

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 05-26-2012 TIME: 09:26
 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 ST. JOSEPH HOSPITAL (14-0217) (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		883,814	76,378			1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		-40,606	19			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		843,208	76,397			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: 77 NORTH AIRLITE ST.
 2 CITY: ELGIN

STATE: IL

P.O. BOX:
 ZIP CODE: 60123

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	14-0217	16974	1	09/01/1966	N	P	P	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF	14-T217	16974	5	09/01/1997	N	P	N	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								21

INPATIENT PPS INFORMATION

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

		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	1,495	2,155	3	3	209		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.		50					25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2	118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: 472,156 AND/OR SELF INSURANCE:		118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N	118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	148003	140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.				
141	NAME: PROVENA HEALTH	CONTRACTOR'S NAME: 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.	Y		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.
 SEE 42 CFR §413.13)

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

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.		
	NAME	COUNTY	STATE
	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(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.		169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION				
1	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	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3

		Y/N	TYPE	DATE	
FINANCIAL DATA AND REPORTS					
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	06/30/2012	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5

		Y/N	Y/N	
APPROVED EDUCATIONAL ACTIVITIES				
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.	Y		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
			Y/N	Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.		N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14

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

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
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	03/31/2012	Y	03/31/2012
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

LINE	DESCRIPTION	WKST A NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
1		2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	51,500,871	-1,796,785	49,704,086	1,733,888.00	28.67	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A							4
4.01	PHYSICIANS-PART A - DIRECT TEACHING							4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		3,881,419	108,343	3,989,762	146,425.00	27.25	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		4,085,068		4,085,068	113,569.00	35.97	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A		399,291		399,291	2,006.00	199.05	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		9,610,777		9,610,777	141,744.00	67.80	14
15	HOME OFFICE: PHYSICIAN-PART A							15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (CORE)		15,051,312		15,051,312			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		1,317,978		1,317,978			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A							22
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS		900,391	-525,613	374,778	9,621.00	38.95	26
27	ADMINISTRATIVE & GENERAL		5,464,154	-1,271,172	4,192,982	160,950.00	26.05	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		126,947		126,947	521.00	243.66	28
29	MAINTENANCE & REPAIRS		528,831		528,831	18,994.00	27.84	29
30	OPERATION OF PLANT		847,703		847,703	38,791.00	21.85	30
31	LAUNDRY & LINEN SERVICE							31
32	HOUSEKEEPING		1,067,344		1,067,344	88,411.00	12.07	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		1,086,427	-442,492	643,935	48,125.00	13.38	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		408,313		408,313	11,316.00	36.08	35
36	CAFETERIA			442,492	442,492	33,070.00	13.38	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		2,816,424		2,816,424	70,806.00	39.78	38
39	CENTRAL SERVICES AND SUPPLY		593,733		593,733	33,910.00	17.51	39
40	PHARMACY		1,688,142		1,688,142	40,537.00	41.64	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,325,230		1,325,230	53,697.00	24.68	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)		52,036,131	-1,796,785	50,239,346	1,745,725.0	28.78	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		3,881,419	108,343	3,989,762	146,425.00	27.25	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)		48,154,712	-1,905,128	46,249,584	1,599,300.0	28.92	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)		14,095,136		14,095,136	257,319.00	54.78	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)		15,051,312		15,051,312		32.54%	5
6	TOTAL (SUM OF LINES 3 THRU 5)		77,301,160	-1,905,128	75,396,032	1,856,619.0	40.61	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		16,853,639	-1,796,785	15,056,854	608,749.00	24.73	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	1,681,237	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	607,900	3
4 PRIOR YEAR PENSION SERVICE COST	3,018,618	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	5,704,280	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	373,747	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	126,782	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	143,333	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	806,750	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	3,648,664	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	59,955	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	198,024	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	16,369,290	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0217 PROVENA ST. JOSEPH HOSPITAL
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/26/2012 09:26

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	4,620,328	2
3	SUBPROVIDER - IPF	4,620,328	3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTG		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL 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)			0.218482	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			18,383,309	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			75,656,572	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			16,529,599	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)					
9	NET REVENUE FROM STAND-ALONE SCHIP				9
10	STAND-ALONE SCHIP CHARGES				10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)				12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)					
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)				13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)				16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)					
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	19,244,200	569,106	19,813,306	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	4,204,511	124,339	4,328,850	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	186,799	1,489	188,288	22
23	COST OF CHARITY CARE	4,017,712	122,850	4,140,562	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)			15,045,148	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			669,598	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			14,375,550	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			3,140,799	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			7,281,361	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			7,281,361	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		9,140,975	9,140,975	1,252,681	1
2	00200				4,705,635	2
3	00300					3
4	00400	900,391	14,304,293	15,204,684		4
5.01	01160	177,423	244,132	421,555		5.01
5.02	00560	432,414	253,566	685,980		5.02
5.03	00570	889,093	52,167	941,260		5.03
5.04	00580	1,090,760	17,214,609	18,305,369		5.04
5.05	00590	2,874,464	17,021,777	19,896,241		5.05
6	00600	528,831	2,786,477	3,315,308		6
7	00700	847,703	2,204,882	3,052,585		7
8	00800		465,683	465,683		8
9	00900	1,067,344	175,141	1,242,485		9
10	01000	1,086,427	1,352,802	2,439,229	-993,477	10
11	01100				993,477	11
13	01300	2,816,424	155,892	2,972,316		13
14	01400	593,733	2,245,431	2,839,164	-1,405,415	14
15	01500	1,688,142	7,448,828	9,136,970	-40,419	15
16	01600	1,325,230	1,048,020	2,373,250		16
23	02300	220,460	56,878	277,338	108,343	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	9,674,400	960,054	10,634,454	-508,534	30
31	03100	2,193,767	786,689	2,980,456	-4,305	31
41	04100	3,207,392	1,408,471	4,315,863		41
ANCILLARY SERVICE COST CENTERS						
50	05000	2,220,009	4,365,871	6,585,880	-3,285,511	50
51	05100	1,887,683	77,358	1,965,041		51
53	05300	101,054	1,103,842	1,204,896	-25,844	53
54	05400	2,318,531	2,269,270	4,587,801	-1,007,929	54
54.01	03650	418,780	23,298	442,078		54.01
55	05500	1,219,671	692,073	1,911,744	-68,095	55
57	05700	438,509	188,352	626,861	-30,068	57
58	05800	243,984	65,527	309,511	-1,792	58
59	05900	1,048,722	2,330,824	3,379,546	-1,636,350	59
60	06000	83,719	5,376,691	5,460,410	-159,589	60
62	06200		688,057	688,057		62
65	06500	911,219	113,445	1,024,664	-3,853	65
66	06600	2,099,977	203,649	2,303,626	-597	66
67	06700	618,688	345,630	964,318		67
68	06800	302,868	8,633	311,501	-316	68
69	06900	684,890	118,045	802,935		69
71	07100				4,011,859	71
72	07200				3,835,556	72
73	07300					73
74	07400		526,693	526,693		74
76	03950					76
76.02	03550	413,501	30,266	443,767		76.02
76.03	03951	468,742	502,564	971,306		76.03
76.97	07697	125,815	6,775	132,590		76.97
76.98	07698		732,774	732,774	-38,453	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01	04950				501,416	90.01
91	09100	3,154,388	2,569,646	5,724,034	-394,219	91
91.01	04951	86,119	125,614	211,733	1,523	91.01
91.02	04952					91.02
91.03	04953	356,034	14,109	370,143		91.03
91.04	04954	230,003	254,620	484,623	14,676	91.04
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300		5,820,400	5,820,400	-5,820,400	113
118		51,047,304	107,580,793	158,628,097		118
NONREIMBURSABLE COST CENTERS						
190	19000					190
194	07950	101,773	192,208	293,981		194
194.01	07951					194.01
194.02	07952	100,449	9,263	109,712		194.02
194.03	07953	251,345	66,858	318,203		194.03
194.04	07954					194.04
200		51,500,871	107,849,122	159,349,993		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	CAP REL COSTS-BLDG & FIXT	10,393,656	521,885	10,915,541	1
2	00200	CAP REL COSTS-MVBLE EQUIP	4,705,635	401,322	5,106,957	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	15,204,684	3,302,474	18,507,158	4
5.01	01160	COMMUNICATIONS	421,555	-23,424	398,131	5.01
5.02	00560	PURCH, RCVING, STORING	685,980	-288,263	397,717	5.02
5.03	00570	ADMITTING	941,260		941,260	5.03
5.04	00580	CASHIERING	18,305,369	-15,298,266	3,007,103	5.04
5.05	00590	OTHER ADMIN AND GENERAL	19,896,241	-2,048,847	17,847,394	5.05
6	00600	MAINTENANCE & REPAIRS	3,315,308		3,315,308	6
7	00700	OPERATION OF PLANT	3,052,585		3,052,585	7
8	00800	LAUNDRY & LINEN SERVICE	465,683		465,683	8
9	00900	HOUSEKEEPING	1,242,485	-19	1,242,466	9
10	01000	DIETARY	1,445,752		1,445,752	10
11	01100	CAFETERIA	993,477	-601,192	392,285	11
13	01300	NURSING ADMINISTRATION	2,972,316	-5,683	2,966,633	13
14	01400	CENTRAL SERVICES & SUPPLY	1,433,749		1,433,749	14
15	01500	PHARMACY	9,096,551		9,096,551	15
16	01600	MEDICAL RECORDS & LIBRARY	2,373,250	-4,612	2,368,638	16
23	02300	PARAMED ED PRGM-(SPECIFY)	385,681	-122,868	262,813	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	10,125,920	-34,412	10,091,508	30
31	03100	INTENSIVE CARE UNIT	2,976,151	-216,858	2,759,293	31
41	04100	SUBPROVIDER - IRF	4,315,863	-5,119	4,310,744	41
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	3,300,369		3,300,369	50
51	05100	RECOVERY ROOM	1,965,041		1,965,041	51
53	05300	ANESTHESIOLOGY	1,179,052	-1,008,124	170,928	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,579,872	-12,604	3,567,268	54
54.01	03650	VASCULAR LAB	442,078		442,078	54.01
55	05500	RADIOLOGY-THERAPEUTIC	1,843,649	-3,705	1,839,944	55
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	596,793		596,793	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	307,719		307,719	58
59	05900	CARDIAC CATHETERIZATION	1,743,196	-4,445	1,738,751	59
60	06000	LABORATORY	5,300,821	92,135	5,392,956	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	688,057		688,057	62
65	06500	RESPIRATORY THERAPY	1,020,811		1,020,811	65
66	06600	PHYSICAL THERAPY	2,303,029		2,303,029	66
67	06700	OCCUPATIONAL THERAPY	964,318		964,318	67
68	06800	SPEECH PATHOLOGY	311,185		311,185	68
69	06900	ELECTROCARDIOLOGY	802,935	-2,508	800,427	69
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,011,859		4,011,859	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	3,835,556		3,835,556	72
73	07300	DRUGS CHARGED TO PATIENTS				73
74	07400	RENAL DIALYSIS	526,693		526,693	74
76	03950	OTHER ANCILLARY SERVICES COST CENTER				76
76.02	03550	PSYCH	443,767	-16,818	426,949	76.02
76.03	03951	OCCUPATIONAL HEALTH	971,306	-324,574	646,732	76.03
76.97	07697	CARDIAC REHABILITATION	132,590		132,590	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	694,321	-1,215	693,106	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01	04950	OUTPATIENT PROCEDURES	501,416		501,416	90.01
91	09100	EMERGENCY	5,329,815	-1,302,370	4,027,445	91
91.01	04951	C'VILLE OUT	213,256	-88,462	124,794	91.01
91.02	04952	LAKE HILL OUT				91.02
91.03	04953	NUTRITION COUNSELING	370,143	-143	370,000	91.03
91.04	04954	HUNTLEY OP	499,299	-22,138	477,161	91.04
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE				113
118		SUBTOTALS (SUM OF LINES 1-117)	158,628,097	-17,118,853	141,509,244	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
194	07950	OTHER NONREIMBURSABLE COST CENTER	293,981		293,981	194
194.01	07951	MOB				194.01
194.02	07952	COMMUNITY WELLNESS	109,712		109,712	194.02
194.03	07953	FUND DEVELOPMENT	318,203		318,203	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT				194.04
200		TOTAL (SUM OF LINES 118-199)	159,349,993	-17,118,853	142,231,140	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
1	2	3	4	5			
1 CAFETERIA	A	CAFETERIA	11		442,492	550,985	1
500 TOTAL RECLASSIFICATIONS					442,492	550,985	500
CODE LETTER - A							
1 NEW EQUIPMENT DEPRECIATION	B	CAP REL COSTS-MVBLE EQUIP	2			4,705,635	1
2							2
500 TOTAL RECLASSIFICATIONS						4,705,635	500
CODE LETTER - B							
1 DIRECTLY ASSIGN DEPR OFFSITES	D	EMERGENCY	91			5,182	1
2		C'VILLE OUT	91.01			1,496	2
3		HUNTLEY OP	91.04			14,995	3
500 TOTAL RECLASSIFICATIONS						21,673	500
CODE LETTER - D							
1 INTEREST EXPENSE	H	CAP REL COSTS-BLDG & FIXT	1			5,820,400	1
500 TOTAL RECLASSIFICATIONS						5,820,400	500
CODE LETTER - H							
1 EMS TRAINING COSTS	I	PARAMED ED PRGM-(SPECIFY)	23		108,343		1
2							2
3							3
4							4
5							5
6							6
500 TOTAL RECLASSIFICATIONS					108,343		500
CODE LETTER - I							
1 DEFERRED COMPENSATION	J	EMPLOYEE BENEFITS	4		33,083		1
500 TOTAL RECLASSIFICATIONS					33,083		500
CODE LETTER - J							
1 TREAT HOME OFFICE ALLOCATION AS OTH	K	EMPLOYEE BENEFITS	4			558,696	1
2		PURCH, RCVING, STORING	5.02			323,232	2
3		CASHIERING	5.04			947,940	3
500 TOTAL RECLASSIFICATIONS						1,829,868	500
CODE LETTER - K							
1 IMPLANTABLE SUPPLIES	L	IMPL. DEV. CHARGED TO PATIENT	72			3,835,556	1
2		ANESTHESIOLOGY	53			245	2
3							3
4							4
5							5
6							6
500 TOTAL RECLASSIFICATIONS						3,835,801	500
CODE LETTER - L							
1 BILLABLE SUPPLIES	M	MEDICAL SUPPLIES CHRGD TO PA	71			4,011,859	1
2		C'VILLE OUT	91.01			27	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
500 TOTAL RECLASSIFICATIONS						4,011,886	500
CODE LETTER - M							
1 OP PROCEDURES TO OP CLINIC	N	OUTPATIENT PROCEDURES	90.01		456,149	45,267	1
500 TOTAL RECLASSIFICATIONS					456,149	45,267	500
CODE LETTER - N							
GRAND TOTAL (INCREASES)					1,040,067	20,821,515	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CAFETERIA	A	DIETARY	10	442,492	550,985	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				442,492	550,985	500
1 NEW EQUIPMENT DEPRECIATION	B	CAP REL COSTS-BLDG & FIXT	1		4,546,046	9 1
2		LABORATORY	60		159,589	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					4,705,635	500
1 DIRECTLY ASSIGN DEPR OFFSITES	D	CAP REL COSTS-BLDG & FIXT	1		21,673	9 1
2						9 2
3						9 3
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					21,673	500
1 INTEREST EXPENSE	H	INTEREST EXPENSE	113		5,820,400	11 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					5,820,400	500
1 EMS TRAINING COSTS	I	ADULTS & PEDIATRICS	30	7,118		1
2		INTENSIVE CARE UNIT	31	4,305		2
3		ANESTHESIOLOGY	53	6,759		3
4		CARDIAC CATHETERIZATION	59	4,933		4
5		RESPIRATORY THERAPY	65	3,853		5
6		EMERGENCY	91	81,375		6
500 TOTAL RECLASSIFICATIONS CODE LETTER - I				108,343		500
1 DEFERRED COMPENSATION	J	EMPLOYEE BENEFITS	4		33,083	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - J					33,083	500
1 TREAT HOME OFFICE ALLOCATION AS OTH	K	EMPLOYEE BENEFITS	4	558,696		1
2		PURCH, RCVING, STORING	5.02	323,232		2
3		CASHIERING	5.04	947,940		3
500 TOTAL RECLASSIFICATIONS CODE LETTER - K				1,829,868		500
1 IMPLANTABLE SUPPLIES	L	CENTRAL SERVICES & SUPPLY	14		12,438	1
2		OPERATING ROOM	50		2,017,486	2
3		RADIOLOGY-DIAGNOSTIC	54		969,120	3
4		RADIOLOGY-THERAPEUTIC	55		60,245	4
5		CARDIAC CATHETERIZATION	59		774,625	5
6		EMERGENCY	91		1,887	6
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					3,835,801	500
1 BILLABLE SUPPLIES	M	CENTRAL SERVICES & SUPPLY	14		1,392,977	1
2		PHARMACY	15		40,419	2
3		OPERATING ROOM	50		1,268,025	3
4		ANESTHESIOLOGY	53		19,330	4
5		RADIOLOGY-DIAGNOSTIC	54		38,809	5
6		RADIOLOGY-THERAPEUTIC	55		7,850	6
7		COMPUTED TOMOGRAPHY (CT) SCAN	57		30,068	7
8		MAGNETIC RESONANCE IMAGING (M	58		1,792	8
9		CARDIAC CATHETERIZATION	59		856,792	9
10		PHYSICAL THERAPY	66		597	10
11		SPEECH PATHOLOGY	68		316	11
12		HYPERBARIC OXYGEN THERAPY	76.98		38,453	12
13		EMERGENCY	91		316,139	13
14		HUNTLEY OP	91.04		319	14
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					4,011,886	500
1 OP PROCEDURES TO OP CLINIC	N	ADULTS & PEDIATRICS	30	456,149	45,267	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				456,149	45,267	500
GRAND TOTAL (DECREASES)				2,836,852	19,024,730	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND RETIREMENTS	BALANCE	DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	2,549,055					2,549,055	1
2 LAND IMPROVEMENTS	5,738,584	200,781		200,781		5,939,365	2
3 BUILDINGS AND FIXTURES	146,368,543	4,836,986		4,836,986		151,205,529	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	2,044,735				594,288	1,450,447	5
6 MOVABLE EQUIPMENT	83,656,670	1,330,914		1,330,914	20,066,327	64,921,257	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	240,357,587	6,368,681		6,368,681	20,660,615	226,065,653	8
9 RECONCILING ITEMS	1,972,033					1,972,033	9
10 TOTAL (LINE 7 MINUS LINE 9)	238,385,554	6,368,681		6,368,681	20,660,615	224,093,620	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	9,140,975						9,140,975
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	9,140,975						9,140,975

