

# Presence Saint Francis Hospital

## Medicare Cost Report

Six Months Ended 12.31.2012

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050  
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 140080 Period: From 07/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/24/2013 9:05 am

**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/24/2013 Time: 9:05 am  
 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: 4  
 (2) Settled without Audit 8.  Initial Report for this Provider CCN 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.  
 (3) Settled with Audit 9.  Final Report for this Provider CCN  
 (4) Reopened  
 (5) Amended

**PART II - CERTIFICATION**

MI SREPRESENTATION 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 WERE 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 certification 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 PRESENCE SAINT FRANCIS HOSPITAL ( 140080 ) for the cost reporting period beginning 07/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

**Encryption Information**

ECR: Date: 5/24/2013 Time: 9:05 am  
 Hc2mdMwr: s1LQNOLk18nOXLbRg6ZMO  
 Ve3YL0CZi BexqNe8F5cecw2ZR5E5I  
 pttx1tnTmj OpQcGC  
 PI: Date: 5/24/2013 Time: 9:05 am  
 OvWJAht4l RNzuHfP9FxmWm1nVNeQO  
 m6NZt0: yHDTCF0eW23GzNasdLGjjb8  
 X4Gt0kr8gHOAfn83

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	65,058	955,960	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	65,058	955,960	0	0	200.00

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 and review the 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 the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140080		Period: From 07/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 9:05 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 60202		4.00 County: COOK				
1.00	Street: 355 RIDGE AVENUE	State: IL		Zip Code: 60202		County: COOK			1.00	
2.00	City: EVANSTON								2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	PRESENCE SAINT FRANCIS HOSPITAL	140080	29404	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)					1				21.00
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,833	1,317	0	0	0	1	0		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0			25.00
						Urban/Rural	S	Date of Geogr		
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0				35.00

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	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				57.00
58.00	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.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	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				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	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)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1 / (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, 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)	0.96	37.74	0.024806		64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
					1.00	2.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, 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)	INTERNAL MEDICINE	1400	5.34	47.58	0.100907	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 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)			1.45	39.49	0.035418	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
					1.00	2.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in 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 that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	INTERNAL MEDICINE	1400	5.32	48.57	0.098720	67.00

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		1.00	2.00	3.00			
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00	
71.00	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 or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) 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. (see instructions)			0		71.00	
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00	
76.00	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 or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) 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. (see instructions)			0		76.00	
				1.00			
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
				V	XIX		
				1.00	2.00		
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00	
91.00	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		91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00	
93.00	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		93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00	97.00	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 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. (see instructions)					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	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 no for each therapy.	N	N	N	N		109.00
				1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>							
115.00	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. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	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.	0				118.00	

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.00	List amounts of malpractice premiums and paid losses:	0	0		0
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	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. (see instructions)		Y	148082	140.00
		1.00	2.00	3.00	
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.					
141.00	Name: PRESENCE HEALTH	Contractor's Name: NGS		Contractor's Number: 00131	
142.00	Street: 100 NORTH RIVER ROAD	PO Box:			
143.00	City: DES PLAINES	State: IL		Zip Code: 60016	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
				1.00	
				2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "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		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
				1.00	
				2.00	
				3.00	
				4.00	
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)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140080			Period: From 07/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 9:05 am	
							1.00	
<b>Multi campus</b>								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/24/2013 9:05 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	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			2.00
3.00	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)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	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.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	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			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/02/2013		17.00
18.00	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 this cost report? If yes, see instructions.	N			18.00
19.00	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			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/24/2013 9:05 am
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	1.00 N	2.00	3.00 N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	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.				35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	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.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEITH		WINKLER	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3734		KWINKLER@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/24/2013 9:05 am
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		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	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)			16.00
17.00	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)	04/02/2013		17.00
18.00	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 this cost report? If yes, see instructions.			18.00
19.00	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.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		DIR. OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	179	32,378	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		179	32,378	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	2,944	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT	32.02	19	3,346	0.00	0	9.02
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		214	38,668	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		214				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents	
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
	6.00	7.00	8.00	9.00	10.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	6,896	2,692	13,428		1.00
2.00 HMO	461	660			2.00
3.00 HMO IPF Subprovider	0	0			3.00
4.00 HMO IRF Subprovider	0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,896	2,692	13,428		7.00
8.00 INTENSIVE CARE UNIT	1,149	492	2,269		8.00
9.00 CORONARY CARE UNIT					9.00
9.02 SURGICAL HEART UNIT	633	248	1,376		9.02
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY		1,033	1,358		13.00
14.00 Total (see instructions)	8,678	4,465	18,431	94.15	843.66
15.00 CAH visits	0	0	0		15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF					17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet S-3 Part I Date/Time Prepared: 5/24/2013 9:05 am
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				94.15	843.66	27.00
28.00 Observation Bed Days		0	2,737			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00
Component	Full Time Equivalents	Discharges				
	Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients
	11.00	12.00	13.00	14.00		15.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	1,731	898	3,963	1.00
2.00 HMO			89			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT						9.02
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,731	898	3,963	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140080		Period: From 07/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/24/2013 9:05 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	26,006,915	0	26,006,915	877,402.00	29.64	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		63,253	0	63,253	1,560.00	40.55	4.00
4.01	Physicians - Part A - Teaching		399,146	0	399,146	6,078.00	65.67	4.01
5.00	Physician-Part B		21,166	0	21,166	172.00	123.06	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	2,161,823	2,161,823	88,768.00	24.35	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		108,735	0	108,735	3,187.00	34.12	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		1,385,067	0	1,385,067	41,364.00	33.48	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		4,233,431	0	4,233,431	113,240.00	37.38	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		5,279,514	0	5,279,514			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		23,459	0	23,459			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		12,519	0	12,519			22.00
22.01	Physician Part A - Teaching		66,504	0	66,504			22.01
23.00	Physician Part B		3,028	0	3,028			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		447,301	0	447,301			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits	4.00	16,034	-16,034	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,829,832	-108,007	1,721,825	45,459.00	37.88	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	828,362	4,806	833,168	39,583.00	21.05	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	740,634	2,770	743,404	53,505.00	13.89	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	598,800	-394,624	204,176	11,952.00	17.08	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	400,253	400,253	23,431.00	17.08	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	707,709	0	707,709	16,413.00	43.12	38.00
39.00	Central Services and Supply	14.00	112,817	0	112,817	7,603.00	14.84	39.00
40.00	Pharmacy	15.00	952,993	0	952,993	23,890.00	39.89	40.00

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HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2013 9:05 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 485,341	0	485,341	20,179.00	24.05	41.00
42.00	Social Service	17.00 0	108,007	108,007	3,435.00	31.44	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/24/2013 9:05 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	25,586,603	-2,161,823	23,424,780	782,384.00	29.94	1.00
2.00	Excluded area salaries (see instructions)	108,735	0	108,735	3,187.00	34.12	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25,477,868	-2,161,823	23,316,045	779,197.00	29.92	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,618,498	0	5,618,498	154,604.00	36.34	4.00
5.00	Subtotal wage-related costs (see inst.)	5,292,033	0	5,292,033	0.00	22.70	5.00
6.00	Total (sum of lines 3 thru 5)	36,388,399	-2,161,823	34,226,576	933,801.00	36.65	6.00
7.00	Total overhead cost (see instructions)	6,272,522	-2,829	6,269,693	245,450.00	25.54	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2013 9:05 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,083,366	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	2,432,480	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	78,413	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	23,760	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	87,175	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	217,626	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	1,837,342	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	16,415	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	55,747	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	5,832,324	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/24/2013 9:05 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,385,067	0	1.00
2.00	Hospital	1,385,067	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/24/2013 9:05 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.149402	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		11,138,655	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		2,950,718	5.00	
6.00	Medicaid charges		73,715,945	6.00	
7.00	Medicaid cost (line 1 times line 6)		11,013,310	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		22,625	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	855,653	10,758	866,411	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	127,836	1,607	129,443	21.00
22.00	Partial payment by patients approved for charity care	19,269	1,200	20,469	22.00
23.00	Cost of charity care (line 21 minus line 22)	108,567	407	108,974	23.00
			1.00		
24.00	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	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		7,647,469	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		864,682	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		6,782,787	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,013,362	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,122,336	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		1,122,336	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140080		Period: From 07/01/2012 To 12/31/2012		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,864,001	4,864,001	-1,692,822	3,171,179	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,007,291	3,007,291	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		1,335,725	1,335,725	-1,335,725	0	3.00
4.00	00400	EMPLOYEE BENEFITS	16,034	-15,763	271	-16,426	-16,155	4.00
5.01	00541	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00551	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00561	PURCHASING	0	0	0	0	0	5.03
5.04	00571	ADMINITTING	0	0	0	0	0	5.04
5.05	00581	PATIENT FINANCIAL SVC	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	1,829,832	801,173	2,631,005	-129,855	2,501,150	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	828,362	2,897,652	3,726,014	112,388	3,838,402	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	385,113	385,113	-28,395	356,718	8.00
9.00	00900	HOUSEKEEPING	740,634	535,037	1,275,671	2,838	1,278,509	9.00
10.00	01000	DIETARY	598,800	681,735	1,280,535	-756,586	523,949	10.00
11.00	01100	CAFETERIA	0	0	0	762,352	762,352	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	707,709	242,738	950,447	0	950,447	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	112,817	241,149	353,966	-85	353,881	14.00
15.00	01500	PHARMACY	952,993	2,082,838	3,035,831	-1,892,549	1,143,282	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	485,341	258,736	744,077	0	744,077	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	129,855	129,855	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	2,161,823	2,161,823	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,845,852	2,118,042	4,963,894	-2,161,823	2,802,071	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	106,616	81,092	187,708	0	187,708	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,723,216	1,947,079	7,670,295	-1,290,908	6,379,387	30.00
31.00	03100	INTENSIVE CARE UNIT	1,462,482	601,181	2,063,663	-195,824	1,867,839	31.00
32.02	03202	SURGICAL HEART UNIT	925,631	379,436	1,305,067	-78,175	1,226,892	32.02
43.00	04300	NURSERY	372,782	357,585	730,367	-28,080	702,287	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,989,807	4,225,820	6,215,627	-3,070,561	3,145,066	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	05002	OPERATING ROOM	210,817	201,659	412,476	-113,911	298,565	50.02
50.03	05003	OPERATING ROOM	76,309	277,986	354,295	-32,966	321,329	50.03
51.00	05100	RECOVERY ROOM	857,884	195,620	1,053,504	-8,797	1,044,707	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	916,045	916,045	52.00
53.00	05300	ANESTHESIOLOGY	46,156	602,458	648,614	-168,131	480,483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,266,376	598,180	1,864,556	-172,499	1,692,057	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	129,638	77,061	206,699	-2,973	203,726	55.00
56.00	05600	RADIOISOTOPE	91,273	114,200	205,473	-1,824	203,649	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	92,754	49,509	142,263	-8,050	134,213	58.00
59.00	05900	CARDIAC CATHETERIZATION	337,163	1,139,018	1,476,181	-1,010,305	465,876	59.00
60.00	06000	LABORATORY	59,081	2,709,827	2,768,908	0	2,768,908	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	29,549	373,838	403,387	-367,387	36,000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	518,323	233,666	751,989	-50,187	701,802	65.00
66.00	06600	PHYSICAL THERAPY	561,928	140,348	702,276	-2,472	699,804	66.00
69.00	06900	ELECTROCARDIOLOGY	263,176	70,166	333,342	-5,946	327,396	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,308	10,691	36,999	-880	36,119	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	3,218,443	3,218,443	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,792,335	2,792,335	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,892,549	1,892,549	73.00
73.02	07302	INPT RENAL DIALYSIS	0	202,664	202,664	-10,295	192,369	73.02
76.97	07697	CARDIAC REHABILITATION	59,476	9,807	69,283	-564	68,719	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	OPD	396,746	192,951	589,697	-32,693	557,004	90.01
91.00	09100	EMERGENCY	1,282,931	1,892,661	3,175,592	-270,411	2,905,181	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,004,796	33,112,679	59,117,475	57,814	59,175,289	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	967	967	0	967	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140080		Period: From 07/01/2012 To 12/31/2012		Worksheet A	
Date/Time Prepared: 5/24/2013 9:05 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,967	3,967	3,400	7,367	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	2,119	554,497	556,616	-61,214	495,402	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		TOTAL (SUM OF LINES 118-199)	26,006,915	33,672,110	59,679,025	0	59,679,025	200.00
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation				
			6.00	7.00				
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,260,599	1,910,580				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	519,232	3,526,523				2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0				3.00
4.00	00400	EMPLOYEE BENEFITS	-150	-16,305				4.00
5.01	00541	COMMUNICATIONS	0	0				5.01
5.02	00551	DATA PROCESSING	0	0				5.02
5.03	00561	PURCHASING	158,915	158,915				5.03
5.04	00571	ADMITTING	549,614	549,614				5.04
5.05	00581	PATIENT FINANCIAL SVC	1,682,301	1,682,301				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-4,192,481	-1,691,331				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	-140,402	3,698,000				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	356,718				8.00
9.00	00900	HOUSEKEEPING	-741	1,277,768				9.00
10.00	01000	DIETARY	0	523,949				10.00
11.00	01100	CAFETERIA	-336,590	425,762				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	-1,500	948,947				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	317,231	671,112				14.00
15.00	01500	PHARMACY	-1,741	1,141,541				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-7,107	736,970				16.00
17.00	01700	SOCIAL SERVICE	0	129,855				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0	0				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	2,161,823				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	2,802,071				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-211,079	-23,371				23.00
23.01	02301	RADIOLOGY SCHOOL	331,024	331,024				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	6,379,387				30.00
31.00	03100	INTENSIVE CARE UNIT	-13,246	1,854,593				31.00
32.02	03202	SURGICAL HEART UNIT	-62,500	1,164,392				32.02
43.00	04300	NURSERY	-254,012	448,275				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	-1,734	3,143,332				50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0				50.01
50.02	05002	OPERATING ROOM	0	298,565				50.02
50.03	05003	OPERATING ROOM	0	321,329				50.03
51.00	05100	RECOVERY ROOM	0	1,044,707				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,850	914,195				52.00
53.00	05300	ANESTHESIOLOGY	-411,666	68,817				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-227	1,691,830				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	203,726				55.00
56.00	05600	RADIOISOTOPE	-3,150	200,499				56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	134,213				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	465,876				59.00
60.00	06000	LABORATORY	39,135	2,808,043				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	36,000				62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0				62.30
65.00	06500	RESPIRATORY THERAPY	0	701,802				65.00
66.00	06600	PHYSICAL THERAPY	0	699,804				66.00
69.00	06900	ELECTROCARDIOLOGY	-1,800	325,596				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	36,119				70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	3,218,443				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,792,335				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,892,549				73.00
73.02	07302	INPT RENAL DIALYSIS	0	192,369				73.02
76.97	07697	CARDIAC REHABILITATION	-4,260	64,459				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
76.99	07699 LI THOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 OPD	-3,700	553,304	90.01
91.00	09100 EMERGENCY	-1,079,425	1,825,756	91.00
92.00	09200 OBSERVATION BEDS			92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-4,392,508	54,782,781	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	967	190.00
190.01	19001 POB RX	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	7,367	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	192.04
192.05	19205 OTHER NRCC	-56,497	438,905	192.05
192.06	19206 ASBURY STREET SNF	0	0	192.06
200.00	TOTAL (SUM OF LINES 118-199)	-4,449,005	55,230,020	200.00

