONS FOR ASSE)		27.02
27.03	OTHER EXPENSES (OTHER OPERATING EXPENSES)	3,141,470	27.03
27.04	OTHER EXPENSES (LOSS ON THE SALE OF ASSETS)	339,876	27.04
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	3,481,346	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-3,851,308	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-017) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER		1,904,865	1
3	CAPITAL DRG OUTLIER PAYMENTS		47,066	2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		87.42	3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)			4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)			6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		0.0358	7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		0.2721	8
10	SUM OF LINES 7 AND 8		0.3079	9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		0.0643	10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		122,483	11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)		2,074,414	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 26
	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
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.02 ULTRASOUND					54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR)					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70.01 ECT					70.01
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75.01 PSYCHOLOGY					75.01
76 OCCUPATIONAL HEALTH					76
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 OUTPATIENT PROCEDURES					90.01
90.02 PRCC					90.02
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192.01 PHYSICIAN PRACTICE MANAGEMENT					192.01
193.01 MASSAGE THERAPY					193.01
193.02 IDOL SPACE/HOME HEALTH					193.02
193.03 ADOL SCHOOL					193.03
193.04 FOUNDATION					193.04
193.05 LEASED BLDG					193.05
193.07 PARISH NURSING					193.07
194 OP PHARMACY					194
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