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	COMPUTATION		OF RATIOS		ALLOCATION OF OTHER CAPITAL		TOTAL (SUM OF COLS. 5-7)
	GROSS ASSETS	CAPITALIZED LEASES	FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	
	1	2	3	4	5	6	8
1 CAP REL COSTS-BLDG & FIXT	159,693,949		159,693,949	0.706405			1
2 CAP REL COSTS-MVBLE EQUIP	66,371,704		66,371,704	0.293595			2
3 TOTAL (SUM OF LINES 1-2)	226,065,653		226,065,653	1.000000			3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	7,441,496		3,474,045				10,915,541
2 CAP REL COSTS-MVBLE EQUIP	5,106,957						5,106,957
3 TOTAL	12,548,453		3,474,045				16,022,498

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)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-5,296	PURCH, RCVING, STORING	5.02	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-23,424	COMMUNICATIONS	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,653,272			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-2,003,146			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-562,632	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4,603	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-5,993	CAFETERIA	11	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 INTEREST INCOME	B	-50,101	CAP REL COSTS-BLDG & FIXT	1	11 33
33.01 OFFSET BAD DEBTS	A	-15,045,148	CASHIERING	5.04	33.01
34					34
34.01 MISC REVENUE	B	-60	EMPLOYEE BENEFITS	4	34.01
34.02 MISC REVENUE	B	-75,064	OTHER ADMIN AND GENERAL	5.05	34.02
34.03 MISC REVENUE	B	-4,255	NURSING ADMINISTRATION	13	34.03
34.05 MISC REVENUE	B	-3,705	RADIOLOGY-THERAPEUTIC	55	34.05
34.06 MISC REVENUE	B	-129	CASHIERING	5.04	34.06
34.07 MISC REVENUE	B	-4,993	CAFETERIA	11	34.07
34.08 MISC REVENUE	B	-9	MEDICAL RECORDS & LIBRARY	16	34.08
34.10 MISC REVENUE	B	-143	NUTRITION COUNSELING	91.03	34.10
35 SISTERS MEALS	A	-27,574	CAFETERIA	11	35
35.10 PHP TRANSPORTATION/FOOD	B	-16,818	PSYCH	76.02	35.10
36 EMS	B	-122,543	PARAMED ED PRGM-(SPECIFY)	23	36
37 MISC REVENUE	B	-62,406	EMERGENCY	91	37
38 EMPLOYEE ASSISTANCE PROGRAM	B	-149,403	EMPLOYEE BENEFITS	4	38
39 MISC REVENUE	B	-19	HOUSEKEEPING	9	39
40 RENT	B	-22,138	HUNTLEY OP	91.04	40
41 RENT	B	-88,462	C'VILLE OUT	91.01	41
42 MISC REVENUE	B	-1,887	RADIOLOGY-DIAGNOSTIC	54	42
43 MISC REVENUE	B	-325	PARAMED ED PRGM-(SPECIFY)	23	43
44 LOBBYING EXPENSE	A	-30,987	OTHER ADMIN AND GENERAL	5.05	44
45 OFFSET BILL TO OTHER MINISTRIES	A	-69,882	OTHER ADMIN AND GENERAL	5.05	45
46 FAS 87	A	3,030,520	EMPLOYEE BENEFITS	4	46
47 ADD BACK DEPRECIATION ON IMPAIRMEN	A	483,722	CAP REL COSTS-BLDG & FIXT	1	9 47
48 ADD BACK DEPRECIATION ON IMPAIRMEN	A	401,322	CAP REL COSTS-MVBLE EQUIP	2	9 48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-17,118,853			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	1	CAP REL COSTS-BLDG & FIXT	CAPITAL	2,384,518		2,384,518	9 1
2	4	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	2,379,385	1,957,968	421,417	2
3	5.04	CASHIERING	CBO	1,211,707	1,464,696	-252,989	3
4	5.05	OTHER ADMIN AND GENERAL	ADMINISTRATIVE & GENERAL	7,693,175	9,566,089	-1,872,914	4
4.01	15	PHARMACY	EMM	1,116	1,116		4.01
4.02	31	INTENSIVE CARE UNIT	EICU	429,222	646,080	-216,858	4.02
4.03	54	RADIOLOGY-DIAGNOSTIC	PACS/CPACS	607,956	607,956		4.03
4.04	1	CAP REL COSTS-BLDG & FIXT	INTEREST	3,513,205	5,809,459	-2,296,254	11 4.04
4.05	5.02	PURCH, RCVING, STORING	PURCHASING/MATERIALS MGMT	260,297	543,264	-282,967	4.05
4.06	69	ELECTROCARDIOLOGY	EKG	137,364	137,364		4.06
4.07	60	LABORATORY	LAB	5,187,013	5,074,112	112,901	4.07
5		TOTALS (SUM OF LINES 1-4)		23,804,958	25,808,104	-2,003,146	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP		NAME	PERCENT OF OWNERSHIP		TYPE OF BUSINESS
		3	4		5	6	
6	B	PROVENA HEALTH	100.00	PROVENA HEALTH	100.00	HOME OFFICE	6
7							7
8							8
9							9
10							10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
1	2	3	4	5	6	7	8	9		
1	69 ELECTROCARDIOLOGY	EKG	7,875		7,875	177,200	63	5,367	268	1
2	60 LABORATORY	LAB	43,166	1,000	42,166	215,700	216	22,400	1,120	2
3	54 RADIOLOGY-DIAGNOSTIC	RADIOLOGY	56,968	5,968	51,000	225,300	427	46,251	2,313	3
4	53 ANESTHESIOLOGY	ANESTHESIOLOGY	1,018,428	1,005,818	12,610	200,300	107	10,304	515	4
5	41 SUBPROVIDER - IRF	CRU	81,919	5,119	76,800	215,700	899	93,228	4,661	5
6	91 EMERGENCY	ER	1,302,666	1,145,266	157,400	177,200	736	62,702	3,135	6
7	30 ADULTS & PEDIATRICS	PSYCH	56,638	11,638	45,000	154,100	300	22,226	1,111	7
8	59 CARDIAC CATHETERIZATION	CARDIAC CATH LA	10,238		10,238	177,200	68	5,793	290	8
9	76.03 OCCUPATIONAL HEALTH	OCCUPATIONAL HE	324,574	324,574						9
10	76.98 HYPERBARIC OXYGEN THERAP	WOUND CARE	3,600		3,600	177,200	28	2,385	119	10
11	5.05 OTHER ADMIN AND GENERAL	ADMINISTRATION								11
12	13 NURSING ADMINISTRATION	UR/CARE MANAGEM	6,540		6,540	177,200	60	5,112	256	12
200	TOTAL		2,912,612	2,499,383	413,229		2,904	275,768	13,788	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	69	ELECTROCARDIOLOGY	EKG				5,367	2,508	2,508	1
2	60	LABORATORY	LAB				22,400	19,766	20,766	2
3	54	RADIOLOGY-DIAGNOSTIC	RADIOLOGY				46,251	4,749	10,717	3
4	53	ANESTHESIOLOGY	ANESTHESIOLOGY				10,304	2,306	1,008,124	4
5	41	SUBPROVIDER - IRF	CRU				93,228		5,119	5
6	91	EMERGENCY	ER				62,702	94,698	1,239,964	6
7	30	ADULTS & PEDIATRICS	PSYCH				22,226	22,774	34,412	7
8	59	CARDIAC CATHETERIZATION	CARDIAC CATH LA				5,793	4,445	4,445	8
9	76.03	OCCUPATIONAL HEALTH	OCCUPATIONAL HE						324,574	9
10	76.98	HYPERBARIC OXYGEN THERAP	WOUND CARE				2,385	1,215	1,215	10
11	5.05	OTHER ADMIN AND GENERAL	ADMINISTRATION							11
12	13	NURSING ADMINISTRATION	UR/CARE MANAGEM				5,112	1,428	1,428	12
200		TOTAL					275,768	153,889	2,653,272	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUNICAT 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	10,915,541	10,915,541				1
2 CAP REL COSTS-MVBLE EQUIP	5,106,957		5,106,957			2
4 EMPLOYEE BENEFITS	18,507,158	61,468	4,048	18,572,674		4
5.01 COMMUNICATIONS	398,131	54,378	100,214	65,122	617,845	5.01
5.02 PURCH, RCVING, STORING	397,717	437,895	150,543	158,715	9,654	5.02
5.03 ADMITTING	941,260	141,948	2,325	326,337	17,162	5.03
5.04 CASHIERING	3,007,103		7,839	400,358	22,526	5.04
5.05 OTHER ADMIN AND GENERAL	17,847,394	1,201,353	419,453	1,055,058	96,534	5.05
6 MAINTENANCE & REPAIRS	3,315,308	1,009,945	49,018	194,105	1,073	6
7 OPERATION OF PLANT	3,052,585	84,632	38,934	311,145	21,453	7
8 LAUNDRY & LINEN SERVICE	465,683	74,434			1,073	8
9 HOUSEKEEPING	1,242,466		12,100	391,763	2,145	9
10 DIETARY	1,445,752	543,882	72,421	398,768	13,944	10
11 CAFETERIA	392,285				2,145	11
13 NURSING ADMINISTRATION	2,966,633	11,455	162,350	1,033,754	22,526	13
14 CENTRAL SERVICES & SUPPLY	1,433,749	192,876	232,555	217,927	5,363	14
15 PHARMACY	9,096,551	148,868	8,284	619,624	7,509	15
16 MEDICAL RECORDS & LIBRARY	2,368,638	177,483	14,193	486,419	21,453	16
23 PARAMED ED PRGM-(SPECIFY)	262,813		2,841	80,919	5,363	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,091,508	3,150,532	161,519	3,383,538	91,175	30
31 INTENSIVE CARE UNIT	2,759,293	233,244	74,090	805,211	7,509	31
41 SUBPROVIDER - IRF	4,310,744	354,859	29,898	1,177,257	13,944	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,300,369	382,730	907,724	814,843	33,252	50
51 RECOVERY ROOM	1,965,041	176,014	14,326	692,865	6,436	51
53 ANESTHESIOLOGY	170,928	13,307	18,698	37,091	3,218	53
54 RADIOLOGY-DIAGNOSTIC	3,567,268	354,859	542,847	851,005	37,543	54
54.01 VASCULAR LAB	442,078		114,111	153,711	1,073	54.01
55 RADIOLOGY-THERAPEUTIC	1,839,944	553,570	672,382	447,674	33,252	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	596,793		10,367	160,953		57
58 MAGNETIC RESONANCE IMAGING (MRI)	307,719		211,436	89,553		58
59 CARDIAC CATHETERIZATION	1,738,751	132,005	546,115	384,928		59
60 LABORATORY	5,392,956	318,239	14,614	30,729	21,453	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	688,057	2,832			1,073	62
65 RESPIRATORY THERAPY	1,020,811	30,255	54,048	334,458	7,509	65
66 PHYSICAL THERAPY	2,303,029	51,972	10,260	770,786	9,654	66
67 OCCUPATIONAL THERAPY	964,318	1,916	152	227,086	1,073	67
68 SPEECH PATHOLOGY	311,185	1,916	212	111,166	1,073	68
69 ELECTROCARDIOLOGY	800,427	181,486	171,225	251,385	7,509	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,011,859					71
72 IMPL. DEV. CHARGED TO PATIENT	3,835,556					72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	526,693					74
76 OTHER ANCILLARY SERVICES COST CENTER						76
76.02 PSYCH	426,949	59,892		151,773	18,235	76.02
76.03 OCCUPATIONAL HEALTH	646,732	141,948	2,522	172,049		76.03
76.97 CARDIAC REHABILITATION	132,590		51,156	46,180		76.97
76.98 HYPERBARIC OXYGEN THERAPY	693,106		892			76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PROCEDURES	501,416			167,427		90.01
91 EMERGENCY	4,027,445	425,823	99,911	1,157,802	34,325	91
91.01 C'VILLE OUT	124,794		55,076	31,610	1,073	91.01
91.02 LAKE HILL OUT						91.02
91.03 NUTRITION COUNSELING	370,000	54,378	381	130,680		91.03
91.04 HUNTLEY OP	477,161		30,940	84,421		91.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	141,509,244	10,762,394	5,072,020	18,406,195	580,302	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		30,255			2,145	190
194 OTHER NONREIMBURSABLE COST CENTER	293,981		22,086	37,355		194
194.01 MOB			9,867		31,107	194.01
194.02 COMMUNITY WELLNESS	109,712			36,869		194.02
194.03 FUND DEVELOPMENT	318,203	122,892	2,984	92,255	4,291	194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT						194.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	142,231,140	10,915,541	5,106,957	18,572,674	617,845	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	CASHIERING	SUBTOTAL	OTHER	
	5.02	5.03	5.04	(COLS. 0-4) 4A	ADMIN AND GENERAL 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 PURCH, RCVING, STORING	1,154,524					5.02
5.03 ADMITTING	2,045	1,431,077				5.03
5.04 CASHIERING	1,632		3,439,458			5.04
5.05 OTHER ADMIN AND GENERAL	8,101			20,627,893	20,627,893	5.05
6 MAINTENANCE & REPAIRS	21,364			4,590,813	778,753	6
7 OPERATION OF PLANT	4,761			3,513,510	596,007	7
8 LAUNDRY & LINEN SERVICE	924			542,114	91,960	8
9 HOUSEKEEPING	13,648			1,662,122	281,951	9
10 DIETARY	96,089			2,570,856	436,102	10
11 CAFETERIA				394,430	66,908	11
13 NURSING ADMINISTRATION	3,468			4,200,186	712,490	13
14 CENTRAL SERVICES & SUPPLY	47,641			2,130,111	361,337	14
15 PHARMACY	1,926	88,678	213,112	10,184,552	1,727,636	15
16 MEDICAL RECORDS & LIBRARY	3,773			3,071,959	521,106	16
23 PARAMED ED PRGM-(SPECIFY)	1,995			353,931	60,038	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	37,525	154,424	371,113	17,441,334	2,958,598	30
31 INTENSIVE CARE UNIT	6,415	36,100	86,756	4,008,618	679,994	31
41 SUBPROVIDER - IRF	13,080	52,318	125,732	6,077,832	1,031,001	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,561	171,486	412,394	6,030,359	1,022,948	50
51 RECOVERY ROOM	3,661	58,879	141,499	3,058,721	518,860	51
53 ANESTHESIOLOGY	1,382	28,273	67,946	340,843	57,818	53
54 RADIOLOGY-DIAGNOSTIC	26,876	60,248	144,789	5,585,435	947,474	54
54.01 VASCULAR LAB	1,679	24,265	58,314	795,231	134,897	54.01
55 RADIOLOGY-THERAPEUTIC	7,611	48,653	116,922	3,720,008	631,036	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	11,967	103,413	248,521	1,132,014	192,027	57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,579	31,106	74,755	719,148	121,991	58
59 CARDIAC CATHETERIZATION	25,128	44,839	107,758	2,979,524	505,426	59
60 LABORATORY	3,591	147,924	355,493	6,284,999	1,066,143	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	59,065	3,517	8,451	762,995	129,429	62
65 RESPIRATORY THERAPY	8,813	27,190	65,343	1,548,427	262,664	65
66 PHYSICAL THERAPY	4,391	26,840	64,502	3,241,434	549,854	66
67 OCCUPATIONAL THERAPY	1,328	11,737	28,206	1,235,816	209,635	67
68 SPEECH PATHOLOGY	549	3,722	8,946	438,769	74,430	68
69 ELECTROCARDIOLOGY	3,492	31,365	75,377	1,522,266	258,227	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	344,446	66,359	159,475	4,582,139	777,282	71
72 IMPL. DEV. CHARGED TO PATIENT	329,317	37,824	90,900	4,293,597	728,336	72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	6	5,850	14,059	546,608	92,723	74
76 OTHER ANCILLARY SERVICES COST CENTER						76
76.02 PSYCH		10,998	26,430	694,277	117,772	76.02
76.03 OCCUPATIONAL HEALTH	2,865	2,326	5,591	974,033	165,228	76.03
76.97 CARDIAC REHABILITATION	456	1,071	2,575	234,028	39,699	76.97
76.98 HYPERBARIC OXYGEN THERAPY	23,082	21,772	52,323	791,175	134,209	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PROCEDURES		13,845	33,272	715,960	121,450	90.01
91 EMERGENCY	15,171	112,260	269,785	6,142,522	1,041,974	91
91.01 C'VILLE OUT	417	675	1,622	215,267	36,516	91.01
91.02 LAKE HILL OUT						91.02
91.03 NUTRITION COUNSELING	330	609	1,463	557,841	94,628	91.03
91.04 HUNTLEY OP	470	2,511	6,034	601,537	102,041	91.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,152,620	1,431,077	3,439,458	141,115,234	20,438,598	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				32,400	5,496	190
194 OTHER NONREIMBURSABLE COST CENTER	16			353,438	59,955	194
194.01 MOB	42			41,016	6,958	194.01
194.02 COMMUNITY WELLNESS	519			147,100	24,953	194.02