RECLASSIFICATIONS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-6  
Date/Time Prepared:  
5/24/2013 9:05 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - SEVERANCE</b>					
1.00	DIETARY	10.00	1,901	46	1.00
2.00	CAFETERIA	11.00	3,728	91	2.00
3.00	HOUSEKEEPING	9.00	2,770	68	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	1,865	46	4.00
5.00	OPERATION OF PLANT	7.00	4,806	117	5.00
6.00	OPERATING ROOM	50.00	964	24	6.00
	TOTALS		16,034	392	
<b>B - SOCIAL SERVICES</b>					
1.00	SOCIAL SERVICE	17.00	108,007	21,848	1.00
	TOTALS		108,007	21,848	
<b>C - CHARGEABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	3,218,443	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	TOTALS		0	3,218,443	
<b>D - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,892,549	1.00
	TOTALS		0	1,892,549	
<b>E - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	2,792,335	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		0	2,792,335	
<b>F - DELIVERY ROOM</b>					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	666,962	249,083	1.00
	TOTALS		666,962	249,083	
<b>G - CAFETERIA</b>					
1.00	CAFETERIA	11.00	396,525	362,008	1.00
	TOTALS		396,525	362,008	
<b>H - ALLOCATED UTILITIES</b>					
1.00	OPERATION OF PLANT	7.00	0	107,465	1.00
	TOTALS		0	107,465	
<b>I - OFFSITE BUILDING DEPRECIATION</b>					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,400	1.00
2.00	OTHER NRCC	192.05	0	17,856	2.00
	TOTALS		0	21,256	
<b>K - CORP SURGICAL PAK O/H CREDIT</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	79,070	1.00
	TOTALS		0	79,070	
<b>L - EQUIPMENT DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,007,291	1.00
	TOTALS		0	3,007,291	

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-6  
Date/Time Prepared:  
5/24/2013 9:05 am

		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
M - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,335,725	1.00
	TOTALS		0	1,335,725	
N - INTERNS RESIDENTS					
1.00	I&R SRVCES-SALARY & FRINGES	21.00	2,161,823	0	1.00
	APPRVD			0	
	TOTALS		2,161,823	0	
500.00	Grand Total: Increases		3,349,351	13,087,465	500.00

RECLASSIFICATIONS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-6  
Date/Time Prepared:  
5/24/2013 9:05 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - SEVERANCE</b>							
1.00	EMPLOYEE BENEFITS	4.00	16,034	392	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
TOTALS			16,034	392			
<b>B - SOCIAL SERVICES</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	108,007	21,848	0		1.00
TOTALS			108,007	21,848			
<b>C - CHARGEABLE SUPPLIES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	374,863	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	194,637	0		2.00
3.00	SURGICAL HEART UNIT	32.02	0	76,772	0		3.00
4.00	NURSERY	43.00	0	28,080	0		4.00
5.00	OPERATING ROOM	50.00	0	1,226,181	0		5.00
6.00	OPERATING ROOM	50.02	0	105,034	0		6.00
7.00	OPERATING ROOM	50.03	0	21,781	0		7.00
8.00	RECOVERY ROOM	51.00	0	8,797	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	166,405	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	95,720	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,973	0		11.00
12.00	RADIOISOTOPE	56.00	0	1,824	0		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,050	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	166,826	0		14.00
16.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	367,387	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	50,187	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	2,137	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	5,946	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	880	0		20.00
21.00	INPT RENAL DIALYSIS	73.02	0	10,295	0		21.00
22.00	CARDIAC REHABILITATION	76.97	0	564	0		22.00
23.00	OPD	90.01	0	32,693	0		23.00
24.00	EMERGENCY	91.00	0	270,411	0		24.00
TOTALS			0	3,218,443			
<b>D - DRUGS</b>							
1.00	PHARMACY	15.00	0	1,892,549	0		1.00
TOTALS			0	1,892,549			
<b>E - IMPLANTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	85	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,187	0		2.00
3.00	SURGICAL HEART UNIT	32.02	0	1,403	0		3.00
4.00	OPERATING ROOM	50.00	0	1,845,368	0		4.00
5.00	OPERATING ROOM	50.02	0	8,877	0		5.00
6.00	OPERATING ROOM	50.03	0	11,185	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	1,726	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	78,690	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	843,479	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	335	0		10.00
TOTALS			0	2,792,335			
<b>F - DELIVERY ROOM</b>							
1.00	ADULTS & PEDIATRICS	30.00	666,962	249,083	0		1.00
TOTALS			666,962	249,083			
<b>G - CAFETERIA</b>							
1.00	DIETARY	10.00	396,525	362,008	0		1.00
TOTALS			396,525	362,008			
<b>H - ALLOCATED UTILITIES</b>							
1.00	LAUNDRY & LINEN SERVICE	8.00	0	107,465	0		1.00
TOTALS			0	107,465			
<b>I - OFFSITE BUILDING DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	21,256	9		1.00
2.00		0.00	0	0	9		2.00
TOTALS			0	21,256			
<b>K - CORP SURGICAL PAK O/H CREDIT</b>							
1.00	OTHER NRCC	192.05	0	79,070	0		1.00
TOTALS			0	79,070			
<b>L - EQUIPMENT DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,007,291	9		1.00
TOTALS			0	3,007,291			

RECLASSIFICATIONS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-6

Date/Time Prepared:  
5/24/2013 9:05 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
M - INTEREST						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,335,725	11	1.00
	TOTALS		0	1,335,725		
N - INTERNS RESIDENTS						
1.00	I & R SRVCES-OTHER PRGM COSTS	22.00	2,161,823	0	0	1.00
	APPRVD					
	TOTALS		2,161,823	0		
500.00	Grand Total : Decreases		3,349,351	13,087,465		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	8,716,880	0	0	0	1.00
2.00	Land Improvements	1,530,305	30,461	0	30,461	2.00
3.00	Buildings and Fixtures	94,212,682	5,341,102	0	5,341,102	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	69,072,186	0	0	0	3,043,201
7.00	HIT designated Assets	0	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	173,532,053	5,371,563	0	5,371,563	3,043,201
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	173,532,053	5,371,563	0	5,371,563	3,043,201
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	8,716,880	0			1.00
2.00	Land Improvements	1,560,766	0			2.00
3.00	Buildings and Fixtures	99,553,784	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	66,028,985	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	175,860,415	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	175,860,415	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,864,001	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,864,001	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	4,864,001				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,864,001				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	109,831,430	0	109,831,430	0.624538	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	66,028,985	0	66,028,985	0.375462	0	2.00
3.00	Total (sum of lines 1-2)	175,860,415	0	175,860,415	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	574,855	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,526,523	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,101,378	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,335,725	0	0	0	1,910,580	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,526,523	2.00
3.00	Total (sum of lines 1-2)	1,335,725	0	0	0	5,437,103	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,335,725	CAP REL COSTS-BLDG & FIXT	1.00		9	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-16,511	OTHER ADMINISTRATIVE & GENERAL	5.06		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)	B	-6,292	OPERATION OF PLANT	7.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,912,133				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-328,460				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-329,281	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employees and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-7,107	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines	B	-7,309	CAFETERIA	11.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00			30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-8  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
33.00 REFERENCE LAB REVENUE	B	-16,144	LABORATORY	60.00	0	33.00
35.00 PBP-NRCC COST CENTER	A	-2,269	OTHER NRCC	192.05	0	35.00
35.01		0		0.00	0	35.01
35.02 INCOME/SALES TAX	A	-2,266	OPERATION OF PLANT	7.00	0	35.02
35.03 INCOME/SALES TAX	A	-14,823	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.03
35.04 INCOME/SALES TAX	A	-54,228	OTHER NRCC	192.05	0	35.04
35.05 INCOME/SALES TAX	A	-1,575	PHARMACY	15.00	0	35.05
35.06 CHARITY CARE TO NURSING HOMES	A	-12,800	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.06
35.07 COMMUNITY OUTREACH	A	-1,500	NURSING ADMINISTRATION	13.00	0	35.07
35.08 COMMUNITY OUTREACH	A	-13,544	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.08
35.09 SAVE THE DAY PROGRAM	A	-10,769	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.09
35.10 MISC REVENUE	B	-150	EMPLOYEE BENEFITS	4.00	0	35.10
36.00 MISC REVENUE	B	-19,099	OTHER ADMINISTRATIVE & GENERAL	5.06	0	36.00
37.00 MISC REVENUE	B	-131,844	OPERATION OF PLANT	7.00	0	37.00
38.00 MISC REVENUE	B	-741	HOUSEKEEPING	9.00	0	38.00
39.00 MISC REVENUE	B	-166	PHARMACY	15.00	0	39.00
40.00		0		0.00	0	40.00
41.02 MISC REVENUE	B	-211,079	PARAMEDICAL EDUCATION PROGRAM	23.00	0	41.02
41.03 MISC REVENUE	B	-1,850	DELIVERY ROOM & LABOR ROOM	52.00	0	41.03
41.04		0		0.00	0	41.04
41.06 MISC REVENUE	B	-227	RADIOLOGY-DIAGNOSTIC	54.00	0	41.06
41.08 MISC REVENUE	B	-3,150	RADIOISOTOPE	56.00	0	41.08
41.11 MISC REVENUE	B	-150	LABORATORY	60.00	0	41.11
41.12		0		0.00	0	41.12
41.13 MISC REVENUE	B	-4,260	CARDIAC REHABILITATION	76.97	0	41.13
41.15 MISC REVENUE	B	-200	OPD	90.01	0	41.15
41.16 AHA/MCHC LOBBY EXPENSE	A	-3,353	OTHER ADMINISTRATIVE & GENERAL	5.06	0	41.16
41.17		0		0.00	0	41.17
41.18		0		0.00	0	41.18
41.19		0		0.00	0	41.19
41.20		0		0.00	0	41.20
41.21		0		0.00	0	41.21
41.22		0		0.00	0	41.22
41.23		0		0.00	0	41.23
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,449,005				50.00