194.03 FUND DEVELOPMENT	1,327			541,952	91,933	194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT						194.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,154,524	1,431,077	3,439,458	142,231,140	20,627,893	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 PURCH, RCVING, STORING						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING						5.04
5.05 OTHER ADMIN AND GENERAL						5.05
6 MAINTENANCE & REPAIRS	5,369,566					6
7 OPERATION OF PLANT	56,744	4,166,261				7
8 LAUNDRY & LINEN SERVICE	49,906	39,136	723,116			8
9 HOUSEKEEPING				1,944,073		9
10 DIETARY	364,661	285,964		52,927	3,710,510	10
11 CAFETERIA				22,200		11
13 NURSING ADMINISTRATION	7,680	6,023		8,492		13
14 CENTRAL SERVICES & SUPPLY	129,320	101,411	3,457	13,496		14
15 PHARMACY	99,813	78,272		6,449		15
16 MEDICAL RECORDS & LIBRARY	118,999	93,317		11,029		16
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,112,365	1,656,495	298,062	793,522	2,377,329	30
31 INTENSIVE CARE UNIT	156,385	122,636	36,374	87,038	136,555	31
41 SUBPROVIDER - IRF	237,926	186,579	52,406	102,331	895,054	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	256,612	201,233	65,291	252,867		50
51 RECOVERY ROOM	118,014	92,545	54,519	33,018	10,416	51
53 ANESTHESIOLOGY	8,922	6,997		11,910		53
54 RADIOLOGY-DIAGNOSTIC	237,926	186,579	34,288	154,765		54
54.01 VASCULAR LAB			9,264	4,828		54.01
55 RADIOLOGY-THERAPEUTIC	371,157	291,057	2,592	55,852	22,957	55
57 COMPUTED TOMOGRAPHY (CT) SCAN			5,899			57
58 MAGNETIC RESONANCE IMAGING (MRI)			3,520			58
59 CARDIAC CATHETERIZATION	88,507	69,406	8,123			59
60 LABORATORY	213,372	167,324		37,740		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,899	1,489		1,621		62
65 RESPIRATORY THERAPY	20,285	15,907		9,514		65
66 PHYSICAL THERAPY	34,846	27,326	6,409	14,518		66
67 OCCUPATIONAL THERAPY	1,285	1,008		15,892		67
68 SPEECH PATHOLOGY	1,285	1,008				68
69 ELECTROCARDIOLOGY	121,682	95,422	4,937	5,109		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY SERVICES COST CENTER						76
76.02 PSYCH	40,156	31,490		7,083	18,069	76.02
76.03 OCCUPATIONAL HEALTH	95,173	74,634	3,409			76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY			15,197			76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PROCEDURES						90.01
91 EMERGENCY	285,505	223,890	118,546	209,665	40,021	91
91.01 C'VILLE OUT						91.01
91.02 LAKE HILL OUT						91.02
91.03 NUTRITION COUNSELING	36,459	28,591				91.03
91.04 HUNTLEY OP						91.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	5,266,884	4,085,739	722,293	1,911,866	3,500,401	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,285	15,907		4,581		190
194 OTHER NONREIMBURSABLE COST CENTER					210,109	194
194.01 MOB				27,626		194.01
194.02 COMMUNITY WELLNESS			823			194.02
194.03 FUND DEVELOPMENT	82,397	64,615				194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT						194.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,369,566	4,166,261	723,116	1,944,073	3,710,510	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 PURCH, RCVING, STORING						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING						5.04
5.05 OTHER ADMIN AND GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	483,538					11
13 NURSING ADMINISTRATION	26,147	4,961,018				13
14 CENTRAL SERVICES & SUPPLY	12,522	176,040	2,927,694			14
15 PHARMACY	14,969			12,111,691		15
16 MEDICAL RECORDS & LIBRARY	19,829	67,358			3,903,602	16
23 PARAMED ED PRGM-(SPECIFY)	12,267	172,448	276	397		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	118,502	1,665,937	56,181	47,617	1,642,930	30
31 INTENSIVE CARE UNIT	23,290	327,411	13,915	15,309	188,102	31
41 SUBPROVIDER - IRF	43,757	615,145	16,522	5,912	503,976	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,552	331,097	6,488		623,344	50
51 RECOVERY ROOM	20,755	291,783	6,572	6,361		51
53 ANESTHESIOLOGY	1,278	17,962	4,022	6,839		53
54 RADIOLOGY-DIAGNOSTIC	25,088		75,844	2,935		54
54.01 VASCULAR LAB	3,900		4,922	4,066		54.01
55 RADIOLOGY-THERAPEUTIC	13,493		9,237	9,827		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,774		40,167	11,828		57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,315		14,137	708		58
59 CARDIAC CATHETERIZATION	9,688		79,752	8,766		59
60 LABORATORY	777	10,923	4,677			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			198,197	28		62
65 RESPIRATORY THERAPY	10,783	151,589	27,816	20		65
66 PHYSICAL THERAPY	21,960	321,846	5,975			66
67 OCCUPATIONAL THERAPY	6,554	92,132	458			67
68 SPEECH PATHOLOGY	2,805	39,429	202			68
69 ELECTROCARDIOLOGY	8,327		10,586	2,991		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,155,840			71
72 IMPL. DEV. CHARGED TO PATIENT			1,105,051			72
73 DRUGS CHARGED TO PATIENTS				11,809,670		73
74 RENAL DIALYSIS			17			74
76 OTHER ANCILLARY SERVICES COST CENTER						76
76.02 PSYCH	5,178	72,794				76.02
76.03 OCCUPATIONAL HEALTH	5,204		7,152	71		76.03
76.97 CARDIAC REHABILITATION	1,275		538			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76,995	301		76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PROCEDURES	5,869	82,502				90.01
91 EMERGENCY	28,001	524,622	4,512	178,045	945,250	91
91.01 C'VILLE OUT			417			91.01
91.02 LAKE HILL OUT						91.02
91.03 NUTRITION COUNSELING	4,113		67			91.03
91.04 HUNTLEY OP			396			91.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	476,972	4,961,018	2,926,936	12,111,691	3,903,602	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 OTHER NONREIMBURSABLE COST CENTER	2,858		36			194
194.01 MOB						194.01
194.02 COMMUNITY WELLNESS	1,279		722			194.02
194.03 FUND DEVELOPMENT	2,429					194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT						194.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	483,538	4,961,018	2,927,694	12,111,691	3,903,602	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 PURCH, RCVING, STORING					5.02
5.03 ADMITTING					5.03
5.04 CASHIERING					5.04
5.05 OTHER ADMIN AND GENERAL					5.05
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
23 PARAMED ED PRGM-(SPECIFY)	599,357				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	41,941	31,210,813		31,210,813	30
31 INTENSIVE CARE UNIT	20,971	5,816,598		5,816,598	31
41 SUBPROVIDER - IRF		9,768,441		9,768,441	41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		8,813,791		8,813,791	50
51 RECOVERY ROOM		4,211,564		4,211,564	51
53 ANESTHESIOLOGY	41,941	498,532		498,532	53
54 RADIOLOGY-DIAGNOSTIC		7,250,334		7,250,334	54
54.01 VASCULAR LAB		957,108		957,108	54.01
55 RADIOLOGY-THERAPEUTIC		5,127,216		5,127,216	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,386,709		1,386,709	57
58 MAGNETIC RESONANCE IMAGING (MRI)		861,819		861,819	58
59 CARDIAC CATHETERIZATION	20,971	3,770,163		3,770,163	59
60 LABORATORY		7,785,955		7,785,955	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,095,658		1,095,658	62
65 RESPIRATORY THERAPY	20,971	2,067,976		2,067,976	65
66 PHYSICAL THERAPY		4,224,168		4,224,168	66
67 OCCUPATIONAL THERAPY		1,562,780		1,562,780	67
68 SPEECH PATHOLOGY		557,928		557,928	68
69 ELECTROCARDIOLOGY		2,029,547		2,029,547	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		6,515,261		6,515,261	71
72 IMPL. DEV. CHARGED TO PATIENT		6,126,984		6,126,984	72
73 DRUGS CHARGED TO PATIENTS		11,809,670		11,809,670	73
74 RENAL DIALYSIS		639,348		639,348	74
76 OTHER ANCILLARY SERVICES COST CENTER					76
76.02 PSYCH		986,819		986,819	76.02
76.03 OCCUPATIONAL HEALTH		1,324,904		1,324,904	76.03
76.97 CARDIAC REHABILITATION		275,540		275,540	76.97
76.98 HYPERBARIC OXYGEN THERAPY		1,017,877		1,017,877	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT PROCEDURES		925,781		925,781	90.01
91 EMERGENCY	452,562	10,195,115		10,195,115	91
91.01 C'VILLE OUT		252,200		252,200	91.01
91.02 LAKE HILL OUT					91.02
91.03 NUTRITION COUNSELING		721,699		721,699	91.03
91.04 HUNTLEY OP		703,974		703,974	91.04
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	599,357	140,492,272		140,492,272	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		78,669		78,669	190
194 OTHER NONREIMBURSABLE COST CENTER		626,396		626,396	194
194.01 MOB		75,600		75,600	194.01
194.02 COMMUNITY WELLNESS		174,877		174,877	194.02
194.03 FUND DEVELOPMENT		783,326		783,326	194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT					194.04
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	599,357	142,231,140		142,231,140	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	576	61,468	4,048	66,092	66,092	4
5.01 COMMUNICATIONS	17,941	54,378	100,214	172,533	232	5.01
5.02 PURCH, RCVING, STORING		437,895	150,543	588,438	565	5.02
5.03 ADMITTING		141,948	2,325	144,273	1,161	5.03
5.04 CASHIERING			7,839	7,839	1,425	5.04
5.05 OTHER ADMIN AND GENERAL	261,369	1,201,353	419,453	1,882,175	3,754	5.05
6 MAINTENANCE & REPAIRS		1,009,945	49,018	1,058,963	691	6
7 OPERATION OF PLANT		84,632	38,934	123,566	1,107	7
8 LAUNDRY & LINEN SERVICE		74,434		74,434		8
9 HOUSEKEEPING			12,100	12,100	1,394	9
10 DIETARY	150	543,882	72,421	616,453	1,419	10
11 CAFETERIA						11
13 NURSING ADMINISTRATION		11,455	162,350	173,805	3,678	13
14 CENTRAL SERVICES & SUPPLY	249,957	192,876	232,555	675,388	775	14
15 PHARMACY	286,094	148,868	8,284	443,246	2,205	15
16 MEDICAL RECORDS & LIBRARY		177,483	14,193	191,676	1,731	16
23 PARAMED ED PRGM-(SPECIFY)			2,841	2,841	288	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	826	3,150,532	161,519	3,312,877	12,046	30
31 INTENSIVE CARE UNIT		233,244	74,090	307,334	2,865	31
41 SUBPROVIDER - IRF	1,850	354,859	29,898	386,607	4,189	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	247,354	382,730	907,724	1,537,808	2,899	50
51 RECOVERY ROOM		176,014	14,326	190,340	2,465	51
53 ANESTHESIOLOGY		13,307	18,698	32,005	132	53
54 RADIOLOGY-DIAGNOSTIC	83,352	354,859	542,847	981,058	3,028	54
54.01 VASCULAR LAB			114,111	114,111	547	54.01
55 RADIOLOGY-THERAPEUTIC		553,570	672,382	1,225,952	1,593	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	7,500		10,367	17,867	573	57
58 MAGNETIC RESONANCE IMAGING (MRI)			211,436	211,436	319	58
59 CARDIAC CATHETERIZATION	56,360	132,005	546,115	734,480	1,370	59
60 LABORATORY		318,239	14,614	332,853	109	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,832		2,832		62
65 RESPIRATORY THERAPY	6,000	30,255	54,048	90,303	1,190	65
66 PHYSICAL THERAPY		51,972	10,260	62,232	2,743	66
67 OCCUPATIONAL THERAPY		1,916	152	2,068	808	67
68 SPEECH PATHOLOGY		1,916	212	2,128	396	68
69 ELECTROCARDIOLOGY		181,486	171,225	352,711	894	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	640			640		74
76 OTHER ANCILLARY SERVICES COST CENTER						76
76.02 PSYCH		59,892		59,892	540	76.02
76.03 OCCUPATIONAL HEALTH		141,948	2,522	144,470	612	76.03
76.97 CARDIAC REHABILITATION			51,156	51,156	164	76.97
76.98 HYPERBARIC OXYGEN THERAPY			892	892		76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PROCEDURES					596	90.01
91 EMERGENCY	210,725	425,823	99,911	736,459	4,120	91
91.01 C'VILLE OUT			55,076	55,076	112	91.01
91.02 LAKE HILL OUT						91.02
91.03 NUTRITION COUNSELING		54,378	381	54,759	465	91.03
91.04 HUNTLEY OP	201,702		30,940	232,642	300	91.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,632,396	10,762,394	5,072,020	17,466,810	65,500	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		30,255		30,255		190
194 OTHER NONREIMBURSABLE COST CENTER	146,003		22,086	168,089	133	194
194.01 MOB			9,867	9,867		194.01
194.02 COMMUNITY WELLNESS					131	194.02
194.03 FUND DEVELOPMENT		122,892	2,984	125,876	328	194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT						194.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,778,399	10,915,541	5,106,957	17,800,897	66,092	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	COMMUNICAT	PURCHASING	ADMITTING	CASHIERING	OTHER ADMIN AND GENERAL	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS	172,765					5.01
5.02 PURCH, RCVING, STORING	2,699	591,702				5.02
5.03 ADMITTING	4,799	1,048	151,281			5.03
5.04 CASHIERING	6,299	836		16,399		5.04
5.05 OTHER ADMIN AND GENERAL	26,991	4,152			1,917,072	5.05
6 MAINTENANCE & REPAIRS	300	10,949			72,374	6
7 OPERATION OF PLANT	5,999	2,440			55,390	7
8 LAUNDRY & LINEN SERVICE	300	473			8,546	8
9 HOUSEKEEPING	600	6,995			26,203	9
10 DIETARY	3,899	49,246			40,530	10
11 CAFETERIA	600				6,218	11
13 NURSING ADMINISTRATION	6,299	1,777			66,216	13
14 CENTRAL SERVICES & SUPPLY	1,500	24,416			33,581	14
15 PHARMACY	2,100	987	9,375	1,015	160,559	15
16 MEDICAL RECORDS & LIBRARY	5,999	1,934			48,429	16
23 PARAMED ED PRGM-(SPECIFY)	1,500	1,022			5,580	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	25,495	19,232	16,326	1,767	274,961	30
31 INTENSIVE CARE UNIT	2,100	3,288	3,817	413	63,196	31
41 SUBPROVIDER - IRF	3,899	6,703	5,531	599	95,817	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,298	3,875	18,114	1,987	95,069	50
51 RECOVERY ROOM	1,800	1,876	6,225	674	48,221	51
53 ANESTHESIOLOGY	900	708	2,989	323	5,373	53
54 RADIOLOGY-DIAGNOSTIC	10,498	13,774	6,369	689	88,054	54
54.01 VASCULAR LAB	300	860	2,565	278	12,537	54.01
55 RADIOLOGY-THERAPEUTIC	9,298	3,901	5,144	557	58,646	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		6,133	10,933	1,183	17,846	57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,347	3,289	356	11,337	58
59 CARDIAC CATHETERIZATION		12,878	4,740	513	46,972	59
60 LABORATORY	5,999	1,840	15,639	1,692	99,083	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	300	30,271	372	40	12,029	62
65 RESPIRATORY THERAPY	2,100	4,516	2,875	311	24,411	65
66 PHYSICAL THERAPY	2,699	2,250	2,838	307	51,101	66
67 OCCUPATIONAL THERAPY	300	681	1,241	134	19,483	67
68 SPEECH PATHOLOGY	300	281	394	43	6,917	68
69 ELECTROCARDIOLOGY	2,100	1,790	3,316	359	23,999	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		176,537	7,016	759	72,237	71
72 IMPL. DEV. CHARGED TO PATIENT		168,776	3,999	433	67,689	72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		3	618	67	8,617	74
76 OTHER ANCILLARY SERVICES COST CENTER						76
76.02 PSYCH	5,099		1,163	126	10,945	76.02
76.03 OCCUPATIONAL HEALTH		1,468	246	27	15,356	76.03
76.97 CARDIAC REHABILITATION		234	113	12	3,689	76.97
76.98 HYPERBARIC OXYGEN THERAPY		11,830	2,302	249	12,473	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PROCEDURES			1,464	158	11,287	90.01
91 EMERGENCY	9,598	7,775	11,868	1,284	96,837	91
91.01 C'VILLE OUT	300	214	71	8	3,394	91.01
91.02 LAKE HILL OUT						91.02
91.03 NUTRITION COUNSELING		169	64	7	8,794	91.03
91.04 HUNTLEY OP		241	265	29	9,483	91.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	162,267	590,726	151,281	16,399	1,899,479	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	600				511	190
194 OTHER NONREIMBURSABLE COST CENTER		8			5,572	194
194.01 MOB	8,698	22			647	194.01
194.02 COMMUNITY WELLNESS		266			2,319	194.02
194.03 FUND DEVELOPMENT	1,200	680			8,544	194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT						194.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	172,765	591,702	151,281	16,399	1,917,072	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN-TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 PURCH, RCVING, STORING						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING						5.04
5.05 OTHER ADMIN AND GENERAL						5.05
6 MAINTENANCE & REPAIRS	1,143,277					6
7 OPERATION OF PLANT	12,082	200,584				7
8 LAUNDRY & LINEN SERVICE	10,626	1,884	96,263			8
9 HOUSEKEEPING				47,292		9
10 DIETARY	77,643	13,768		1,288	804,246	10
11 CAFETERIA				540		11
13 NURSING ADMINISTRATION	1,635	290		207		13
14 CENTRAL SERVICES & SUPPLY	27,534	4,882	460	328		14
15 PHARMACY	21,252	3,768		157		15
16 MEDICAL RECORDS & LIBRARY	25,337	4,493		268		16
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	449,760	79,750	39,680	19,306	515,282	30
31 INTENSIVE CARE UNIT	33,297	5,904	4,842	2,117	29,598	31
41 SUBPROVIDER - IRF	50,659	8,983	6,976	2,489	194,001	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	54,637	9,688	8,692	6,151		50
51 RECOVERY ROOM	25,127	4,456	7,258	803	2,258	51
53 ANESTHESIOLOGY	1,900	337		290		53
54 RADIOLOGY-DIAGNOSTIC	50,659	8,983	4,564	3,765		54
54.01 VASCULAR LAB			1,233	117		54.01
55 RADIOLOGY-THERAPEUTIC	79,026	14,013	345	1,359	4,976	55
57 COMPUTED TOMOGRAPHY (CT) SCAN			785			57
58 MAGNETIC RESONANCE IMAGING (MRI)			469			58
59 CARDIAC CATHETERIZATION	18,845	3,342	1,081			59
60 LABORATORY	45,431	8,056		918		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	404	72		39		62
65 RESPIRATORY THERAPY	4,319	766		231		65
66 PHYSICAL THERAPY	7,419	1,316	853	353		66
67 OCCUPATIONAL THERAPY	274	49		387		67
68 SPEECH PATHOLOGY	274	49				68
69 ELECTROCARDIOLOGY	25,908	4,594	657	124		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY SERVICES COST CENTER						76
76.02 PSYCH	8,550	1,516		172	3,916	76.02
76.03 OCCUPATIONAL HEALTH	20,264	3,593	454			76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY			2,023			76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PROCEDURES						90.01
91 EMERGENCY	60,789	10,779	15,781	5,100	8,674	91
91.01 C'VILLE OUT						91.01
91.02 LAKE HILL OUT						91.02
91.03 NUTRITION COUNSELING	7,763	1,376				91.03
91.04 HUNTLEY OP						91.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,121,414	196,707	96,153	46,509	758,705	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,319	766		111		190
194 OTHER NONREIMBURSABLE COST CENTER					45,541	194
194.01 MOB				672		194.01
194.02 COMMUNITY WELLNESS			110			194.02
194.03 FUND DEVELOPMENT	17,544	3,111				194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT						194.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,143,277	200,584	96,263	47,292	804,246	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 PURCH, RCVING, STORING						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING						5.04
5.05 OTHER ADMIN AND GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	7,358					11
13 NURSING ADMINISTRATION	398	254,305				13
14 CENTRAL SERVICES & SUPPLY	191	9,024	778,079			14
15 PHARMACY	228			644,892		15
16 MEDICAL RECORDS & LIBRARY	302	3,453	1		283,623	16
23 PARAMED ED PRGM-(SPECIFY)	187	8,840	73	21		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,804	85,396	14,931	2,535	119,370	30
31 INTENSIVE CARE UNIT	354	16,783	3,698	815	13,667	31
41 SUBPROVIDER - IRF	666	31,533	4,391	315	36,617	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	358	16,972	1,724		45,290	50
51 RECOVERY ROOM	316	14,957	1,747	339		51
53 ANESTHESIOLOGY	19	921	1,069	364		53
54 RADIOLOGY-DIAGNOSTIC	382		20,157	156		54
54.01 VASCULAR LAB	59		1,308	217		54.01
55 RADIOLOGY-THERAPEUTIC	205		2,455	523		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	73		10,675	630		57
58 MAGNETIC RESONANCE IMAGING (MRI)	35		3,757	38		58
59 CARDIAC CATHETERIZATION	147		21,195	467		59
60 LABORATORY	12	560	1,243			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			52,674	1		62
65 RESPIRATORY THERAPY	164	7,771	7,392	1		65
66 PHYSICAL THERAPY	334	16,498	1,588			66
67 OCCUPATIONAL THERAPY	100	4,723	122			67
68 SPEECH PATHOLOGY	43	2,021	54			68
69 ELECTROCARDIOLOGY	127		2,813	159		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			307,181			71
72 IMPL. DEV. CHARGED TO PATIENT			293,685			72
73 DRUGS CHARGED TO PATIENTS				628,811		73
74 RENAL DIALYSIS			4			74
76 OTHER ANCILLARY SERVICES COST CENTER						76
76.02 PSYCH	79	3,731				76.02
76.03 OCCUPATIONAL HEALTH	79		1,901	4		76.03
76.97 CARDIAC REHABILITATION	19		143			76.97
76.98 HYPERBARIC OXYGEN THERAPY			20,463	16		76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PROCEDURES	89	4,229				90.01
91 EMERGENCY	426	26,893	1,199	9,480	68,679	91
91.01 C'VILLE OUT			111			91.01
91.02 LAKE HILL OUT						91.02
91.03 NUTRITION COUNSELING	63		18			91.03
91.04 HUNTLEY OP			105			91.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	7,259	254,305	777,877	644,892	283,623	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 OTHER NONREIMBURSABLE COST CENTER	43		10			194
194.01 MOB						194.01
194.02 COMMUNITY WELLNESS	19		192			194.02
194.03 FUND DEVELOPMENT	37					194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT						194.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,358	254,305	778,079	644,892	283,623	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 PURCH, RCVING, STORING					5.02
5.03 ADMITTING					5.03
5.04 CASHIERING					5.04
5.05 OTHER ADMIN AND GENERAL					5.05
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
23 PARAMED ED PRGM-(SPECIFY)	20,352				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		4,990,518		4,990,518	30
31 INTENSIVE CARE UNIT		494,088		494,088	31
41 SUBPROVIDER - IRF		839,975		839,975	41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		1,812,562		1,812,562	50
51 RECOVERY ROOM		308,862		308,862	51
53 ANESTHESIOLOGY		47,330		47,330	53
54 RADIOLOGY-DIAGNOSTIC		1,192,136		1,192,136	54
54.01 VASCULAR LAB		134,132		134,132	54.01
55 RADIOLOGY-THERAPEUTIC		1,407,993		1,407,993	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		66,698		66,698	57
58 MAGNETIC RESONANCE IMAGING (MRI)		233,383		233,383	58
59 CARDIAC CATHETERIZATION		846,030		846,030	59
60 LABORATORY		513,435		513,435	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		99,034		99,034	62
65 RESPIRATORY THERAPY		146,350		146,350	65
66 PHYSICAL THERAPY		152,531		152,531	66
67 OCCUPATIONAL THERAPY		30,370		30,370	67
68 SPEECH PATHOLOGY		12,900		12,900	68
69 ELECTROCARDIOLOGY		419,551		419,551	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		563,730		563,730	71
72 IMPL. DEV. CHARGED TO PATIENT		534,582		534,582	72
73 DRUGS CHARGED TO PATIENTS		628,811		628,811	73
74 RENAL DIALYSIS		9,949		9,949	74
76 OTHER ANCILLARY SERVICES COST CENTER					76
76.02 PSYCH		95,729		95,729	76.02
76.03 OCCUPATIONAL HEALTH		188,474		188,474	76.03
76.97 CARDIAC REHABILITATION		55,530		55,530	76.97
76.98 HYPERBARIC OXYGEN THERAPY		50,248		50,248	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT PROCEDURES		17,823		17,823	90.01
91 EMERGENCY		1,075,741		1,075,741	91
91.01 C'VILLE OUT		59,286		59,286	91.01
91.02 LAKE HILL OUT					91.02
91.03 NUTRITION COUNSELING		73,478		73,478	91.03
91.04 HUNTLEY OP		243,065		243,065	91.04
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)		17,344,324		17,344,324	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		36,562		36,562	190
194 OTHER NONREIMBURSABLE COST CENTER		219,396		219,396	194
194.01 MOB		19,906		19,906	194.01
194.02 COMMUNITY WELLNESS		3,037		3,037	194.02
194.03 FUND DEVELOPMENT		157,320		157,320	194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT					194.04
200 CROSS FOOT ADJUSTMENTS	20,352	20,352		20,352	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	20,352	17,800,897		17,800,897	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICAT NUMBER PHONES	PURCHASING PURCH REQUIS \$	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	512,680					1
2 CAP REL COSTS-MVBLE EQUIP		4,857,719				2
4 EMPLOYEE BENEFITS	2,887	3,850	50,600,480			4
5.01 COMMUNICATIONS	2,554	95,323	177,423	576		5.01
5.02 PURCH, RCVING, STORING	20,567	143,196	432,414	9	13,446,808	5.02
5.03 ADMITTING	6,667	2,212	889,093	16	23,822	5.03
5.04 CASHIERING		7,456	1,090,760	21	19,008	5.04
5.05 OTHER ADMIN AND GENERAL	56,425	398,982	2,874,464	90	94,349	5.05
6 MAINTENANCE & REPAIRS	47,435	46,626	528,831	1	248,825	6
7 OPERATION OF PLANT	3,975	37,034	847,703	20	55,455	7
8 LAUNDRY & LINEN SERVICE	3,496			1	10,760	8
9 HOUSEKEEPING		11,509	1,067,344	2	158,962	9
10 DIETARY	25,545	68,887	1,086,427	13	1,119,150	10
11 CAFETERIA				2		11
13 NURSING ADMINISTRATION	538	154,427	2,816,424	21	40,390	13
14 CENTRAL SERVICES & SUPPLY	9,059	221,205	593,733	5	554,870	14
15 PHARMACY	6,992	7,880	1,688,142	7	22,429	15
16 MEDICAL RECORDS & LIBRARY	8,336	13,500	1,325,230	20	43,943	16
23 PARAMED ED PRGM-(SPECIFY)		2,702	220,460	5	23,233	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	147,974	153,636	9,218,251	85	437,056	30
31 INTENSIVE CARE UNIT	10,955	70,474	2,193,767	7	74,714	31
41 SUBPROVIDER - IRF	16,667	28,439	3,207,392	13	152,341	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,976	863,428	2,220,009	31	88,065	50
51 RECOVERY ROOM	8,267	13,627	1,887,683	6	42,637	51
53 ANESTHESIOLOGY	625	17,785	101,054	3	16,092	53
54 RADIOLOGY-DIAGNOSTIC	16,667	516,354	2,318,531	35	313,025	54
54.01 VASCULAR LAB		108,542	418,780	1	19,552	54.01
55 RADIOLOGY-THERAPEUTIC	26,000	639,567	1,219,671	31	88,647	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		9,861	438,509		139,376	57
58 MAGNETIC RESONANCE IMAGING (MRI)		201,117	243,984		53,334	58
59 CARDIAC CATHETERIZATION	6,200	519,462	1,048,722		292,667	59
60 LABORATORY	14,947	13,901	83,719	20	41,819	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	133			1	687,930	62
65 RESPIRATORY THERAPY	1,421	51,410	911,219	7	102,640	65
66 PHYSICAL THERAPY	2,441	9,759	2,099,977	9	51,138	66
67 OCCUPATIONAL THERAPY	90	145	618,688	1	15,466	67
68 SPEECH PATHOLOGY	90	202	302,868	1	6,397	68
69 ELECTROCARDIOLOGY	8,524	162,869	684,890	7	40,673	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					4,011,859	71
72 IMPL. DEV. CHARGED TO PATIENT					3,835,556	72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS					71	74
76 OTHER ANCILLARY SERVICES COST CENTER						76
76.02 PSYCH	2,813		413,501	17		76.02
76.03 OCCUPATIONAL HEALTH	6,667	2,399	468,742		33,367	76.03
76.97 CARDIAC REHABILITATION		48,659	125,815		5,308	76.97
76.98 HYPERBARIC OXYGEN THERAPY		848			268,835	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PROCEDURES			456,149			90.01
91 EMERGENCY	20,000	95,035	3,154,388	32	176,701	91
91.01 C'VILLE OUT		52,388	86,119	1	4,855	91.01
91.02 LAKE HILL OUT						91.02
91.03 NUTRITION COUNSELING	2,554	362	356,034		3,838	91.03
91.04 HUNTLEY OP		29,430	230,003		5,472	91.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	505,487	4,824,488	50,146,913	541	13,424,627	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,421			2		190
194 OTHER NONREIMBURSABLE COST CENTER		21,008	101,773		192	194
194.01 MOB		9,385		29	490	194.01
194.02 COMMUNITY WELLNESS			100,449		6,049	194.02
194.03 FUND DEVELOPMENT	5,772	2,838	251,345	4	15,450	194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT						194.04