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

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:  
5/24/2013 9:05 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	5,405,038	9,471,624 1.00
2.00	5.03	PURCHASING	HOME OFFICE COSTS	158,915	0 2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COSTS	75,126	0 3.00
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COSTS	519,232	0 4.00
4.01	23.01	RADIOLOGY SCHOOL	HOME OFFICE INTEREST	331,024	0 4.01
4.02	5.05	PATIENT FINANCIAL SVC	HOME OFFICE COSTS	1,682,301	0 4.02
4.03	5.04	ADMITTING	HOME OFFICE COSTS	549,614	0 4.03
4.04	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE COSTS	317,231	0 4.04
4.05	31.00	INTENSIVE CARE UNIT		49,254	0 4.05
4.06	60.00	LABORATORY		2,757,335	2,701,906 4.06
5.00	0		0	11,845,070	12,173,530 5.00

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the 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.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors 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.

6.00	B	0.00	RESURRECTION HEALTH	100.00	6.00
7.00	C	0.00	ALVERNO LAB	66.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

(1) Use the following symbols to indicate 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.

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

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:  
5/24/2013 9:05 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-4,066,586	0		1.00
2.00	158,915	0		2.00
3.00	75,126	9		3.00
4.00	519,232	9		4.00
4.01	331,024	9		4.01
4.02	1,682,301	0		4.02
4.03	549,614	0		4.03
4.04	317,231	0		4.04
4.05	49,254	0		4.05
4.06	55,429	0		4.06
5.00	-328,460			5.00

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

The Secretary, by virtue of the 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.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	SOLE CORPORATE MEMBER		6.00
7.00	RELATED LAB		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

(1) Use the following symbols to indicate 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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-8-2  
Date/Time Prepared:  
5/24/2013 9:05 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	62,500	62,500	0	0	0	1.00
2.00	32.02	SURGICAL HEART UNIT	62,500	62,500	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	102,717	34,996	67,721	168,000	1,560	3.00
4.00	43.00	NURSERY	254,012	254,012	0	0	0	4.00
5.00	50.00	OPERATING ROOM	1,734	1,734	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	411,666	411,666	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	1,800	1,800	0	0	0	7.00
8.00	90.01	OPD	3,500	3,500	0	0	0	8.00
9.00	91.00	EMERGENCY	1,079,425	1,079,425	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,979,854	1,912,133	67,721		1,560	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	32.02	SURGICAL HEART UNIT	0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	126,000	6,300	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	90.01	OPD	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			126,000	6,300	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	31.00	INTENSIVE CARE UNIT	0	0	0	62,500		1.00
2.00	32.02	SURGICAL HEART UNIT	0	0	0	62,500		2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	126,000	0	34,996		3.00
4.00	43.00	NURSERY	0	0	0	254,012		4.00
5.00	50.00	OPERATING ROOM	0	0	0	1,734		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	411,666		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	1,800		7.00
8.00	90.01	OPD	0	0	0	3,500		8.00
9.00	91.00	EMERGENCY	0	0	0	1,079,425		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	126,000	0	1,912,133		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	1,910,580	1,910,580				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	3,526,523		3,526,523			2.00
4.00 00400 EMPLOYEE BENEFITS	-16,305	8,289	41	-7,975		4.00
5.01 00541 COMMUNICATIONS	0	0	0	0	0	5.01
5.02 00551 DATA PROCESSING	0	0	0	0	0	5.02
5.03 00561 PURCHASING	158,915	0	0	0	0	5.03
5.04 00571 ADMITTING	549,614	6,003	439	0	0	5.04
5.05 00581 PATIENT FINANCIAL SVC	1,682,301	30,952	550	0	0	5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	-1,691,331	185,992	72,727	0	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	3,698,000	28,407	369,150	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	356,718	62,596	14,717	0	0	8.00
9.00 00900 HOUSEKEEPING	1,277,768	0	15,072	0	0	9.00
10.00 01000 DIETARY	523,949	30,363	24,252	0	0	10.00
11.00 01100 CAFETERIA	425,762	56,818	47,542	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	948,947	13,399	23,211	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	671,112	81,919	61,597	0	0	14.00
15.00 01500 PHARMACY	1,141,541	14,537	43,547	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	736,970	23,125	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	129,855	9,534	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	2,161,823	0	0	0	0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	2,802,071	88,202	2,385	0	0	22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	-23,371	5,434	4,822	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL	331,024	6,400	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	6,379,387	445,959	187,393	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	1,854,593	42,070	46,046	0	0	31.00
32.02 03202 SURGICAL HEART UNIT	1,164,392	40,908	200,615	0	0	32.02
43.00 04300 NURSERY	448,275	5,316	26,597	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	3,143,332	95,068	433,695	0	0	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02 05002 OPERATING ROOM	298,565	12,261	17,796	0	0	50.02
50.03 05003 OPERATING ROOM	321,329	0	14,654	0	0	50.03
51.00 05100 RECOVERY ROOM	1,044,707	61,389	105,557	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	914,195	30,918	91,642	0	0	52.00
53.00 05300 ANESTHESIOLOGY	68,817	3,889	159,056	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,691,830	93,420	425,296	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	203,726	35,023	17,600	0	0	55.00
56.00 05600 RADIOISOTOPE	200,499	15,179	2,755	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	134,213	24,498	112,169	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	465,876	37,710	315,927	0	0	59.00
60.00 06000 LABORATORY	2,808,043	80,639	116,548	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	36,000	20,192	2,286	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	701,802	16,577	51,816	0	0	65.00
66.00 06600 PHYSICAL THERAPY	699,804	22,124	11,475	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	325,596	19,495	72,836	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	36,119	3,619	9,591	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,218,443	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	2,792,335	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,892,549	0	0	0	0	73.00
73.02 07302 INPT RENAL DIALYSIS	192,369	2,182	15,228	0	0	73.02
76.97 07697 CARDIAC REHABILITATION	64,459	10,986	3,262	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001 OPD	553,304	3,590	193,091	0	0	90.01
91.00 09100 EMERGENCY	1,825,756	47,809	188,550	0	0	91.00
92.00 09200 OBSERVATION BEDS						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	54,782,781	1,822,791	3,501,533	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	967	9,323	45	0	0	190.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
0			1.00	2.00	4.00	5.01		
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRTIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,367	0	4,846	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	438,905	78,466	20,099	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	-7,975	0	201.00
202.00		TOTAL (sum lines 118-201)	55,230,020	1,910,580	3,526,523	-7,975	0	202.00
Cost Center Description			DATA PROCESSING	PURCHASING	ADMINISTRATIVE	PATIENT FINANCIAL SVC	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00541	COMMUNICATIONS						5.01
5.02	00551	DATA PROCESSING	0					5.02
5.03	00561	PURCHASING		158,915				5.03
5.04	00571	ADMINISTRATIVE			556,056			5.04
5.05	00581	PATIENT FINANCIAL SVC				1,713,803		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL		400			-1,432,212	5.06
6.00	00600	MAINTENANCE & REPAIRS					0	6.00
7.00	00700	OPERATION OF PLANT		1,872			4,097,429	7.00
8.00	00800	LAUNDRY & LINEN SERVICE					434,031	8.00
9.00	00900	HOUSEKEEPING		2,654			1,295,494	9.00
10.00	01000	DIETARY		592			579,156	10.00
11.00	01100	CAFETERIA		872			530,994	11.00
12.00	01200	MAINTENANCE OF PERSONNEL					0	12.00
13.00	01300	NURSING ADMINISTRATION		104			985,661	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		1,068			815,696	14.00
15.00	01500	PHARMACY		463			1,200,088	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		14			760,109	16.00
17.00	01700	SOCIAL SERVICE					139,389	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					0	19.00
20.00	02000	NURSING SCHOOL					0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD					2,161,823	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		361			2,893,019	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		785			-12,330	23.00
23.01	02301	RADIOLOGY SCHOOL		0			337,424	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	6,158	65,456	201,754	7,286,107	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,022	13,325	41,072	2,001,128	31.00
32.02	03202	SURGICAL HEART UNIT	0	1,835	8,148	25,115	1,441,013	32.02
43.00	04300	NURSERY	0	647	4,419	13,621	498,875	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	40,633	43,559	134,261	3,890,548	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	05002	OPERATING ROOM	0	2,346	6,985	21,531	359,484	50.02
50.03	05003	OPERATING ROOM	0	535	4,162	12,829	353,509	50.03
51.00	05100	RECOVERY ROOM	0	264	12,799	39,451	1,264,167	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,546	8,527	26,283	1,073,111	52.00
53.00	05300	ANESTHESIOLOGY	0	3,596	11,011	33,939	280,308	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,263	45,465	140,135	2,399,409	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	96	2,769	8,534	267,748	55.00
56.00	05600	RADIOISOTOPE	0	42	4,239	13,066	235,780	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	593	6,380	19,664	297,517	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,453	22,005	67,825	913,796	59.00
60.00	06000	LABORATORY	0	18	65,477	201,819	3,272,544	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	7,877	6,905	21,284	94,544	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,738	21,438	66,077	859,448	65.00
66.00	06600	PHYSICAL THERAPY	0	227	5,047	15,557	754,234	66.00
69.00	06900	ELECTROCARDIOLOGY	0	213	16,385	50,503	485,028	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24	411	1,268	51,032	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	2,159	24,828	76,528	3,321,958	71.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		DATA PROCESSING	PURCHASING	ADMITTING	PATIENT FINANCIAL SVC	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	57,487	15,442	47,597	2,912,861	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,163	68,402	210,711	2,172,825	73.00
73.02	07302 INPT RENAL DIALYSIS	0	234	1,514	4,667	216,194	73.02
76.97	07697 CARDIAC REHABILITATION	0	14	209	644	79,574	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 OPD	0	779	5,886	18,143	774,793	90.01
91.00	09100 EMERGENCY	0	7,656	64,863	199,925	2,334,559	91.00
92.00	09200 OBSERVATION BEDS					0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	158,803	556,056	1,713,803	54,677,865	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9	0	0	10,344	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	12,213	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	0	103	0	0	537,573	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	-7,975	201.00
202.00	TOTAL (sum lines 118-201)	0	158,915	556,056	1,713,803	55,230,020	202.00
Cost Center Description		OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00541 COMMUNICATIONS						5.01
5.02	00551 DATA PROCESSING						5.02
5.03	00561 PURCHASING						5.03
5.04	00571 ADMITTING						5.04
5.05	00581 PATIENT FINANCIAL SVC						5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL	-1,432,212					5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700 OPERATION OF PLANT	0	0	4,097,429			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	155,355	589,386		8.00
9.00	00900 HOUSEKEEPING	0	0	0	0	1,295,494	9.00
10.00	01000 DIETARY	0	0	75,359	0	28,202	10.00
11.00	01100 CAFETERIA	0	0	141,016	0	53,089	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	0	33,255	0	4,101	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	203,313	3,420	3,315	14.00
15.00	01500 PHARMACY	0	0	36,079	0	5,168	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	57,392	0	8,258	16.00
17.00	01700 SOCIAL SERVICE	0	0	23,663	0	2,022	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	218,906	9,569	29,606	22.00
23.00	02300 PARAMEDICAL EDUCATION PROGRAM	0	0	13,487	0	2,191	23.00
23.01	02301 RADIOLOGY SCHOOL	0	0	15,885	0	4,213	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	0	0	1,106,812	255,724	557,244	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	104,414	54,128	49,606	31.00
32.02	03202 SURGICAL HEART UNIT	0	0	101,529	27,233	78,314	32.02
43.00	04300 NURSERY	0	0	13,195	10,881	4,101	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	235,947	38,262	102,134	50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	05002 OPERATING ROOM	0	0	30,431	2,392	2,079	50.02
50.03	05003 OPERATING ROOM	0	0	0	6,126	0	50.03
51.00	05100 RECOVERY ROOM	0	0	152,360	17,817	23,483	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	76,734	20,841	27,977	52.00
53.00	05300 ANESTHESIOLOGY	0	0	9,653	0	2,697	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	231,857	29,634	57,303	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	86,922	2,372	22,584	55.00