PROVIDER CCN: 14-0217 PROVENA ST. JOSEPH HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/26/2012 09:26

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUNICAT NUMBER PHONES 5.01	PURCHASING PURCH REQUIS \$ 5.02	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	10,915,541	5,106,957	18,572,674	617,845	1,154,524	202
203	UNIT COST MULT-WS B PT I	21.291139	1.051308	0.367045	1,072.647569	0.085859	203
204	COST TO BE ALLOC PER B PT II			66,092	172,765	591,702	204
205	UNIT COST MULT-WS B PT II			0.001306	299.939236	0.044003	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	RECON-	OTHER	MAIN-	
	GROSS REVENUE 5.03	GROSS REVENUE 5.04	CILATION 5A.05	ADMIN AND GENERAL ACCUM COST 5.05	TENANCE & REPAIRS SQUARE FEET 6	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 PURCH, RCVING, STORING						5.02
5.03 ADMITTING	654,982,641					5.03
5.04 CASHIERING		654,982,641				5.04
5.05 OTHER ADMIN AND GENERAL			-20,627,893	121,603,247		5.05
6 MAINTENANCE & REPAIRS				4,590,813	376,145	6
7 OPERATION OF PLANT				3,513,510	3,975	7
8 LAUNDRY & LINEN SERVICE				542,114	3,496	8
9 HOUSEKEEPING				1,662,122		9
10 DIETARY				2,570,856	25,545	10
11 CAFETERIA				394,430		11
13 NURSING ADMINISTRATION				4,200,186	538	13
14 CENTRAL SERVICES & SUPPLY				2,130,111	9,059	14
15 PHARMACY	40,584,982	40,584,982		10,184,552	6,992	15
16 MEDICAL RECORDS & LIBRARY				3,071,959	8,336	16
23 PARAMED ED PRGM-(SPECIFY)				353,931		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	70,674,647	70,674,647		17,441,334	147,974	30
31 INTENSIVE CARE UNIT	16,521,880	16,521,880		4,008,618	10,955	31
41 SUBPROVIDER - IRF	23,944,328	23,944,328		6,077,832	16,667	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	78,509,056	78,509,056		6,030,359	17,976	50
51 RECOVERY ROOM	26,946,963	26,946,963		3,058,721	8,267	51
53 ANESTHESIOLOGY	12,939,628	12,939,628		340,843	625	53
54 RADIOLOGY-DIAGNOSTIC	27,573,543	27,573,543		5,585,435	16,667	54
54.01 VASCULAR LAB	11,105,301	11,105,301		795,231		54.01
55 RADIOLOGY-THERAPEUTIC	22,266,683	22,266,683		3,720,008	26,000	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	47,328,389	47,328,389		1,132,014		57
58 MAGNETIC RESONANCE IMAGING (MRI)	14,236,302	14,236,302		719,148		58
59 CARDIAC CATHETERIZATION	20,521,498	20,521,498		2,979,524	6,200	59
60 LABORATORY	67,699,972	67,699,972		6,284,999	14,947	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,609,448	1,609,448		762,995	133	62
65 RESPIRATORY THERAPY	12,443,835	12,443,835		1,548,427	1,421	65
66 PHYSICAL THERAPY	12,283,815	12,283,815		3,241,434	2,441	66
67 OCCUPATIONAL THERAPY	5,371,630	5,371,630		1,235,816	90	67
68 SPEECH PATHOLOGY	1,703,599	1,703,599		438,769	90	68
69 ELECTROCARDIOLOGY	14,354,775	14,354,775		1,522,266	8,524	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	30,370,440	30,370,440		4,582,139		71
72 IMPL. DEV. CHARGED TO PATIENT	17,310,935	17,310,935		4,293,597		72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	2,677,479	2,677,479		546,608		74
76 OTHER ANCILLARY SERVICES COST CENTER						76
76.02 PSYCH	5,033,364	5,033,364		694,277	2,813	76.02
76.03 OCCUPATIONAL HEALTH	1,064,739	1,064,739		974,033	6,667	76.03
76.97 CARDIAC REHABILITATION	490,333	490,333		234,028		76.97
76.98 HYPERBARIC OXYGEN THERAPY	9,964,455	9,964,455		791,175		76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PROCEDURES	6,336,257	6,336,257		715,960		90.01
91 EMERGENCY	51,377,755	51,377,755		6,142,522	20,000	91
91.01 C'VILLE OUT	308,821	308,821		215,267		91.01
91.02 LAKE HILL OUT						91.02
91.03 NUTRITION COUNSELING	278,614	278,614		557,841	2,554	91.03
91.04 HUNTLEY OP	1,149,175	1,149,175		601,537		91.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	654,982,641	654,982,641	-20,627,893	120,487,341	368,952	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				32,400	1,421	190
194 OTHER NONREIMBURSABLE COST CENTER				353,438		194
194.01 MOB				41,016		194.01
194.02 COMMUNITY WELLNESS				147,100		194.02
194.03 FUND DEVELOPMENT				541,952	5,772	194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT						194.04

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	RECON-	OTHER	MAIN-
	GROSS REVENUE 5.03	GROSS REVENUE 5.04	CILIA TION 5A.05	ADMIN AND GENERAL ACCUM COST 5.05	TENANCE & REPAIRS SQUARE FEET 6
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	1,431,077	3,439,458		20,627,893	5,369,566
203 UNIT COST MULT-WS B PT I	0.002185	0.005251		0.169633	14.275256
204 COST TO BE ALLOC PER B PT II	151,281	16,399		1,917,072	1,143,277
205 UNIT COST MULT-WS B PT II	0.000231	0.000025		0.015765	3.039458

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA
	SQUARE FEET 7	POUNDS OF LAUNDRY 8	HOURS OF SERVICE 9	MEALS SERVED 10	HOURS 11
GENERAL SERVICE COST CENTERS					
1					1
2					2
4					4
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
5.05					5.05
6					6
7					7
8	372,170	872,560			8
9			55,170		9
10	25,545		1,502	162,436	10
11			630		1,309,416
13	538		241		70,806
14	9,059	4,172	383		33,910
15	6,992		183		40,537
16	8,336		313		53,697
23					33,218
INPATIENT ROUTINE SERV COST CENTERS					
30	147,974	359,660	22,519	104,073	320,903
31	10,955	43,891	2,470	5,978	63,068
41	16,667	63,237	2,904	39,183	118,493
ANCILLARY SERVICE COST CENTERS					
50	17,976	78,785	7,176		63,778
51	8,267	65,786	937	456	56,205
53	625		338		3,460
54	16,667	41,374	4,392		67,939
54.01		11,179	137		10,561
55	26,000	3,128	1,585	1,005	36,540
57		7,118			12,929
58		4,248			6,270
59	6,200	9,802			26,235
60	14,947		1,071		2,104
62	133		46		62
65	1,421		270		29,200
66	2,441	7,734	412		59,467
67	90		451		17,747
68	90				7,595
69	8,524	5,957	145		22,550
71					71
72					72
73					73
74					74
76					76
76.02	2,813		201	791	14,022
76.03	6,667	4,113			14,092
76.97					3,452
76.98		18,338			76.98
OUTPATIENT SERVICE COST CENTERS					
90.01					15,892
91	20,000	143,045	5,950	1,752	75,827
91.01					91.01
91.02					91.02
91.03	2,554				11,137
91.04					91.04
92					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118	364,977	871,567	54,256	153,238	1,291,634
NONREIMBURSABLE COST CENTERS					
190	1,421		130		190
194				9,198	7,739
194.01			784		194.01
194.02		993			3,464
194.03	5,772				6,579
194.04					194.04

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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA
	SQUARE FEET 7	POUNDS OF LAUNDRY 8	HOURS OF SERVICE 9	MEALS SERVED 10	HOURS 11
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	4,166,261	723,116	1,944,073	3,710,510	483,538 202
203 UNIT COST MULT-WS B PT I	11.194511	0.828729	35.237865	22.842904	0.369278 203
204 COST TO BE ALLOC PER B PT II	200,584	96,263	47,292	804,246	7,358 204
205 UNIT COST MULT-WS B PT II	0.538958	0.110322	0.857205	4.951156	0.005619 205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	PARAMED EDUCATION ASSIGNED TIME 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 PURCH, RCVING, STORING						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING						5.04
5.05 OTHER ADMIN AND GENERAL						5.05
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	955,622					13
14 CENTRAL SERVICES & SUPPLY	33,910	10,161,837				14
15 PHARMACY			7,324,449			15
16 MEDICAL RECORDS & LIBRARY	12,975			18,117		16
23 PARAMED ED PRGM-(SPECIFY)	33,218	958	240		3,544	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	320,903	195,001	28,796	7,625	248	30
31 INTENSIVE CARE UNIT	63,068	48,299	9,258	873	124	31
41 SUBPROVIDER - IRF	118,493	57,347	3,575	2,339		41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	63,778	22,518		2,893		50
51 RECOVERY ROOM	56,205	22,811	3,847			51
53 ANESTHESIOLOGY	3,460	13,961	4,136		248	53
54 RADIOLOGY-DIAGNOSTIC		263,248	1,775			54
54.01 VASCULAR LAB		17,085	2,459			54.01
55 RADIOLOGY-THERAPEUTIC		32,062	5,943			55
57 COMPUTED TOMOGRAPHY (CT) SCAN		139,416	7,153			57
58 MAGNETIC RESONANCE IMAGING (MRI)		49,070	428			58
59 CARDIAC CATHETERIZATION		276,815	5,301		124	59
60 LABORATORY	2,104	16,232				60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		687,927	17			62
65 RESPIRATORY THERAPY	29,200	96,546	12		124	65
66 PHYSICAL THERAPY	61,996	20,740				66
67 OCCUPATIONAL THERAPY	17,747	1,588				67
68 SPEECH PATHOLOGY	7,595	701				68
69 ELECTROCARDIOLOGY		36,742	1,809			69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		4,011,859				71
72 IMPL. DEV. CHARGED TO PATIENT		3,835,556				72
73 DRUGS CHARGED TO PATIENTS			7,141,804			73
74 RENAL DIALYSIS		58				74
76 OTHER ANCILLARY SERVICES COST CENTER						76
76.02 PSYCH	14,022					76.02
76.03 OCCUPATIONAL HEALTH		24,823	43			76.03
76.97 CARDIAC REHABILITATION		1,866				76.97
76.98 HYPERBARIC OXYGEN THERAPY		267,243	182			76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PROCEDURES	15,892					90.01
91 EMERGENCY	101,056	15,660	107,671	4,387	2,676	91
91.01 C'VILLE OUT		1,446				91.01
91.02 LAKE HILL OUT						91.02
91.03 NUTRITION COUNSELING		233				91.03
91.04 HUNTLEY OP		1,376				91.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	955,622	10,159,205	7,324,449	18,117	3,544	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 OTHER NONREIMBURSABLE COST CENTER		125				194
194.01 MOB						194.01
194.02 COMMUNITY WELLNESS		2,507				194.02
194.03 FUND DEVELOPMENT						194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT						194.04

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	PARAMED EDUCATION ASSIGNED TIME 23	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	4,961,018	2,927,694	12,111,691	3,903,602	599,357	202
203	UNIT COST MULT-WS B PT I	5.191402	0.288107	1.653598	215.466247	169.118792	203
204	COST TO BE ALLOC PER B PT II	254,305	778,079	644,892	283,623	20,352	204
205	UNIT COST MULT-WS B PT II	0.266115	0.076569	0.088046	15.655075	5.742664	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,210,813		31,210,813	22,774	31,233,587	30
31 INTENSIVE CARE UNIT	5,816,598		5,816,598		5,816,598	31
41 SUBPROVIDER - IRF	9,768,441		9,768,441		9,768,441	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,813,791		8,813,791		8,813,791	50
51 RECOVERY ROOM	4,211,564		4,211,564		4,211,564	51
53 ANESTHESIOLOGY	498,532		498,532	2,306	500,838	53
54 RADIOLOGY-DIAGNOSTIC	7,250,334		7,250,334	4,749	7,255,083	54
54.01 VASCULAR LAB	957,108		957,108		957,108	54.01
55 RADIOLOGY-THERAPEUTIC	5,127,216		5,127,216		5,127,216	55
57 COMPUTED TOMOGRAPHY (CT) SC	1,386,709		1,386,709		1,386,709	57
58 MAGNETIC RESONANCE IMAGING	861,819		861,819		861,819	58
59 CARDIAC CATHETERIZATION	3,770,163		3,770,163	4,445	3,774,608	59
60 LABORATORY	7,785,955		7,785,955	19,766	7,805,721	60
62 WHOLE BLOOD & PACKED RED BL	1,095,658		1,095,658		1,095,658	62
65 RESPIRATORY THERAPY	2,067,976		2,067,976		2,067,976	65
66 PHYSICAL THERAPY	4,224,168		4,224,168		4,224,168	66
67 OCCUPATIONAL THERAPY	1,562,780		1,562,780		1,562,780	67
68 SPEECH PATHOLOGY	557,928		557,928		557,928	68
69 ELECTROCARDIOLOGY	2,029,547		2,029,547	2,508	2,032,055	69
71 MEDICAL SUPPLIES CHRGD TO	6,515,261		6,515,261		6,515,261	71
72 IMPL. DEV. CHARGED TO PATIE	6,126,984		6,126,984		6,126,984	72
73 DRUGS CHARGED TO PATIENTS	11,809,670		11,809,670		11,809,670	73
74 RENAL DIALYSIS	639,348		639,348		639,348	74
76 OTHER ANCILLARY SERVICES CO						76
76.02 PSYCH	986,819		986,819		986,819	76.02
76.03 OCCUPATIONAL HEALTH	1,324,904		1,324,904		1,324,904	76.03
76.97 CARDIAC REHABILITATION	275,540		275,540		275,540	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,017,877		1,017,877	1,215	1,019,092	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PROCEDURES	925,781		925,781		925,781	90.01
91 EMERGENCY	10,195,115		10,195,115	94,698	10,289,813	91
91.01 C'VILLE OUT	252,200		252,200		252,200	91.01
91.02 LAKE HILL OUT						91.02
91.03 NUTRITION COUNSELING	721,699		721,699		721,699	91.03
91.04 HUNTLEY OP	703,974		703,974		703,974	91.04
92 OBSERVATION BEDS	2,609,580		2,609,580		2,609,580	92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	143,101,852		143,101,852	152,461	143,254,313	200
201 LESS OBSERVATION BEDS	2,609,580		2,609,580		2,609,580	201
202 TOTAL (SEE INSTRUCTIONS)	140,492,272		140,492,272		140,644,733	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	59,332,512		59,332,512			30
31 INTENSIVE CARE UNIT	16,484,734		16,484,734			31
41 SUBPROVIDER - IRF	23,944,328		23,944,328			41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	39,248,717	39,260,340	78,509,057	0.112265	0.112265	0.112265 50
51 RECOVERY ROOM	11,814,050	15,132,913	26,946,963	0.156291	0.156291	0.156291 51
53 ANESTHESIOLOGY	7,019,917	5,919,711	12,939,628	0.038528	0.038528	0.038706 53
54 RADIOLOGY-DIAGNOSTIC	7,866,322	19,707,221	27,573,543	0.262945	0.262945	0.263118 54
54.01 VASCULAR LAB	3,363,528	7,741,773	11,105,301	0.086185	0.086185	0.086185 54.01
55 RADIOLOGY-THERAPEUTIC	1,913,931	20,352,753	22,266,684	0.230264	0.230264	0.230264 55
57 COMPUTED TOMOGRAPHY (CT) SC	12,773,779	34,554,609	47,328,388	0.029300	0.029300	0.029300 57
58 MAGNETIC RESONANCE IMAGING	5,074,888	9,161,414	14,236,302	0.060537	0.060537	0.060537 58
59 CARDIAC CATHETERIZATION	11,869,255	8,652,244	20,521,499	0.183718	0.183718	0.183934 59
60 LABORATORY	34,090,348	33,609,625	67,699,973	0.115007	0.115007	0.115299 60
62 WHOLE BLOOD & PACKED RED BL	1,215,348	394,100	1,609,448	0.680766	0.680766	0.680766 62
65 RESPIRATORY THERAPY	11,577,997	865,838	12,443,835	0.166185	0.166185	0.166185 65
66 PHYSICAL THERAPY	7,733,854	4,549,961	12,283,815	0.343881	0.343881	0.343881 66
67 OCCUPATIONAL THERAPY	5,308,847	62,783	5,371,630	0.290932	0.290932	0.290932 67
68 SPEECH PATHOLOGY	1,696,882	6,717	1,703,599	0.327500	0.327500	0.327500 68
69 ELECTROCARDIOLOGY	6,804,205	7,550,570	14,354,775	0.141385	0.141385	0.141560 69
71 MEDICAL SUPPLIES CHRGD TO	19,490,555	10,879,885	30,370,440	0.214526	0.214526	0.214526 71
72 IMPL. DEV. CHARGED TO PATIE	12,714,297	4,596,638	17,310,935	0.353937	0.353937	0.353937 72
73 DRUGS CHARGED TO PATIENTS	23,704,496	16,880,487	40,584,983	0.290986	0.290986	0.290986 73
74 RENAL DIALYSIS	2,635,385	42,094	2,677,479	0.238787	0.238787	0.238787 74
76 OTHER ANCILLARY SERVICES CO						76
76.02 PSYCH	3,686,445	1,346,919	5,033,364	0.196056	0.196056	0.196056 76.02
76.03 OCCUPATIONAL HEALTH		1,064,739	1,064,739	1.244346	1.244346	1.244346 76.03
76.97 CARDIAC REHABILITATION	826	489,507	490,333	0.561945	0.561945	0.561945 76.97
76.98 HYPERBARIC OXYGEN THERAPY	192,678	9,771,777	9,964,455	0.102151	0.102151	0.102273 76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PROCEDURES		6,336,257	6,336,257	0.146108	0.146108	0.146108 90.01
91 EMERGENCY	13,331,330	38,046,422	51,377,752	0.198434	0.198434	0.200278 91
91.01 C'VILLE OUT		308,821	308,821	0.816654	0.816654	0.816654 91.01
91.02 LAKE HILL OUT						91.02
91.03 NUTRITION COUNSELING	174	278,440	278,614	2.590319	2.590319	2.590319 91.03
91.04 HUNTLEY OP	556	1,148,619	1,149,175	0.612591	0.612591	0.612591 91.04
92 OBSERVATION BEDS	4,235,728	7,143,553	11,379,281	0.229327	0.229327	0.229327 92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	349,125,912	305,856,730	654,982,642			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	349,125,912	305,856,730	654,982,642			202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
30 INPAT ROUTINE SERV COST CTRS							
31 ADULTS & PEDIATRICS	4,990,518		4,990,518	162.56	15,405	2,504,237	30
32 INTENSIVE CARE UNIT	494,088		494,088	166.64	1,878	312,950	31
33 CORONARY CARE UNIT							32
34 BURN INTENSIVE CARE UNIT							33
35 SURGICAL INTENSIVE CARE UNIT							34
40 OTHER SPECIAL CARE (SPECIFY)							35
41 SUBPROVIDER - IPF							40
42 SUBPROVIDER - IRF	839,975		839,975	68.92	10,335	712,288	41
43 SUBPROVIDER I							42
44 NURSERY							43
45 SKILLED NURSING FACILITY							44
200 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	6,324,581		6,324,581		27,618	3,529,475	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0217) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA						
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5					
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM	1,812,562	78,509,057	0.023087	20,858,311	481,556	50			
51	RECOVERY ROOM	308,862	26,946,963	0.011462	6,262,192	71,777	51			
53	ANESTHESIOLOGY	47,330	12,939,628	0.003658	3,586,173	13,118	53			
54	RADIOLOGY-DIAGNOSTIC	1,192,136	27,573,543	0.043235	4,941,395	213,641	54			
54.01	VASCULAR LAB	134,132	11,105,301	0.012078	1,699,199	20,523	54.01			
55	RADIOLOGY-THERAPEUTIC	1,407,993	22,266,684	0.063233	1,233,537	78,000	55			
57	COMPUTED TOMOGRAPHY (CT) SCAN	66,698	47,328,388	0.001409	6,930,786	9,765	57			
58	MAGNETIC RESONANCE IMAGING (M	233,383	14,236,302	0.016394	2,764,589	45,323	58			
59	CARDIAC CATHETERIZATION	846,030	20,521,499	0.041227	6,797,208	280,228	59			
60	LABORATORY	513,435	67,699,973	0.007584	18,368,223	139,305	60			
62	WHOLE BLOOD & PACKED RED BLOO	99,034	1,609,448	0.061533	707,843	43,556	62			
65	RESPIRATORY THERAPY	146,350	12,443,835	0.011761	6,701,584	78,817	65			
66	PHYSICAL THERAPY	152,531	12,283,815	0.012417	1,810,729	22,484	66			
67	OCCUPATIONAL THERAPY	30,370	5,371,630	0.005654	776,248	4,389	67			
68	SPEECH PATHOLOGY	12,900	1,703,599	0.007572	353,010	2,673	68			
69	ELECTROCARDIOLOGY	419,551	14,354,775	0.029227	4,233,983	123,747	69			
71	MEDICAL SUPPLIES CHRGD TO PA	563,730	30,370,440	0.018562	10,783,064	200,155	71			
72	IMPL. DEV. CHARGED TO PATIENT	534,582	17,310,935	0.030881	7,553,698	233,266	72			
73	DRUGS CHARGED TO PATIENTS	628,811	40,584,983	0.015494	11,341,824	175,730	73			
74	RENAL DIALYSIS	9,949	2,677,479	0.003716	1,492,037	5,544	74			
76	OTHER ANCILLARY SERVICES COST						76			
76.02	PSYCH	95,729	5,033,364	0.019019	770,972	14,663	76.02			
76.03	OCCUPATIONAL HEALTH	188,474	1,064,739	0.177014			76.03			
76.97	CARDIAC REHABILITATION	55,530	490,333	0.113250	786	89	76.97			
76.98	HYPERBARIC OXYGEN THERAPY	50,248	9,964,455	0.005043	182,025	918	76.98			
OUTPATIENT SERVICE COST CENTERS										
90.01	OUTPATIENT PROCEDURES	17,823	6,336,257	0.002813			90.01			
91	EMERGENCY	1,075,741	51,377,752	0.020938	7,034,339	147,285	91			
91.01	C'VILLE OUT	59,286	308,821	0.191975			91.01			
91.02	LAKE HILL OUT						91.02			
91.03	NUTRITION COUNSELING	73,478	278,614	0.263727	165	44	91.03			
91.04	HUNTLEY OP	243,065	1,149,175	0.211513	529	112	91.04			
92	OBSERVATION BEDS	416,959	11,379,281	0.036642	2,237,152	81,974	92			
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)	11,436,702	555,221,068	555,221,068	129,421,601	2,488,682	200			