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COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140080		Period: From 07/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/24/2013 9:05 am	
Cost Center Description			OTHER ADMINI STRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
56.00	05600	RADIO SOTOPE	0	0	37,673	2,288	8,258	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	60,800	3,140	6,854	58.00
59.00	05900	CARDI AC CATHETERIZATION	0	0	93,593	5,904	39,719	59.00
60.00	06000	LABORATORY	0	0	200,136	794	14,663	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	50,113	0	23,090	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	41,142	0	8,764	65.00
66.00	06600	PHYSICAL THERAPY	0	0	54,909	4,775	4,157	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	48,385	4,379	8,427	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	8,983	0	2,079	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	5,417	0	2,921	73.02
76.97	07697	CARDI AC REHABILITATION	0	0	27,266	257	2,135	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	8,910	6,376	2,921	90.01
91.00	09100	EMERGENCY	0	0	118,655	82,754	79,943	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	3,879,546	589,066	1,271,618	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	23,139	0	2,022	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	194,744	320	21,854	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	-1,432,212	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-1,432,212	0	4,097,429	589,386	1,295,494	202.00
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINI STRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00541	COMMUNICATIONS						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING						5.03
5.04	00571	ADMINI TTING						5.04
5.05	00581	PATIENT FINANCIAL SVC						5.05
5.06	00590	OTHER ADMINI STRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	682,717					10.00
11.00	01100	CAFETERIA	0	725,099				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINI STRATION	0	14,106	0	1,037,123		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,659	0	0	1,044,403	14.00
15.00	01500	PHARMACY	0	20,533	0	0	3,193	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,320	0	0	98	16.00
17.00	01700	SOCIAL SERVICE	0	2,946	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	164,178	0	0	2,492	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	2,768	0	0	5,417	23.00
23.01	02301	RADIOLOGY SCHOOL	0	28,836	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	556,135	154,983	0	379,954	42,491	30.00
31.00	03100	INTENSIVE CARE UNIT	78,486	35,353	0	142,593	27,753	31.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
32.02	03202	SURGICAL HEART UNIT	48,096	21,694	0	78,825	12,664	32.02
43.00	04300	NURSERY	0	7,231	0	35,870	4,463	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	46,334	0	104,509	280,387	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	05002	OPERATING ROOM	0	5,178	0	17,713	16,187	50.02
50.03	05003	OPERATING ROOM	0	2,321	0	6,200	3,693	50.03
51.00	05100	RECOVERY ROOM	0	19,730	0	71,740	1,820	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,427	0	54,912	10,671	52.00
53.00	05300	ANESTHESIOLOGY	0	2,143	0	0	24,811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,032	0	10,185	22,519	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,410	0	0	665	55.00
56.00	05600	RADIOISOTOPE	0	2,143	0	0	293	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,232	0	0	4,092	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,213	0	15,056	30,726	59.00
60.00	06000	LABORATORY	0	3,392	0	0	127	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	625	0	3,100	54,356	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	15,266	0	0	11,992	65.00
66.00	06600	PHYSICAL THERAPY	0	12,677	0	0	1,563	66.00
69.00	06900	ELECTROCARDIOLOGY	0	7,321	0	0	1,471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	893	0	0	168	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	14,900	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	396,676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,023	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	1,614	73.02
76.97	07697	CARDIAC REHABILITATION	0	1,250	0	4,871	98	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	9,999	0	3,543	5,376	90.01
91.00	09100	EMERGENCY	0	40,621	0	108,052	52,829	91.00
92.00	09200	OBSERVATION BEDS						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	682,717	720,814	0	1,037,123	1,043,628	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	63	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	4,285	0	0	712	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	682,717	725,099	0	1,037,123	1,044,403	202.00
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00541	COMMUNICATIONS						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING						5.03
5.04	00571	ADMINITTING						5.04
5.05	00581	PATIENT FINANCIAL SVC						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
15.00	01500	PHARMACY	1,265,061					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	843,177				16.00
17.00	01700	SOCIAL SERVICE	0	0	168,020			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	3,080	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23	99,273	116,152	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,209	12,770	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	12,358	24,245	0	0	32.02
43.00	04300	NURSERY	33	6,702	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,996	66,063	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	05002	OPERATING ROOM	0	10,594	0	0	0	50.02
50.03	05003	OPERATING ROOM	2,624	6,313	0	0	0	50.03
51.00	05100	RECOVERY ROOM	59	19,412	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65	12,932	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,763	16,700	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	68,954	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	73	4,199	0	0	0	55.00
56.00	05600	RADIOISOTOPE	451	6,429	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,676	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	125	33,374	0	0	0	59.00
60.00	06000	LABORATORY	0	99,305	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	711	10,473	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	40	32,513	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,655	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	18	24,850	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	624	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	37,656	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	23,420	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,240,947	103,580	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	9,496	2,296	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	317	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	49	8,927	0	0	0	90.01
91.00	09100	EMERGENCY	378	98,373	14,853	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,261,931	843,177	168,020	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRTIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	3,130	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,265,061	843,177	168,020	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/24/2013 9:05 am
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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.01 00541	COMMUNICATIONS					5.01
5.02 00551	DATA PROCESSING					5.02
5.03 00561	PURCHASING					5.03
5.04 00571	ADMITTING					5.04
5.05 00581	PATIENT FINANCIAL SVC					5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	2,161,823				21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	3,317,770			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	14,613		23.00
23.01 02301	RADIOLOGY SCHOOL	0	0	0	386,358	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	870,589	1,336,102	0	0	12,761,589 30.00
31.00 03100	INTENSIVE CARE UNIT	128,855	197,755	0	0	2,853,050 31.00
32.02 03202	SURGICAL HEART UNIT	0	0	0	0	1,845,971 32.02
43.00 04300	NURSERY	0	0	0	0	581,351 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	152,899	234,655	0	0	5,153,734 50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	0 50.01
50.02 05002	OPERATING ROOM	40,034	61,440	0	0	545,532 50.02
50.03 05003	OPERATING ROOM	0	0	0	0	380,786 50.03
51.00 05100	RECOVERY ROOM	0	0	0	0	1,570,588 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	109,830	168,557	0	0	1,572,057 52.00
53.00 05300	ANESTHESIOLOGY	18,324	28,123	0	0	384,522 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	172,740	265,106	0	257,572	3,548,311 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,587	11,643	0	0	406,203 55.00
56.00 05600	RADIOISOTOPE	5,719	8,777	0	0	307,811 56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	384,311 58.00
59.00 05900	CARDIAC CATHETERIZATION	39,800	61,082	0	0	1,241,388 59.00
60.00 06000	LABORATORY	42,952	65,918	0	0	3,699,831 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	237,012 62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	42,018	64,485	0	0	1,075,668 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	839,970 66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	579,879 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	63,779 70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	3,374,514 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,332,957 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,525,375 73.00
73.02 07302	INPT RENAL DIALYSIS	0	0	0	0	237,938 73.02
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	115,768 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001	OPD	13,072	20,062	0	0	854,028 90.01
91.00 09100	EMERGENCY	246,038	377,597	14,613	0	3,569,265 91.00
92.00 09200	OBSERVATION BEDS					
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,890,457	2,901,302	14,613	257,572	55,043,188 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	35,568 190.00
190.01 19001	POB RX	0	0	0	0	0 190.01
190.02 19002	MOBILE MEDICAL CARE	0	0	0	0	0 190.02

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
			21.00	22.00				
190.03	19003	ARTHRI TIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICI ANS' PRI VATE OFFICES	145,195	222,833	0	0	380,241	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	126,171	193,635	0	128,786	1,211,210	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-1,440,187	201.00
202.00		TOTAL (sum lines 118-201)	2,161,823	3,317,770	14,613	386,358	55,230,020	202.00
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total				
			25.00	26.00				
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00541	COMMUNICATI ONS						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING						5.03
5.04	00571	ADMITTING						5.04
5.05	00581	PATIENT FINANCIAL SVC						5.05
5.06	00590	OTHER ADMINI STRATI VE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINI STRATI ON						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM						23.00
23.01	02301	RADIOLOGY SCHOOL						23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	-2,206,691	10,554,898				30.00
31.00	03100	INTENSIVE CARE UNIT	-326,610	2,526,440				31.00
32.02	03202	SURGICAL HEART UNIT	0	1,845,971				32.02
43.00	04300	NURSERY	0	581,351				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	-387,554	4,766,180				50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0				50.01
50.02	05002	OPERATING ROOM	-101,474	444,058				50.02
50.03	05003	OPERATING ROOM	0	380,786				50.03
51.00	05100	RECOVERY ROOM	0	1,570,588				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-278,387	1,293,670				52.00
53.00	05300	ANESTHESIOLOGY	-46,447	338,075				53.00
54.00	05400	RADIOLOGY-DI AGNOSTIC	-437,846	3,110,465				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-19,230	386,973				55.00
56.00	05600	RADIO SOTOPE	-14,496	293,315				56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	384,311				58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	-100,882	1,140,506				59.00
60.00	06000	LABORATORY	-108,870	3,590,961				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	237,012				62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILI ACS	0	0				62.30
65.00	06500	RESPI RATORY THERAPY	-106,503	969,165				65.00
66.00	06600	PHYSICAL THERAPY	0	839,970				66.00
69.00	06900	ELECTROCARDIOLOGY	0	579,879				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	63,779				70.00
71.00	07100	MEDICAL SUPPLI ES CHRGD TO PATIENTS	0	3,374,514				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,332,957				72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,525,375	73.00
73.02	07302 INPT RENAL DIALYSIS	0	237,938	73.02
76.97	07697 CARDIAC REHABILITATION	0	115,768	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 OPD	-33,134	820,894	90.01
91.00	09100 EMERGENCY	-623,635	2,945,630	91.00
92.00	09200 OBSERVATION BEDS	0		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-4,791,759	50,251,429	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,568	190.00
190.01	19001 POB RX	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-368,028	12,213	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	192.04
192.05	19205 OTHER NRCC	-319,806	891,404	192.05
192.06	19206 ASBURY STREET SNF	0	0	192.06
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	-1,440,187	201.00
202.00	TOTAL (sum lines 118-201)	-5,479,593	49,750,427	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 9:05 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	1,221	8,289	41	9,551	9,551 4.00
5.01 00541	COMMUNICATIONS	0	0	0	0	0 5.01
5.02 00551	DATA PROCESSING	0	0	0	0	0 5.02
5.03 00561	PURCHASING	0	0	0	0	0 5.03
5.04 00571	ADMINISTRATIVE	0	6,003	439	6,442	0 5.04
5.05 00581	PATIENT FINANCIAL SVC	0	30,952	550	31,502	0 5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	17,879	185,992	72,727	276,598	0 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	90,210	28,407	369,150	487,767	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	62,596	14,717	77,313	0 8.00
9.00 00900	HOUSEKEEPING	0	0	15,072	15,072	0 9.00
10.00 01000	DIETARY	5,396	30,363	24,252	60,011	0 10.00
11.00 01100	CAFETERIA	10,579	56,818	47,542	114,939	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	2,324	13,399	23,211	38,934	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	73,928	81,919	61,597	217,444	0 14.00
15.00 01500	PHARMACY	3,572	14,537	43,547	61,656	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,348	23,125	0	24,473	0 16.00
17.00 01700	SOCIAL SERVICE	0	9,534	0	9,534	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	700	88,202	2,385	91,287	0 22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	5,188	5,434	4,822	15,444	0 23.00
23.01 02301	RADIOLOGY SCHOOL	0	6,400	0	6,400	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	11,834	445,959	187,393	645,186	0 30.00
31.00 03100	INTENSIVE CARE UNIT	3,454	42,070	46,046	91,570	0 31.00
32.02 03202	SURGICAL HEART UNIT	5,057	40,908	200,615	246,580	0 32.02
43.00 04300	NURSERY	431	5,316	26,597	32,344	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	10,171	95,068	433,695	538,934	0 50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	0 50.01
50.02 05002	OPERATING ROOM	1,440	12,261	17,796	31,497	0 50.02
50.03 05003	OPERATING ROOM	20,627	0	14,654	35,281	0 50.03
51.00 05100	RECOVERY ROOM	1,656	61,389	105,557	168,602	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,535	30,918	91,642	124,095	0 52.00
53.00 05300	ANESTHESIOLOGY	0	3,889	159,056	162,945	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,140	93,420	425,296	522,856	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	455	35,023	17,600	53,078	0 55.00
56.00 05600	RADIOISOTOPE	0	15,179	2,755	17,934	0 56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,067	24,498	112,169	137,734	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,817	37,710	315,927	355,454	0 59.00
60.00 06000	LABORATORY	16,505	80,639	116,548	213,692	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	20,192	2,286	22,478	0 62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	20,690	16,577	51,816	89,083	0 65.00
66.00 06600	PHYSICAL THERAPY	1,465	22,124	11,475	35,064	0 66.00
69.00 06900	ELECTROCARDIOLOGY	2,539	19,495	72,836	94,870	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	100	3,619	9,591	13,310	0 70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
73.02 07302	INPT RENAL DIALYSIS	0	2,182	15,228	17,410	0 73.02
76.97 07697	CARDIAC REHABILITATION	0	10,986	3,262	14,248	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001	OPD	39,118	3,590	193,091	235,799	0 90.01
91.00 09100	EMERGENCY	461	47,809	188,550	236,820	0 91.00
92.00 09200	OBSERVATION BEDS				0	0 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	356,907	1,822,791	3,501,533	5,681,231	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,323	45	9,368	0 190.00
190.01 19001	POB RX	0	0	0	0	0 190.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
190.02 19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03 19003 ARTHRI TIS CENTER	0	0	0	0	0	190.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	4,846	4,846	0	192.00
192.02 19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03 19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04 19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05 19205 OTHER NRCC	587	78,466	20,099	99,152	0	192.05
192.06 19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	9,551	201.00
202.00 TOTAL (sum lines 118-201)	357,494	1,910,580	3,526,523	5,794,597	9,551	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 9:05 am			
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	PATIENT FINANCIAL SVC	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00541	COMMUNICATIONS	0					5.01
5.02	00551	DATA PROCESSING	0	0				5.02
5.03	00561	PURCHASING	0	0	0			5.03
5.04	00571	ADMINISTRATIVE	0	0	0	6,442		5.04
5.05	00581	PATIENT FINANCIAL SVC	0	0	0	0	31,502	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	752	3,722	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	153	758	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	94	463	32.02
43.00	04300	NURSERY	0	0	0	51	251	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	501	2,477	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	05002	OPERATING ROOM	0	0	0	80	397	50.02
50.03	05003	OPERATING ROOM	0	0	0	48	237	50.03
51.00	05100	RECOVERY ROOM	0	0	0	147	728	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	98	485	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	127	626	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	523	2,585	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	32	157	55.00
56.00	05600	RADIOISOTOPE	0	0	0	49	241	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	73	363	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	253	1,251	59.00
60.00	06000	LABORATORY	0	0	0	753	3,723	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	79	393	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	246	1,219	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	58	287	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	188	932	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5	23	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	285	1,412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	177	878	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	837	3,772	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	17	86	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	2	12	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	OPD	0	0	0	68	335	90.01
91.00	09100	EMERGENCY	0	0	0	746	3,689	91.00
92.00	09200	OBSERVATION BEDS						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	6,442	31,502	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	PATIENT FINANCIAL SVC	
			5.01	5.02	5.03	5.04	5.05	
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	0
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	0
192.05	19205	OTHER NRCC	0	0	0	0	0	0
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	0
200.00		Cross Foot Adjustments						
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	0	0	6,442	31,502	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 9:05 am		
Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00541	COMMUNICATIONS					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING					5.03
5.04	00571	ADMINITTING					5.04
5.05	00581	PATIENT FINANCIAL SVC					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	276,598				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	0	0	487,767		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	18,494	95,807	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	15,072 9.00
10.00	01000	DIETARY	0	0	8,971	0	328 10.00
11.00	01100	CAFETERIA	0	0	16,787	0	618 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,959	0	48 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	24,203	556	39 14.00
15.00	01500	PHARMACY	0	0	4,295	0	60 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	6,832	0	96 16.00
17.00	01700	SOCIAL SERVICE	0	0	2,817	0	24 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	26,059	1,555	344 22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	1,606	0	25 23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	1,891	0	49 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	131,752	41,568	6,483 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	12,430	8,799	577 31.00
32.02	03202	SURGICAL HEART UNIT	0	0	12,086	4,427	911 32.02
43.00	04300	NURSERY	0	0	1,571	1,769	48 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	28,088	6,220	1,188 50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0 50.01
50.02	05002	OPERATING ROOM	0	0	3,623	389	24 50.02
50.03	05003	OPERATING ROOM	0	0	0	996	0 50.03
51.00	05100	RECOVERY ROOM	0	0	18,137	2,896	273 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,135	3,388	325 52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,149	0	31 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	27,601	4,817	667 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	10,347	386	263 55.00
56.00	05600	RADIOISOTOPE	0	0	4,485	372	96 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	7,238	510	80 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,141	960	462 59.00
60.00	06000	LABORATORY	0	0	23,825	129	171 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	5,966	0	269 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	0	4,898	0	102 65.00
66.00	06600	PHYSICAL THERAPY	0	0	6,537	776	48 66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5,760	712	98 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,069	0	24 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	645	0	34 73.02
76.97	07697	CARDIAC REHABILITATION	0	0	3,246	42	25 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	OPD	0	0	1,061	1,036	34 90.01
91.00	09100	EMERGENCY	0	0	14,125	13,452	930 91.00
92.00	09200	OBSERVATION BEDS					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	461,829	95,755	14,794 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,755	0	24 190.00
190.01	19001	POB RX	0	0	0	0	0 190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0 190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0 190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
192.02	19202	0	0	0	0	0	192.02	
192.03	19203	0	0	0	0	0	192.03	
192.04	19204	0	0	0	0	0	192.04	
192.05	19205	0	0	23,183	52	254	192.05	
192.06	19206	0	0	0	0	0	192.06	
200.00	Cross Foot Adjustments						200.00	
201.00	Negative Cost Centers						201.00	
202.00	TOTAL (sum lines 118-201)		276,598	0	487,767	95,807	15,072	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140080		Period: From 07/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/24/2013 9:05 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00541	COMMUNICATIONS						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING						5.03
5.04	00571	ADMINISTRATIVE						5.04
5.05	00581	PATIENT FINANCIAL SVC						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	69,310					10.00
11.00	01100	CAFETERIA	0	132,344				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,575	0	45,516		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,406	0	0	245,648	14.00
15.00	01500	PHARMACY	0	3,748	0	0	751	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,161	0	0	23	16.00
17.00	01700	SOCIAL SERVICE	0	538	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	29,965	0	0	586	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	505	0	0	1,274	23.00
23.01	02301	RADIOLOGY SCHOOL	0	5,263	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	56,459	28,287	0	16,676	9,994	30.00
31.00	03100	INTENSIVE CARE UNIT	7,968	6,453	0	6,258	6,528	31.00
32.02	03202	SURGICAL HEART UNIT	4,883	3,960	0	3,459	2,979	32.02
43.00	04300	NURSERY	0	1,320	0	1,574	1,050	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	8,457	0	4,587	65,947	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	05002	OPERATING ROOM	0	945	0	777	3,807	50.02
50.03	05003	OPERATING ROOM	0	424	0	272	869	50.03
51.00	05100	RECOVERY ROOM	0	3,601	0	3,148	428	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,998	0	2,410	2,510	52.00
53.00	05300	ANESTHESIOLOGY	0	391	0	0	5,836	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,029	0	447	5,297	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	440	0	0	156	55.00
56.00	05600	RADIOISOTOPE	0	391	0	0	69	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	407	0	0	963	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,499	0	661	7,227	59.00
60.00	06000	LABORATORY	0	619	0	0	30	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	114	0	136	12,785	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,786	0	0	2,821	65.00
66.00	06600	PHYSICAL THERAPY	0	2,314	0	0	368	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,336	0	0	346	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	163	0	0	39	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	3,505	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	93,298	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,887	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	380	73.02
76.97	07697	CARDIAC REHABILITATION	0	228	0	214	23	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	OPD	0	1,825	0	155	1,264	90.01
91.00	09100	EMERGENCY	0	7,414	0	4,742	12,426	91.00
92.00	09200	OBSERVATION BEDS						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	69,310	131,562	0	45,516	245,466	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	15	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	782	0	0	167	192.05
192.06	19206	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	TOTAL (sum lines 118-201)		69,310	132,344	0	45,516	245,648