PROVIDER CCN: 14-0217 PROVENA ST. JOSEPH HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/26/2012 09:26

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		41,941			41,941	30
31 INTENSIVE CARE UNIT		20,971			20,971	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)		62,912			62,912	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
30 INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	30,700	1.37	15,405	21,105	30
31 INTENSIVE CARE UNIT	2,965	7.07	1,878	13,277	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	12,187		10,335		41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	45,852		27,618	34,382	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0217) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY			41,941		41,941	41,941	53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 VASCULAR LAB							54.01
55 RADIOLOGY-THERAPEUTIC							55
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION			20,971		20,971	20,971	59
60 LABORATORY							60
62 WHOLE BLOOD & PACKED RED BLOO							62
65 RESPIRATORY THERAPY			20,971		20,971	20,971	65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY SERVICES COST							76
76.02 PSYCH							76.02
76.03 OCCUPATIONAL HEALTH							76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT PROCEDURES							90.01
91 EMERGENCY			452,562		452,562	452,562	91
91.01 C'VILLE OUT							91.01
91.02 LAKE HILL OUT							91.02
91.03 NUTRITION COUNSELING							91.03
91.04 HUNTLEY OP							91.04
92 OBSERVATION BEDS			3,505		3,505	3,505	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			539,950		539,950	539,950	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0217) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	78,509,057			20,858,311		12,781,585	50
51 RECOVERY ROOM	26,946,963			6,262,192		4,580,897	51
53 ANESTHESIOLOGY	12,939,628	0.003241	0.003241	3,586,173	11,623	1,431,831	4,641 53
54 RADIOLOGY-DIAGNOSTIC	27,573,543			4,941,395		5,529,385	54
54.01 VASCULAR LAB	11,105,301			1,699,199		1,892,087	54.01
55 RADIOLOGY-THERAPEUTIC	22,266,684			1,233,537		9,477,013	55
57 COMPUTED TOMOGRAPHY (CT) SCA	47,328,388			6,930,786		9,206,755	57
58 MAGNETIC RESONANCE IMAGING (14,236,302			2,764,589		2,590,163	58
59 CARDIAC CATHETERIZATION	20,521,499	0.001022	0.001022	6,797,208	6,947	4,145,521	4,237 59
60 LABORATORY	67,699,973			18,368,223		2,027,122	60
62 WHOLE BLOOD & PACKED RED BLO	1,609,448			707,843		153,380	62
65 RESPIRATORY THERAPY	12,443,835	0.001685	0.001685	6,701,584	11,292	285,679	481 65
66 PHYSICAL THERAPY	12,283,815			1,810,729		52,393	66
67 OCCUPATIONAL THERAPY	5,371,630			776,248		1,056	67
68 SPEECH PATHOLOGY	1,703,599			353,010		1,120	68
69 ELECTROCARDIOLOGY	14,354,775			4,233,983		2,620,954	69
71 MEDICAL SUPPLIES CHRGD TO P	30,370,440			10,783,064		4,195,977	71
72 IMPL. DEV. CHARGED TO PATIEN	17,310,935			7,553,698		1,923,492	72
73 DRUGS CHARGED TO PATIENTS	40,584,983			11,341,824		6,476,478	73
74 RENAL DIALYSIS	2,677,479			1,492,037		27,747	74
76 OTHER ANCILLARY SERVICES COS							76
76.02 PSYCH	5,033,364			770,972		33,960	76.02
76.03 OCCUPATIONAL HEALTH	1,064,739					124	76.03
76.97 CARDIAC REHABILITATION	490,333			786		282,162	76.97
76.98 HYPERBARIC OXYGEN THERAPY	9,964,455			182,025		5,940,467	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT PROCEDURES	6,336,257					2,736,804	90.01
91 EMERGENCY	51,377,752	0.008809	0.008809	7,034,339	61,965	6,106,356	53,791 91
91.01 C'VILLE OUT	308,821					1,253	91.01
91.02 LAKE HILL OUT							91.02
91.03 NUTRITION COUNSELING	278,614			165		11,064	91.03
91.04 HUNTLEY OP	1,149,175			529		80,576	91.04
92 OBSERVATION BEDS	11,379,281	0.000308	0.000308	2,237,152	689	2,131,089	656 92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	555,221,068			129,421,601	92,516	86,724,490	63,806 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0217) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.112265	12,781,585			1,434,925			50
51 RECOVERY ROOM	0.156291	4,580,897			715,953			51
53 ANESTHESIOLOGY	0.038528	1,431,831			55,166			53
54 RADIOLOGY-DIAGNOSTIC	0.262945	5,529,385			1,453,924			54
54.01 VASCULAR LAB	0.086185	1,892,087			163,070			54.01
55 RADIOLOGY-THERAPEUTIC	0.230264	9,477,013			2,182,215			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.029300	9,206,755			269,758			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060537	2,590,163			156,801			58
59 CARDIAC CATHETERIZATION	0.183718	4,145,521			761,607			59
60 LABORATORY	0.115007	2,027,122			233,133			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.680766	153,380			104,416			62
65 RESPIRATORY THERAPY	0.166185	285,679			47,476			65
66 PHYSICAL THERAPY	0.343881	52,393			18,017			66
67 OCCUPATIONAL THERAPY	0.290932	1,056			307			67
68 SPEECH PATHOLOGY	0.327500	1,120			367			68
69 ELECTROCARDIOLOGY	0.141385	2,620,954			370,564			69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.214526	4,195,977			900,146			71
72 IMPL. DEV. CHARGED TO PATIENT	0.353937	1,923,492	15,509		680,795	5,489		72
73 DRUGS CHARGED TO PATIENTS	0.290986	6,476,478		17,423	1,884,564		5,070	73
74 RENAL DIALYSIS	0.238787	27,747			6,626			74
76 OTHER ANCILLARY SERVICES COST C								76
76.02 PSYCH	0.196056	33,960			6,658			76.02
76.03 OCCUPATIONAL HEALTH	1.244346	124			154			76.03
76.97 CARDIAC REHABILITATION	0.561945	282,162			158,560			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.102151	5,940,467			606,825			76.98
OUTPATIENT SERVICE COST CENTERS								
90.01 OUTPATIENT PROCEDURES	0.146108	2,736,804			399,869			90.01
91 EMERGENCY	0.198434	6,106,356			1,211,709			91
91.01 C'VILLE OUT	0.816654	1,253			1,023			91.01
91.02 LAKE HILL OUT								91.02
91.03 NUTRITION COUNSELING	2.590319	11,064			28,659			91.03
91.04 HUNTLEY OP	0.612591	80,576			49,360			91.04
92 OBSERVATION BEDS	0.229327	2,131,089			488,716			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		86,724,490	15,509	17,423	14,391,363	5,489	5,070	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		86,724,490	15,509	17,423	14,391,363	5,489	5,070	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 [] IPF [XX] IRF (14-T217)	[] SUB (OTHER)	[XX] PPS [] TEFRA						
					CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
					1	2				
					ANCILLARY SERVICE COST CENTERS					
50					1,812,562	78,509,057	0.023087	61,340	1,416	50
51					308,862	26,946,963	0.011462	3,556	41	51
53					47,330	12,939,628	0.003658	509	2	53
54					1,192,136	27,573,543	0.043235	340,832	14,736	54
54.01					134,132	11,105,301	0.012078	407,550	4,922	54.01
55					1,407,993	22,266,684	0.063233	150,277	9,502	55
57					66,698	47,328,388	0.001409	328,248	463	57
58					233,383	14,236,302	0.016394	125,999	2,066	58
59					846,030	20,521,499	0.041227			59
60					513,435	67,699,973	0.007584	2,729,008	20,697	60
62					99,034	1,609,448	0.061533	17,499	1,077	62
65					146,350	12,443,835	0.011761	1,995,407	23,468	65
66					152,531	12,283,815	0.012417	4,488,380	55,732	66
67					30,370	5,371,630	0.005654	3,696,165	20,898	67
68					12,900	1,703,599	0.007572	1,109,155	8,399	68
69					419,551	14,354,775	0.029227	121,705	3,557	69
71					563,730	30,370,440	0.018562	1,373,854	25,501	71
72					534,582	17,310,935	0.030881	4,747	147	72
73					628,811	40,584,983	0.015494	3,581,508	55,492	73
74					9,949	2,677,479	0.003716	301,616	1,121	74
76					OTHER ANCILLARY SERVICES COST					
76.02					95,729	5,033,364	0.019019			76.02
76.03					188,474	1,064,739	0.177014			76.03
76.97					55,530	490,333	0.113250			76.97
76.98					50,248	9,964,455	0.005043	7,452	38	76.98
					OUTPATIENT SERVICE COST CENTERS					
90.01					17,823	6,336,257	0.002813			90.01
91					1,075,741	51,377,752	0.020938	12,390	259	91
91.01					59,286	308,821	0.191975			91.01
91.02										91.02
91.03					73,478	278,614	0.263727			91.03
91.04					243,065	1,149,175	0.211513			91.04
92					416,959	11,379,281	0.036642			92
					OTHER REIMBURSABLE COST CENTERS					
200					11,436,702	555,221,068	555,221,068	20,857,197	249,534	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T217) [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY			41,941		41,941	41,941	53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 VASCULAR LAB							54.01
55 RADIOLOGY-THERAPEUTIC							55
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION			20,971		20,971	20,971	59
60 LABORATORY							60
62 WHOLE BLOOD & PACKED RED BLOO							62
65 RESPIRATORY THERAPY			20,971		20,971	20,971	65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY SERVICES COST							76
76.02 PSYCH							76.02
76.03 OCCUPATIONAL HEALTH							76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT PROCEDURES							90.01
91 EMERGENCY			452,562		452,562	452,562	91
91.01 C'VILLE OUT							91.01
91.02 LAKE HILL OUT							91.02
91.03 NUTRITION COUNSELING							91.03
91.04 HUNTLEY OP							91.04
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			536,445		536,445	536,445	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T217) [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	78,509,057			61,340			50
51 RECOVERY ROOM	26,946,963			3,556			51
53 ANESTHESIOLOGY	12,939,628	0.003241	0.003241	509	2		53
54 RADIOLOGY-DIAGNOSTIC	27,573,543			340,832			54
54.01 VASCULAR LAB	11,105,301			407,550			54.01
55 RADIOLOGY-THERAPEUTIC	22,266,684			150,277			55
57 COMPUTED TOMOGRAPHY (CT) SCA	47,328,388			328,248			57
58 MAGNETIC RESONANCE IMAGING (14,236,302			125,999			58
59 CARDIAC CATHETERIZATION	20,521,499	0.001022	0.001022				59
60 LABORATORY	67,699,973			2,729,008			60
62 WHOLE BLOOD & PACKED RED BLO	1,609,448			17,499			62
65 RESPIRATORY THERAPY	12,443,835	0.001685	0.001685	1,995,407	3,362		65
66 PHYSICAL THERAPY	12,283,815			4,488,380			66
67 OCCUPATIONAL THERAPY	5,371,630			3,696,165			67
68 SPEECH PATHOLOGY	1,703,599			1,109,155			68
69 ELECTROCARDIOLOGY	14,354,775			121,705			69
71 MEDICAL SUPPLIES CHRGD TO P	30,370,440			1,373,854			71
72 IMPL. DEV. CHARGED TO PATIEN	17,310,935			4,747			72
73 DRUGS CHARGED TO PATIENTS	40,584,983			3,581,508			73
74 RENAL DIALYSIS	2,677,479			301,616			74
76 OTHER ANCILLARY SERVICES COS							76
76.02 PSYCH	5,033,364						76.02
76.03 OCCUPATIONAL HEALTH	1,064,739						76.03
76.97 CARDIAC REHABILITATION	490,333						76.97
76.98 HYPERBARIC OXYGEN THERAPY	9,964,455			7,452			76.98
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT PROCEDURES	6,336,257						90.01
91 EMERGENCY	51,377,752	0.008809	0.008809	12,390	109	198	2 91
91.01 C'VILLE OUT	308,821						91.01
91.02 LAKE HILL OUT							91.02
91.03 NUTRITION COUNSELING	278,614						91.03
91.04 HUNTLEY OP	1,149,175						91.04
92 OBSERVATION BEDS	11,379,281						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	555,221,068			20,857,197	3,473	198	2 200