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 9:05 am		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00541					5.01
5.02	00551					5.02
5.03	00561					5.03
5.04	00571					5.04
5.05	00581					5.05
5.06	00590					5.06
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600	70,510	34,585			16.00
17.00	01700	0	0	12,913		17.00
19.00	01900	0	0	0	0	19.00
20.00	02000	0	0	0	0	20.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
23.00	02300	172	0	0	0	23.00
23.01	02301	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	1	4,079	8,927		30.00
31.00	03100	0	830	981		31.00
32.02	03202	0	508	1,863		32.02
43.00	04300	2	275	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	111	2,714	0		50.00
50.01	05001	0	0	0		50.01
50.02	05002	0	435	0		50.02
50.03	05003	146	259	0		50.03
51.00	05100	3	798	0		51.00
52.00	05200	4	531	0		52.00
53.00	05300	98	686	0		53.00
54.00	05400	0	2,833	0		54.00
55.00	05500	4	173	0		55.00
56.00	05600	25	264	0		56.00
58.00	05800	0	398	0		58.00
59.00	05900	7	1,371	0		59.00
60.00	06000	0	4,080	0		60.00
62.00	06200	40	430	0		62.00
62.30	06250	0	0	0		62.30
65.00	06500	2	1,336	0		65.00
66.00	06600	0	315	0		66.00
69.00	06900	1	1,021	0		69.00
70.00	07000	0	26	0		70.00
71.00	07100	0	1,547	0		71.00
72.00	07200	0	962	0		72.00
73.00	07300	69,167	4,198	0		73.00
73.02	07302	529	94	0		73.02
76.97	07697	0	13	0		76.97
76.98	07698	0	0	0		76.98
76.99	07699	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	09001	3	367	0		90.01
91.00	09100	21	4,042	1,142		91.00
92.00	09200					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300					113.00
118.00		70,336	34,585	12,913	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	0	0		190.00
190.01	19001	0	0	0		190.01
190.02	19002	0	0	0		190.02
190.03	19003	0	0	0		190.03
192.00	19200	0	0	0		192.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
192.02	19202	0	0	0			192.02
192.03	19203	0	0	0			192.03
192.04	19204	0	0	0			192.04
192.05	19205	174	0	0			192.05
192.06	19206	0	0	0			192.06
200.00					0		200.00
201.00		0	0	0	0		201.00
202.00		70,510	34,585	12,913	0		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.01 00541	COMMUNICATIONS					5.01
5.02 00551	DATA PROCESSING					5.02
5.03 00561	PURCHASING					5.03
5.04 00571	ADMITTING					5.04
5.05 00581	PATIENT FINANCIAL SVC					5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0				21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		149,796			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			7,320		23.00
23.01 02301	RADIOLOGY SCHOOL				13,603	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS				953,886	30.00
31.00 03100	INTENSIVE CARE UNIT				143,305	31.00
32.02 03202	SURGICAL HEART UNIT				282,213	32.02
43.00 04300	NURSERY				40,255	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM				659,224	50.00
50.01 05001	AMBULATORY PRE/POST OP				0	50.01
50.02 05002	OPERATING ROOM				41,974	50.02
50.03 05003	OPERATING ROOM				38,532	50.03
51.00 05100	RECOVERY ROOM				198,761	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				145,979	52.00
53.00 05300	ANESTHESIOLOGY				171,889	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				573,655	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				65,036	55.00
56.00 05600	RADIOISOTOPE				23,926	56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				147,766	58.00
59.00 05900	CARDIAC CATHETERIZATION				380,286	59.00
60.00 06000	LABORATORY				247,022	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				42,690	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	62.30
65.00 06500	RESPIRATORY THERAPY				102,493	65.00
66.00 06600	PHYSICAL THERAPY				45,767	66.00
69.00 06900	ELECTROCARDIOLOGY				105,264	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				14,659	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS				6,749	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT				95,315	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				79,861	73.00
73.02 07302	INPT RENAL DIALYSIS				19,195	73.02
76.97 07697	CARDIAC REHABILITATION				18,053	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY				0	76.98
76.99 07699	LITHOTRIPSY				0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001	OPD				241,947	90.01
91.00 09100	EMERGENCY				299,549	91.00
92.00 09200	OBSERVATION BEDS					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	5,185,251	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				12,162	190.00
190.01 19001	POB RX				0	190.01
190.02 19002	MOBILE MEDICAL CARE				0	190.02

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal		
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS					
		21.00	22.00					
190.03	19003	ARTHRI TIS CENTER					0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES				4,846		192.00
192.02	19202	OUTREACH TRANSPORTATION				0		192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER				0		192.03
192.04	19204	WOMENS HEALTH CENTER				0		192.04
192.05	19205	OTHER NRCC				123,764		192.05
192.06	19206	ASBURY STREET SNF				0		192.06
200.00		Cross Foot Adjustments	0	149,796	7,320	13,603	170,719	200.00
201.00		Negative Cost Centers	0	0	11,706	0	297,855	201.00
202.00		TOTAL (sum lines 118-201)	0	149,796	19,026	13,603	5,794,597	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 9:05 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00541	COMMUNICATIONS		5.01
5.02	00551	DATA PROCESSING		5.02
5.03	00561	PURCHASING		5.03
5.04	00571	ADMITTING		5.04
5.05	00581	PATIENT FINANCIAL SVC		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	953,886
31.00	03100	INTENSIVE CARE UNIT	0	143,305
32.02	03202	SURGICAL HEART UNIT	0	282,213
43.00	04300	NURSERY	0	40,255
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	659,224
50.01	05001	AMBULATORY PRE/POST OP	0	0
50.02	05002	OPERATING ROOM	0	41,974
50.03	05003	OPERATING ROOM	0	38,532
51.00	05100	RECOVERY ROOM	0	198,761
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	145,979
53.00	05300	ANESTHESIOLOGY	0	171,889
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	573,655
55.00	05500	RADIOLOGY-THERAPEUTIC	0	65,036
56.00	05600	RADIOISOTOPE	0	23,926
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	147,766
59.00	05900	CARDIAC CATHETERIZATION	0	380,286
60.00	06000	LABORATORY	0	247,022
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	42,690
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
65.00	06500	RESPIRATORY THERAPY	0	102,493
66.00	06600	PHYSICAL THERAPY	0	45,767
69.00	06900	ELECTROCARDIOLOGY	0	105,264
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,659
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	6,749
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	95,315
73.00	07300	DRUGS CHARGED TO PATIENTS	0	79,861
73.02	07302	INPT RENAL DIALYSIS	0	19,195
76.97	07697	CARDIAC REHABILITATION	0	18,053
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0
76.99	07699	LITHOTRIPSY	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	09001	OPD	0	241,947
91.00	09100	EMERGENCY	0	299,549
92.00	09200	OBSERVATION BEDS	0	
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	5,185,251
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,162
190.01	19001	POB RX	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.03	19003	ARTHRITIS CENTER	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,846	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	192.04
192.05	19205	OTHER NRCC	0	123,764	192.05
192.06	19206	ASBURY STREET SNF	0	0	192.06
200.00		Cross Foot Adjustments	0	170,719	200.00
201.00		Negative Cost Centers	0	297,855	201.00
202.00		TOTAL (sum lines 118-201)	0	5,794,597	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

Period: From 07/01/2012 To 12/31/2012

Worksheet B-1  
Date/Time Prepared: 5/24/2013 9:05 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NON PT PHONES)	DATA PROCESSING (TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	389,560				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,737,059			2.00
4.00	00400	EMPLOYEE BENEFITS	1,690	20	26,006,915		4.00
5.01	00541	COMMUNICATIONS	0	0	0	0	5.01
5.02	00551	DATA PROCESSING	0	0	0	0	5.02
5.03	00561	PURCHASING	0	0	0	0	5.03
5.04	00571	ADMINISTRATIVE	1,224	216	0	0	5.04
5.05	00581	PATIENT FINANCIAL SVC	6,311	271	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	37,923	35,823	1,721,825	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,792	181,832	833,168	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,763	7,249	0	0	8.00
9.00	00900	HOUSEKEEPING	0	7,424	743,404	0	9.00
10.00	01000	DIETARY	6,191	11,946	204,176	0	10.00
11.00	01100	CAFETERIA	11,585	23,418	400,253	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,732	11,433	707,709	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,703	30,341	112,817	0	14.00
15.00	01500	PHARMACY	2,964	21,450	952,993	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,715	0	485,341	0	16.00
17.00	01700	SOCIAL SERVICE	1,944	0	108,007	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	2,161,823	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	17,984	1,175	684,029	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	1,108	2,375	106,616	0	23.00
23.01	02301	RADIOLOGY SCHOOL	1,305	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	90,929	92,304	5,056,254	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,578	22,681	1,462,482	0	31.00
32.02	03202	SURGICAL HEART UNIT	8,341	98,817	925,631	0	32.02
43.00	04300	NURSERY	1,084	13,101	372,782	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	19,384	213,626	1,990,771	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02	05002	OPERATING ROOM	2,500	8,766	210,817	0	50.02
50.03	05003	OPERATING ROOM	0	7,218	76,309	0	50.03
51.00	05100	RECOVERY ROOM	12,517	51,994	857,884	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,304	45,140	666,962	0	52.00
53.00	05300	ANESTHESIOLOGY	793	78,346	46,156	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,048	209,488	1,268,241	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,141	8,669	129,638	0	55.00
56.00	05600	RADIOISOTOPE	3,095	1,357	91,273	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,995	55,251	92,754	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,689	155,616	337,163	0	59.00
60.00	06000	LABORATORY	16,442	57,408	59,081	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,117	1,126	29,549	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,380	25,523	518,323	0	65.00
66.00	06600	PHYSICAL THERAPY	4,511	5,652	561,928	0	66.00
69.00	06900	ELECTROCARDIOLOGY	3,975	35,877	263,176	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	738	4,724	26,308	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	445	7,501	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	2,240	1,607	59,476	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	OPD	732	95,111	396,746	0	90.01
91.00	09100	EMERGENCY	9,748	92,874	1,282,931	0	91.00
92.00	09200	OBSERVATION BEDS					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	371,660	1,724,750	26,004,796	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,901	22	0	0	190.00
190.01	19001	POB RX	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NON PT PHONES)	DATA PROCESSING (TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
190.02 19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03 19003 ARTHRI TIS CENTER	0	0	0	0	0	190.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	2,387	0	0	0	192.00
192.02 19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03 19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04 19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05 19205 OTHER NRCC	15,999	9,900	2,119	0	0	192.05
192.06 19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,910,580	3,526,523	-7,975	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.904456	2.030169	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			9,551	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000367	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140080		Period: From 07/01/2012 To 12/31/2012		Worksheet B-1 Date/Time Prepared: 5/24/2013 9:05 am	
Cost Center Description		PURCHASING (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	PATIENT FINANCIAL SVC (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00541	COMMUNICATIONS					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING	7,412,700				5.03
5.04	00571	ADMITTING	0	336,350,629			5.04
5.05	00581	PATIENT FINANCIAL SVC	0	0	336,350,629		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	18,655	0	0	1,432,212	56,682,537
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	87,300	0	0	0	4,097,429
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	434,031
9.00	00900	HOUSEKEEPING	123,815	0	0	0	1,295,494
10.00	01000	DIETARY	27,604	0	0	0	579,156
11.00	01100	CAFETERIA	40,676	0	0	0	530,994
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	4,867	0	0	0	985,661
14.00	01400	CENTRAL SERVICES & SUPPLY	49,796	0	0	0	815,696
15.00	01500	PHARMACY	21,583	0	0	0	1,200,088
16.00	01600	MEDICAL RECORDS & LIBRARY	661	0	0	0	760,109
17.00	01700	SOCIAL SERVICE	0	0	0	0	139,389
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	2,161,823
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	16,845	0	0	0	2,893,019
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	36,617	0	0	12,330	0
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	337,424
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	287,232	39,598,492	39,598,492	0	7,286,107
31.00	03100	INTENSIVE CARE UNIT	187,606	8,061,158	8,061,158	0	2,001,128
32.02	03202	SURGICAL HEART UNIT	85,606	4,929,324	4,929,324	0	1,441,013
43.00	04300	NURSERY	30,172	2,673,381	2,673,381	0	498,875
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,895,362	26,351,573	26,351,573	0	3,890,548
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0
50.02	05002	OPERATING ROOM	109,421	4,225,910	4,225,910	0	359,484
50.03	05003	OPERATING ROOM	24,966	2,518,017	2,518,017	0	353,509
51.00	05100	RECOVERY ROOM	12,301	7,743,157	7,743,157	0	1,264,167
52.00	05200	DELIVERY ROOM & LABOR ROOM	72,135	5,158,544	5,158,544	0	1,073,111
53.00	05300	ANESTHESIOLOGY	167,718	6,661,259	6,661,259	0	280,308
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,227	27,504,461	27,504,461	0	2,399,409
55.00	05500	RADIOLOGY-THERAPEUTIC	4,497	1,674,953	1,674,953	0	267,748
56.00	05600	RADIOISOTOPE	1,979	2,564,514	2,564,514	0	235,780
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	27,663	3,859,533	3,859,533	0	297,517
59.00	05900	CARDIAC CATHETERIZATION	207,700	13,312,131	13,312,131	0	913,796
60.00	06000	LABORATORY	861	39,611,240	39,611,240	0	3,272,544
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	367,437	4,177,332	4,177,332	0	94,544
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	81,065	12,968,899	12,968,899	0	859,448
66.00	06600	PHYSICAL THERAPY	10,566	3,053,482	3,053,482	0	754,234
69.00	06900	ELECTROCARDIOLOGY	9,941	9,912,330	9,912,330	0	485,028
70.00	07000	ELECTROENCEPHALOGRAPHY	1,133	248,903	248,903	0	51,032
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	100,724	15,020,219	15,020,219	0	3,321,958
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,681,470	9,341,977	9,341,977	0	2,912,861
73.00	07300	DRUGS CHARGED TO PATIENTS	54,233	41,337,069	41,337,069	0	2,172,825
73.02	07302	INPT RENAL DIALYSIS	10,912	915,902	915,902	0	216,194
76.97	07697	CARDIAC REHABILITATION	663	126,380	126,380	0	79,574
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	OPD	36,338	3,561,009	3,561,009	0	774,793
91.00	09100	EMERGENCY	357,117	39,239,480	39,239,480	0	2,334,559
92.00	09200	OBSERVATION BEDS					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,407,464	336,350,629	336,350,629	1,444,542	56,122,407
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	425	0	0	0	10,344
190.01	19001	POB RX	0	0	0	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0
190.03	19003	ARTHROTISS CENTER	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		PURCHASING (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	PATIENT FINANCIAL SVC (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	12,213	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	192.04
192.05	19205	OTHER NRCC	4,811	0	0	537,573	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	192.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	158,915	556,056	1,713,803	-1,432,212	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.021438	0.001653	0.005095	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	6,442	31,502	276,598	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000019	0.000094	0.004880	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00541	COMMUNICATIONS					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING					5.03
5.04	00571	ADMITTING					5.04
5.05	00581	PATIENT FINANCIAL SVC					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	336,620			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	12,763	767,135		8.00
9.00	00900	HOUSEKEEPING	0	0	0	23,060	9.00
10.00	01000	DIETARY	0	6,191	0	502	88,108
11.00	01100	CAFETERIA	0	11,585	0	945	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	2,732	0	73	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,703	4,452	59	0
15.00	01500	PHARMACY	0	2,964	0	92	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,715	0	147	0
17.00	01700	SOCIAL SERVICE	0	1,944	0	36	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	17,984	12,455	527	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	1,108	0	39	0
23.01	02301	RADIOLOGY SCHOOL	0	1,305	0	75	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	90,929	332,845	9,919	71,772
31.00	03100	INTENSIVE CARE UNIT	0	8,578	70,452	883	10,129
32.02	03202	SURGICAL HEART UNIT	0	8,341	35,446	1,394	6,207
43.00	04300	NURSERY	0	1,084	14,163	73	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	19,384	49,801	1,818	0
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0
50.02	05002	OPERATING ROOM	0	2,500	3,114	37	0
50.03	05003	OPERATING ROOM	0	0	7,973	0	0
51.00	05100	RECOVERY ROOM	0	12,517	23,190	418	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,304	27,126	498	0
53.00	05300	ANESTHESIOLOGY	0	793	0	48	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,048	38,571	1,020	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,141	3,087	402	0
56.00	05600	RADIOISOTOPE	0	3,095	2,978	147	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,995	4,087	122	0
59.00	05900	CARDIAC CATHETERIZATION	0	7,689	7,685	707	0
60.00	06000	LABORATORY	0	16,442	1,034	261	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,117	0	411	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	3,380	0	156	0
66.00	06600	PHYSICAL THERAPY	0	4,511	6,215	74	0
69.00	06900	ELECTROCARDIOLOGY	0	3,975	5,700	150	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	738	0	37	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.02	07302	INPT RENAL DIALYSIS	0	445	0	52	0
76.97	07697	CARDIAC REHABILITATION	0	2,240	334	38	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LI THOTRI PSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	OPD	0	732	8,299	52	0
91.00	09100	EMERGENCY	0	9,748	107,711	1,423	0
92.00	09200	OBSERVATION BEDS					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	318,720	766,718	22,635	88,108
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,901	0	36	0
190.01	19001	POB RX	0	0	0	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0
190.03	19003	ARTHROTI S CENTER	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description			MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
			6.00	7.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	15,999	417	389	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	4,097,429	589,386	1,295,494	682,717	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	12.172268	0.768295	56.179271	7.748638	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	487,767	95,807	15,072	69,310	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1.449014	0.124889	0.653599	0.786648	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet B-1 Date/Time Prepared: 5/24/2013 9:05 am			
Cost Center	Description	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00541						5.01
5.02	00551						5.02
5.03	00561						5.03
5.04	00571						5.04
5.05	00581						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	8,122					11.00
12.00	01200	0	0				12.00
13.00	01300	158	0	2,342			13.00
14.00	01400	209	0	0	7,059,987		14.00
15.00	01500	230	0	0	21,583	1,920,452	15.00
16.00	01600	194	0	0	661	0	16.00
17.00	01700	33	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	1,839	0	0	16,845	0	22.00
23.00	02300	31	0	0	36,617	4,675	23.00
23.01	02301	323	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,736	0	858	287,232	35	30.00
31.00	03100	396	0	322	187,606	0	31.00
32.02	03202	243	0	178	85,606	0	32.02
43.00	04300	81	0	81	30,172	50	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	519	0	236	1,895,362	3,030	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	58	0	40	109,421	0	50.02
50.03	05003	26	0	14	24,966	3,984	50.03
51.00	05100	221	0	162	12,301	90	51.00
52.00	05200	184	0	124	72,135	98	52.00
53.00	05300	24	0	0	167,718	2,676	53.00
54.00	05400	370	0	23	152,227	0	54.00
55.00	05500	27	0	0	4,497	111	55.00
56.00	05600	24	0	0	1,979	685	56.00
58.00	05800	25	0	0	27,663	0	58.00
59.00	05900	92	0	34	207,700	189	59.00
60.00	06000	38	0	0	861	0	60.00
62.00	06200	7	0	7	367,437	1,080	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	171	0	0	81,065	61	65.00
66.00	06600	142	0	0	10,566	0	66.00
69.00	06900	82	0	0	9,941	28	69.00
70.00	07000	10	0	0	1,133	0	70.00
71.00	07100	0	0	0	100,724	0	71.00
72.00	07200	0	0	0	2,681,470	0	72.00
73.00	07300	0	0	0	54,233	1,883,844	73.00
73.02	07302	0	0	0	10,912	14,416	73.02
76.97	07697	14	0	11	663	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	112	0	8	36,338	74	90.01
91.00	09100	455	0	244	357,117	574	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		8,074	0	2,342	7,054,751	1,915,700	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	425	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		CAFETERIA (FTES SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED))	NURSING ADMINISTRATION (DIRECT NRSNG FTES))	CENTRAL SERVICES & SUPPLY (COSTED REQUIS))	PHARMACY (COSTED REQUIS))		
		11.00	12.00	13.00	14.00	15.00		
190.03	19003	0	0	0	0	0	190.03	
192.00	19200	0	0	0	0	0	192.00	
192.02	19202	0	0	0	0	0	192.02	
192.03	19203	0	0	0	0	0	192.03	
192.04	19204	0	0	0	0	0	192.04	
192.05	19205	48	0	0	4,811	4,752	192.05	
192.06	19206	0	0	0	0	0	192.06	
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	725,099	0	1,037,123	1,044,403	1,265,061	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	89.275917	0.000000	442.836465	0.147933	0.658731	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	132,344	0	45,516	245,648	70,510	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	16.294509	0.000000	19.434671	0.034794	0.036715	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES ((ASSIGNED TIME))	
	16.00	17.00	19.00	20.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS							4.00
5.01 00541 COMMUNICATIONS							5.01
5.02 00551 DATA PROCESSING							5.02
5.03 00561 PURCHASING							5.03
5.04 00571 ADMITTING							5.04
5.05 00581 PATIENT FINANCIAL SVC							5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL							5.06
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	336,350,629						16.00
17.00 01700 SOCIAL SERVICE	0	10,000					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0				19.00
20.00 02000 NURSING SCHOOL	0	0		0			20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0			18,522		21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0					22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	0	0					23.00
23.01 02301 RADIOLOGY SCHOOL	0	0					23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	39,598,492	6,913			0	7,459	30.00
31.00 03100 INTENSIVE CARE UNIT	8,061,158	760			0	1,104	31.00
32.02 03202 SURGICAL HEART UNIT	4,929,324	1,443			0	0	32.02
43.00 04300 NURSERY	2,673,381	0			0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	26,351,573	0	0	0	0	1,310	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	0	0	0	50.01
50.02 05002 OPERATING ROOM	4,225,910	0	0	0	0	343	50.02
50.03 05003 OPERATING ROOM	2,518,017	0	0	0	0	0	50.03
51.00 05100 RECOVERY ROOM	7,743,157	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,158,544	0	0	0	0	941	52.00
53.00 05300 ANESTHESIOLOGY	6,661,259	0	0	0	0	157	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	27,504,461	0	0	0	0	1,480	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,674,953	0	0	0	0	65	55.00
56.00 05600 RADIOISOTOPE	2,564,514	0	0	0	0	49	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,859,533	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	13,312,131	0	0	0	0	341	59.00
60.00 06000 LABORATORY	39,611,240	0	0	0	0	368	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	4,177,332	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	12,968,899	0	0	0	0	360	65.00
66.00 06600 PHYSICAL THERAPY	3,053,482	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	9,912,330	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	248,903	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	15,020,219	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	9,341,977	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	41,337,069	0	0	0	0	0	73.00
73.02 07302 INPT RENAL DIALYSIS	915,902	0	0	0	0	0	73.02
76.97 07697 CARDIAC REHABILITATION	126,380	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01 09001 OPD	3,561,009	0	0	0	0	112	90.01
91.00 09100 EMERGENCY	39,239,480	884	0	0	0	2,108	91.00
92.00 09200 OBSERVATION BEDS							92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE							113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	336,350,629	10,000	0	0	0	16,197	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS		
							SRVCES-SALARY & FRINGES ((ASSIGNED TIME))		
			16.00	17.00	19.00	20.00	21.00		
190.01	19001	POB RX	0	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,244	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	1,081	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers							201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	843,177	168,020	0	0	2,161,823	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002507	16.802000	0.000000	0.000000	116.716499	0	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	34,585	12,913	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000103	1.291300	0.000000	0.000000	0.000000	0	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
	SRVCES-OTHER PRGM COSTS ((ASSIGNED TIME))			
	22.00			
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS				4.00
5.01 00541 COMMUNICATIONS				5.01
5.02 00551 DATA PROCESSING				5.02
5.03 00561 PURCHASING				5.03
5.04 00571 ADMITTING				5.04
5.05 00581 PATIENT FINANCIAL SVC				5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL				5.06
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD				21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	18,522			22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM		1,000		23.00
23.01 02301 RADIOLOGY SCHOOL		0	37,440	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 ADULTS & PEDIATRICS	7,459	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	1,104	0	0	31.00
32.02 03202 SURGICAL HEART UNIT	0	0	0	32.02
43.00 04300 NURSERY	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	1,310	0	0	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	50.01
50.02 05002 OPERATING ROOM	343	0	0	50.02
50.03 05003 OPERATING ROOM	0	0	0	50.03
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	941	0	0	52.00
53.00 05300 ANESTHESIOLOGY	157	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,480	0	24,960	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	65	0	0	55.00
56.00 05600 RADIOISOTOPE	49	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	341	0	0	59.00
60.00 06000 LABORATORY	368	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	360	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.02 07302 INPT RENAL DIALYSIS	0	0	0	73.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01 09001 OPD	112	0	0	90.01
91.00 09100 EMERGENCY	2,108	1,000	0	91.00
92.00 09200 OBSERVATION BEDS				92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00 11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	16,197	1,000	24,960	
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description			INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
			SRVCES-OTHER PRGM COSTS ((ASSIGNED TIME))			
			22.00	23.00	23.01	
190.01	19001	POB RX	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,244	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	192.04
192.05	19205	OTHER NRCC	1,081	0	12,480	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	192.06
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,317,770	14,613	386,358	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	179.125904	14.613000	10.319391	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	149,796	19,026	13,603	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.087464	7.320000	0.363328	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