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 [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (14-T217) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS	
	FROM WKST C, PT I, COL. 9 1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.112265						50
51 RECOVERY ROOM	0.156291						51
53 ANESTHESIOLOGY	0.038528						53
54 RADIOLOGY-DIAGNOSTIC	0.262945						54
54.01 VASCULAR LAB	0.086185						54.01
55 RADIOLOGY-THERAPEUTIC	0.230264						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.029300						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060537						58
59 CARDIAC CATHETERIZATION	0.183718						59
60 LABORATORY	0.115007						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.680766						62
65 RESPIRATORY THERAPY	0.166185						65
66 PHYSICAL THERAPY	0.343881						66
67 OCCUPATIONAL THERAPY	0.290932						67
68 SPEECH PATHOLOGY	0.327500						68
69 ELECTROCARDIOLOGY	0.141385						69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.214526						71
72 IMPL. DEV. CHARGED TO PATIENT	0.353937						72
73 DRUGS CHARGED TO PATIENTS	0.290986			387		113	73
74 RENAL DIALYSIS	0.238787						74
76 OTHER ANCILLARY SERVICES COST C							76
76.02 PSYCH	0.196056						76.02
76.03 OCCUPATIONAL HEALTH	1.244346						76.03
76.97 CARDIAC REHABILITATION	0.561945						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.102151						76.98
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT PROCEDURES	0.146108						90.01
91 EMERGENCY	0.198434	198			39		91
91.01 C'VILLE OUT	0.816654						91.01
91.02 LAKE HILL OUT							91.02
91.03 NUTRITION COUNSELING	2.590319						91.03
91.04 HUNTLEY OP	0.612591						91.04
92 OBSERVATION BEDS	0.229327						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		198		387	39	113	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		198		387	39	113	202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0217) [] 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)	30,700	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	30,700	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30,700	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)	15,405	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)	31,233,587	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	31,233,587	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	59,332,512	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	59,332,512	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.526416	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)	1,932.66	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)	31,233,587	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0217) [] 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) 1,017.38 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 15,672,739 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) 15,672,739 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	5,816,598	2,965	1,961.75	1,878	3,684,167	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)					22,823,609	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					42,180,515	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,851,569 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,581,198 51
 52 TOTAL PROGRAM EXCLUDABLE COST 5,432,767 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 36,747,748 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) 2,565 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,017.38 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,609,580 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST	4,990,518	31,233,587	0.159780	2,609,580	416,959 90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST	41,941	31,233,587	0.001343	2,609,580	3,505 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 [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T217) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	12,187	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	12,187	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,187	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)	10,335	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)	9,768,441	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	9,768,441	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23,944,328	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23,944,328	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.407965	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)	1,964.74	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)	9,768,441	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
BOXES [] TITLE XIX-INPT [XX] IRF (14-T217) [] 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)	801.55 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	8,284,019 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)	8,284,019 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	5,255,407 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	13,539,426 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	712,288 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	253,007 51
52 TOTAL PROGRAM EXCLUDABLE COST	965,295 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	12,574,131 53
TARGET AMOUNT AND LIMIT COMPUTATION	
54 PROGRAM DISCHARGES	54
55 TARGET AMOUNT PER DISCHARGE	55
56 TARGET AMOUNT (LINE 54 x LINE 55)	56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58 BONUS PAYMENT (SEE INSTRUCTIONS)	58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST	
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0217) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		33,082,292			30
31 INTENSIVE CARE UNIT		10,678,421			31
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.112265	20,858,311	2,341,658		50
51 RECOVERY ROOM	0.156291	6,262,192	978,724		51
53 ANESTHESIOLOGY	0.038706	3,586,173	138,806		53
54 RADIOLOGY-DIAGNOSTIC	0.263118	4,941,395	1,300,170		54
54.01 VASCULAR LAB	0.086185	1,699,199	146,445		54.01
55 RADIOLOGY-THERAPEUTIC	0.230264	1,233,537	284,039		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.029300	6,930,786	203,072		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060537	2,764,589	167,360		58
59 CARDIAC CATHETERIZATION	0.183934	6,797,208	1,250,238		59
60 LABORATORY	0.115299	18,368,223	2,117,838		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.680766	707,843	481,875		62
65 RESPIRATORY THERAPY	0.166185	6,701,584	1,113,703		65
66 PHYSICAL THERAPY	0.343881	1,810,729	622,675		66
67 OCCUPATIONAL THERAPY	0.290932	776,248	225,835		67
68 SPEECH PATHOLOGY	0.327500	353,010	115,611		68
69 ELECTROCARDIOLOGY	0.141560	4,233,983	599,363		69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.214526	10,783,064	2,313,248		71
72 IMPL. DEV. CHARGED TO PATIENT	0.353937	7,553,698	2,673,533		72
73 DRUGS CHARGED TO PATIENTS	0.290986	11,341,824	3,300,312		73
74 RENAL DIALYSIS	0.238787	1,492,037	356,279		74
76 OTHER ANCILLARY SERVICES COST C					76
76.02 PSYCH	0.196056	770,972	151,154		76.02
76.03 OCCUPATIONAL HEALTH	1.244346				76.03
76.97 CARDIAC REHABILITATION	0.561945	786	442		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.102273	182,025	18,616		76.98
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT PROCEDURES	0.146108				90.01
91 EMERGENCY	0.200278	7,034,339	1,408,823		91
91.01 C'VILLE OUT	0.816654				91.01
91.02 LAKE HILL OUT					91.02
91.03 NUTRITION COUNSELING	2.590319	165	427		91.03
91.04 HUNTLEY OP	0.612591	529	324		91.04
92 OBSERVATION BEDS	0.229327	2,237,152	513,039		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		129,421,601	22,823,609		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		129,421,601			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 [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T217) [] 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
41 SUBPROVIDER - IRF		20,186,754			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.112265	61,340	6,886		50
51 RECOVERY ROOM	0.156291	3,556	556		51
53 ANESTHESIOLOGY	0.038706	509	20		53
54 RADIOLOGY-DIAGNOSTIC	0.263118	340,832	89,679		54
54.01 VASCULAR LAB	0.086185	407,550	35,125		54.01
55 RADIOLOGY-THERAPEUTIC	0.230264	150,277	34,603		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.029300	328,248	9,618		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060537	125,999	7,628		58
59 CARDIAC CATHETERIZATION	0.183934				59
60 LABORATORY	0.115299	2,729,008	314,652		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.680766	17,499	11,913		62
65 RESPIRATORY THERAPY	0.166185	1,995,407	331,607		65
66 PHYSICAL THERAPY	0.343881	4,488,380	1,543,469		66
67 OCCUPATIONAL THERAPY	0.290932	3,696,165	1,075,333		67
68 SPEECH PATHOLOGY	0.327500	1,109,155	363,248		68
69 ELECTROCARDIOLOGY	0.141560	121,705	17,229		69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.214526	1,373,854	294,727		71
72 IMPL. DEV. CHARGED TO PATIENT	0.353937	4,747	1,680		72
73 DRUGS CHARGED TO PATIENTS	0.290986	3,581,508	1,042,169		73
74 RENAL DIALYSIS	0.238787	301,616	72,022		74
76 OTHER ANCILLARY SERVICES COST C					76
76.02 PSYCH	0.196056				76.02
76.03 OCCUPATIONAL HEALTH	1.244346				76.03
76.97 CARDIAC REHABILITATION	0.561945				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.102273	7,452	762		76.98
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT PROCEDURES	0.146108				90.01
91 EMERGENCY	0.200278	12,390	2,481		91
91.01 C'VILLE OUT	0.816654				91.01
91.02 LAKE HILL OUT					91.02
91.03 NUTRITION COUNSELING	2.590319				91.03
91.04 HUNTLEY OP	0.612591				91.04
92 OBSERVATION BEDS	0.229327				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		20,857,197	5,255,407		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		20,857,197			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0217)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	26,207,086	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,003,415	2
3	MANAGED CARE SIMULATED PAYMENTS	1,294,564	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	136.97	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)	0.0390	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1232	31
32	SUM OF LINES 30 AND 31	0.1622	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0329	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	862,213	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)	28,072,714	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)	28,072,714	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	2,433,597	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 (14-0217)
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	34,382	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	92,516	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	30,633,209	59
60	PRIMARY PAYER PAYMENTS	13,753	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	30,619,456	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,327,276	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	173,343	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	515,126	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	360,588	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	359,778	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	28,479,425	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)	28,479,425	71
72	INTERIM PAYMENTS	27,595,611	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	883,814	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	270,924	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: [XX] HOSPITAL (14-0217) [] IPF [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	10,559	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	14,327,557	2
3	PPS PAYMENTS	10,837,150	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	193,252	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	63,806	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	10,559	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	32,932	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)	32,932	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)	32,932	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	22,373	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)	10,559	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)	11,094,208	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	2,495,039	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	8,609,728	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)	8,609,728	30
31	PRIMARY PAYER PAYMENTS	473	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	8,609,255	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)	428,000	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	299,600	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	330,281	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	8,908,855	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)	8,908,855	40
41	INTERIM PAYMENTS	8,832,477	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	76,378	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (14-T217)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	113	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	37	2
3	PPS PAYMENTS	108	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	2	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	113	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	387	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)	387	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)	387	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	274	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)	113	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)	110	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	223	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)	223	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	223	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)	223	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)	223	40
41	INTERIM PAYMENTS	204	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	19	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 (14-0217) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		27,776,605		8,807,456	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 07/22/2011	339,980	07/22/2011	50,706	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50 12/09/2011	520,974	12/09/2011	25,685	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-180,994		25,021	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		27,595,611		8,832,477	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .01				6.01
	PROVIDER .02				6.02
	TO .01				6.01
	PROGRAM .02				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 [] IPF [] SNF
 BOX: [XX] IRF (14-T217) [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		13,196,199		204
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 12/09/2011	8,272		NONE
PROGRAM .02				3.01
TO .03				3.02
PROVIDER .04				3.03
.05				3.04
.06				3.05
.07				3.06
.08				3.07
.09				3.08
.50				3.09
.51 07/22/2011		1,093		NONE
PROVIDER .52				3.50
TO .53				3.51
PROGRAM .54				3.52
.55				3.53
.56				3.54
.57				3.55
.58				3.56
.59				3.57
.99				3.58
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		7,179		3.59
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		13,203,378		204

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

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

PROVIDER CCN: 14-0217 PROVENA ST. JOSEPH HOSPITAL
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/26/2012 09:26

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0217) [] CAH
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	6,491 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	17,283 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	801 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	31,100 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	654,982,642 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	19,813,306 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (14-T217)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	13,183,980	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.008400	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	75,782	3
4	OUTLIER PAYMENTS	54,262	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	33.389041	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	13,314,024	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	13,314,024	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	13,314,024	19
20	DEDUCTIBLES	57,572	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	13,256,452	21
22	COINSURANCE	106,563	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	13,149,889	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	13,443	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	9,410	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	13,159,299	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	3,473	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	13,162,772	32
33	INTERIM PAYMENTS	13,203,378	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-40,606	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1,101,881			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE	77,187			3
4 ACCOUNTS RECEIVABLE	81,274,732			4
5 OTHER RECEIVABLES	-1,005,112			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-58,007,167			6
7 INVENTORY	4,568,249			7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS	3,743,754			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	31,753,524			11
FIXED ASSETS				
12 LAND	2,549,055			12
13 LAND IMPROVEMENTS	1,460,081			13
14 ACCUMULATED DEPRECIATION	-21,900			14
15 BUILDINGS	43,672,448			15
16 ACCUMULATED DEPRECIATION	-383,474			16
17 LEASEHOLD IMPROVEMENTS	706,177			17
18 ACCUMULATED AMORTIZATION	-7,168			18
19 FIXED EQUIPMENT	3,515			19
20 ACCUMULATED DEPRECIATION	-213			20
21 AUTOMOBILES AND TRUCKS	4,222			21
22 ACCUMULATED DEPRECIATION	-352			22
23 MAJOR MOVABLE EQUIPMENT	8,346,630			23
24 ACCUMULATED DEPRECIATION	-1,066,109			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)	55,262,912			30
OTHER ASSETS				
31 INVESTMENTS				31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	3,722,046			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	3,722,046			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	90,738,482			36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	9,874,327			37
38 SALARIES, WAGES & FEES PAYABLE				38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)				40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS	10,160,840			42
43 DUE TO OTHER FUNDS	6,526,282			43
44 OTHER CURRENT LIABILITIES				44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	26,561,449			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	888,065			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	888,065			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	27,449,514			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	63,288,968			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)	63,288,968			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	90,738,482			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		135,940,124							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-85,930,401							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		50,009,723							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFER (TO)FROM AFFILIATES	12,769,013								5
6 OTHER UNRESTRICTED ACTIVITY	6,621								6
7 RESTRICTED CONTRIBUTIONS	504,502								7
8 CONTRIBUTIONS	52,949								8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		13,333,085							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		63,342,808							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 NET ASSET RELEASED	26,249								13
14 OTHER TEMPORARILY RESTRICTED	27,591								14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		53,840							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		63,288,968							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	60,377,241		60,377,241	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF	23,944,328		23,944,328	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)	84,321,569		84,321,569	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	16,521,880		16,521,880	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	16,521,880		16,521,880	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	100,843,449		100,843,449	17
18 ANCILLARY SERVICES	248,282,463		248,282,463	18
19 OUTPATIENT SERVICES		305,856,730	305,856,730	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	349,125,912	305,856,730	654,982,642	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		159,349,993	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)		159,349,993	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	654,982,642	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	512,607,941	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	142,374,701	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	159,349,993	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-16,975,292	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	13,214	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	5,296	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	560,910	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	6,459	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	139,628	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	5,993	21
22	RENTAL OF HOSPITAL SPACE	257,651	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (INVESTMENT INCOME)	68,372	24
24.01	OTHER (UNRESTRICTED DONATIONS)	-22,425	24.01
24.02	OTHER (MISCELLANEOUS REVENUE)	151,193	24.02
24.03	OTHER (NET ASSETS RELEASED)	26,249	24.03
24.04	OTHER (OVER AND SHORT)	334	24.04
24.05	OTHER (SISTERS MAINTENANCE)	5,625	24.05
24.06	OTHER (EMPLOYEE ASSISTANCE)	149,403	24.06
24.07	OTHER (PARISH NURSING)	21,494	24.07
24.08	OTHER (MEALS ON WHEELS)	15,967	24.08
24.12	OTHER (OTHER MISCELLANEOUS REVENUE)	5,107	24.12
24.13	OTHER (MASSAGE THERAPY)	18,059	24.13
24.14	OTHER (PASTORAL CARE REVENUE)	72,272	24.14
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	1,500,801	25
26	TOTAL (LINE 5 PLUS LINE 25)	-15,474,491	26
27			27
27.01	OTHER EXPENSES (LOSS ON DISPOSAL)	143,062	27.01
27.02	OTHER EXPENSES (OTHER NON-OPERATING EXPENSES)	312,848	27.02
27.03	OTHER EXPENSES (IMPAIRMENT)	70,000,000	27.03
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	70,455,910	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-85,930,401	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-021)) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	2,127,673	1
2	CAPITAL DRG OUTLIER PAYMENTS	234,860	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	85.95	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0390	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1232	8
9	SUM OF LINES 7 AND 8	0.1622	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0334	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	71,064	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	2,433,597	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 PURCH, RCVING, STORING					5.02
5.03 ADMITTING					5.03
5.04 CASHIERING					5.04
5.05 OTHER ADMIN AND GENERAL					5.05
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
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 VASCULAR LAB					54.01
55 RADIOLOGY-THERAPEUTIC					55
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 OTHER ANCILLARY SERVICES COST					76
76.02 PSYCH					76.02
76.03 OCCUPATIONAL HEALTH					76.03
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT PROCEDURES					90.01
91 EMERGENCY					91
91.01 C'VILLE OUT					91.01
91.02 LAKE HILL OUT					91.02
91.03 NUTRITION COUNSELING					91.03
91.04 HUNTLEY OP					91.04
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
194 OTHER NONREIMBURSABLE COST CEN					194
194.01 MOB					194.01
194.02 COMMUNITY WELLNESS					194.02
194.03 FUND DEVELOPMENT					194.03
194.04 PHYSICIAN PRACTICE MANAGEMENT					194.04

PROVIDER CCN: 14-0217 PROVENA ST. JOSEPH HOSPITAL
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
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