		Title XVIII			Hospital		PPS		
Cost Center Description	Therapy Limit Adj.	Costs			Charges				
		Total Costs	RCE Disallowance	Total Costs	Inpatient				
		1.00	2.00	3.00	4.00	5.00		6.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	10,554,898		10,554,898	0	10,554,898	33,054,107	30.00
31.00	03100	INTENSIVE CARE UNIT	2,526,440		2,526,440	0	2,526,440	8,061,158	31.00
32.02	03202	SURGICAL HEART UNIT	1,845,971		1,845,971	0	1,845,971	4,929,324	32.02
43.00	04300	NURSERY	581,351		581,351	0	581,351	2,673,381	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	4,766,180		4,766,180	0	4,766,180	15,569,770	50.00
50.01	05001	AMBULATORY PRE/POST OP	0		0	0	0	0	50.01
50.02	05002	OPERATING ROOM	444,058		444,058	0	444,058	925,704	50.02
50.03	05003	OPERATING ROOM	380,786		380,786	0	380,786	1,756	50.03
51.00	05100	RECOVERY ROOM	1,570,588		1,570,588	0	1,570,588	2,891,313	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,293,670		1,293,670	0	1,293,670	4,808,194	52.00
53.00	05300	ANESTHESIOLOGY	338,075		338,075	0	338,075	3,779,667	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,110,465		3,110,465	0	3,110,465	11,745,218	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	386,973		386,973	0	386,973	266,640	55.00
56.00	05600	RADIOISOTOPE	293,315		293,315	0	293,315	745,244	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	384,311		384,311	0	384,311	1,414,140	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,140,506		1,140,506	0	1,140,506	8,560,940	59.00
60.00	06000	LABORATORY	3,590,961		3,590,961	0	3,590,961	24,069,630	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	237,012		237,012	0	237,012	1,987,636	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	969,165	0	969,165	0	969,165	12,372,323	65.00
66.00	06600	PHYSICAL THERAPY	839,970	0	839,970	0	839,970	1,588,276	66.00
69.00	06900	ELECTROCARDIOLOGY	579,879		579,879	0	579,879	5,407,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	63,779		63,779	0	63,779	98,516	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	3,374,514		3,374,514	0	3,374,514	10,970,277	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,332,957		3,332,957	0	3,332,957	6,907,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,525,375		3,525,375	0	3,525,375	32,995,745	73.00
73.02	07302	INPT RENAL DIALYSIS	237,938		237,938	0	237,938	864,689	73.02
76.97	07697	CARDIAC REHABILITATION	115,768		115,768	0	115,768	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	09001	OPD	820,894		820,894	0	820,894	26,361	90.01
91.00	09100	EMERGENCY	2,945,630		2,945,630	0	2,945,630	13,034,656	91.00
92.00	09200	OBSERVATION BEDS	1,787,124		1,787,124	0	1,787,124	924,946	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	52,038,553	0	52,038,553	0	52,038,553	210,675,063	200.00
201.00		Less Observation Beds	1,787,124		1,787,124		1,787,124		201.00
202.00		Total (see instructions)	50,251,429	0	50,251,429	0	50,251,429	210,675,063	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		33,054,107				30.00
31.00	03100	INTENSIVE CARE UNIT		8,061,158				31.00
32.02	03202	SURGICAL HEART UNIT		4,929,324				32.02
43.00	04300	NURSERY		2,673,381				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,781,803	26,351,573	0.180869	0.000000	0.180869	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0.000000	0.000000	0.000000	50.01
50.02	05002	OPERATING ROOM	3,300,206	4,225,910	0.105080	0.000000	0.105080	50.02
50.03	05003	OPERATING ROOM	2,516,261	2,518,017	0.151225	0.000000	0.151225	50.03
51.00	05100	RECOVERY ROOM	4,851,844	7,743,157	0.202836	0.000000	0.202836	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	350,350	5,158,544	0.250782	0.000000	0.250782	52.00
53.00	05300	ANESTHESIOLOGY	2,881,592	6,661,259	0.050752	0.000000	0.050752	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,759,243	27,504,461	0.113089	0.000000	0.113089	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,408,313	1,674,953	0.231035	0.000000	0.231035	55.00
56.00	05600	RADIOISOTOPE	1,819,270	2,564,514	0.114374	0.000000	0.114374	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,445,393	3,859,533	0.099574	0.000000	0.099574	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,751,191	13,312,131	0.085674	0.000000	0.085674	59.00
60.00	06000	LABORATORY	15,541,610	39,611,240	0.090655	0.000000	0.090655	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,189,696	4,177,332	0.056738	0.000000	0.056738	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	596,576	12,968,899	0.074730	0.000000	0.074730	65.00
66.00	06600	PHYSICAL THERAPY	1,465,206	3,053,482	0.275086	0.000000	0.275086	66.00
69.00	06900	ELECTROCARDIOLOGY	4,504,788	9,912,330	0.058501	0.000000	0.058501	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,387	248,903	0.256240	0.000000	0.256240	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,049,942	15,020,219	0.224665	0.000000	0.224665	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,434,067	9,341,977	0.356772	0.000000	0.356772	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,341,324	41,337,069	0.085284	0.000000	0.085284	73.00
73.02	07302	INPT RENAL DIALYSIS	51,213	915,902	0.259785	0.000000	0.259785	73.02
76.97	07697	CARDIAC REHABILITATION	126,380	126,380	0.916031	0.000000	0.916031	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	3,534,648	3,561,009	0.230523	0.000000	0.230523	90.01
91.00	09100	EMERGENCY	26,204,824	39,239,480	0.075068	0.000000	0.075068	91.00
92.00	09200	OBSERVATION BEDS	5,619,439	6,544,385	0.273077	0.000000	0.273077	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	125,675,566	336,350,629				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	125,675,566	336,350,629				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

		Title XIX			Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	10,554,898		10,554,898	0	0	33,054,107	30.00
31.00	03100	INTENSIVE CARE UNIT	2,526,440		2,526,440	0	0	8,061,158	31.00
32.02	03202	SURGICAL HEART UNIT	1,845,971		1,845,971	0	0	4,929,324	32.02
43.00	04300	NURSERY	581,351		581,351	0	0	2,673,381	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	4,766,180		4,766,180	0	0	15,569,770	50.00
50.01	05001	AMBULATORY PRE/POST OP	0		0	0	0	0	50.01
50.02	05002	OPERATING ROOM	444,058		444,058	0	0	925,704	50.02
50.03	05003	OPERATING ROOM	380,786		380,786	0	0	1,756	50.03
51.00	05100	RECOVERY ROOM	1,570,588		1,570,588	0	0	2,891,313	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,293,670		1,293,670	0	0	4,808,194	52.00
53.00	05300	ANESTHESIOLOGY	338,075		338,075	0	0	3,779,667	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,110,465		3,110,465	0	0	11,745,218	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	386,973		386,973	0	0	266,640	55.00
56.00	05600	RADIOISOTOPE	293,315		293,315	0	0	745,244	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	384,311		384,311	0	0	1,414,140	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,140,506		1,140,506	0	0	8,560,940	59.00
60.00	06000	LABORATORY	3,590,961		3,590,961	0	0	24,069,630	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	237,012		237,012	0	0	1,987,636	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	969,165	0	969,165	0	0	12,372,323	65.00
66.00	06600	PHYSICAL THERAPY	839,970	0	839,970	0	0	1,588,276	66.00
69.00	06900	ELECTROCARDIOLOGY	579,879		579,879	0	0	5,407,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	63,779		63,779	0	0	98,516	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	3,374,514		3,374,514	0	0	10,970,277	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,332,957		3,332,957	0	0	6,907,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,525,375		3,525,375	0	0	32,995,745	73.00
73.02	07302	INPT RENAL DIALYSIS	237,938		237,938	0	0	864,689	73.02
76.97	07697	CARDIAC REHABILITATION	115,768		115,768	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	09001	OPD	820,894		820,894	0	0	26,361	90.01
91.00	09100	EMERGENCY	2,945,630		2,945,630	0	0	13,034,656	91.00
92.00	09200	OBSERVATION BEDS	1,787,124		1,787,124	0	0	924,946	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	52,038,553	0	52,038,553	0	0	210,675,063	200.00
201.00		Less Observation Beds	1,787,124		1,787,124		0		201.00
202.00		Total (see instructions)	50,251,429	0	50,251,429	0	0	210,675,063	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital	Cost	
		Outpatient	Total (col. 6 + col. 7)						
		7.00	8.00						
		9.00	10.00	11.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS		33,054,107					30.00
31.00	03100	INTENSIVE CARE UNIT		8,061,158					31.00
32.02	03202	SURGICAL HEART UNIT		4,929,324					32.02
43.00	04300	NURSERY		2,673,381					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	10,781,803	26,351,573	0.180869	0.000000	0.000000		50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0.000000	0.000000	0.000000		50.01
50.02	05002	OPERATING ROOM	3,300,206	4,225,910	0.105080	0.000000	0.000000		50.02
50.03	05003	OPERATING ROOM	2,516,261	2,518,017	0.151225	0.000000	0.000000		50.03
51.00	05100	RECOVERY ROOM	4,851,844	7,743,157	0.202836	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	350,350	5,158,544	0.250782	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,881,592	6,661,259	0.050752	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,759,243	27,504,461	0.113089	0.000000	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,408,313	1,674,953	0.231035	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,819,270	2,564,514	0.114374	0.000000	0.000000		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,445,393	3,859,533	0.099574	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,751,191	13,312,131	0.085674	0.000000	0.000000		59.00
60.00	06000	LABORATORY	15,541,610	39,611,240	0.090655	0.000000	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,189,696	4,177,332	0.056738	0.000000	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	596,576	12,968,899	0.074730	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,465,206	3,053,482	0.275086	0.000000	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	4,504,788	9,912,330	0.058501	0.000000	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,387	248,903	0.256240	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,049,942	15,020,219	0.224665	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,434,067	9,341,977	0.356772	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,341,324	41,337,069	0.085284	0.000000	0.000000		73.00
73.02	07302	INPT RENAL DIALYSIS	51,213	915,902	0.259785	0.000000	0.000000		73.02
76.97	07697	CARDIAC REHABILITATION	126,380	126,380	0.916031	0.000000	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0.000000		76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	09001	OPD	3,534,648	3,561,009	0.230523	0.000000	0.000000		90.01
91.00	09100	EMERGENCY	26,204,824	39,239,480	0.075068	0.000000	0.000000		91.00
92.00	09200	OBSERVATION BEDS	5,619,439	6,544,385	0.273077	0.000000	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	125,675,566	336,350,629					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	125,675,566	336,350,629					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140080		Period: From 07/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/24/2013 9:05 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	953,886	0	953,886	16,165	59.01	30.00
31.00	INTENSIVE CARE UNIT	143,305		143,305	2,269	63.16	31.00
32.02	SURGICAL HEART UNIT	282,213		282,213	1,376	205.10	32.02
43.00	NURSERY	40,255		40,255	1,358	29.64	43.00
200.00	Total (Lines 30-199)	1,419,659		1,419,659	21,168		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,896	406,933				
31.00	INTENSIVE CARE UNIT	1,149	72,571				
32.02	SURGICAL HEART UNIT	633	129,828				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	8,678	609,332				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/24/2013 9:05 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	659,224	26,351,573	0.025016	6,753,616	168,948	50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0.000000	0	0	50.01
50.02	05002 OPERATING ROOM	41,974	4,225,910	0.009933	549,884	5,462	50.02
50.03	05003 OPERATING ROOM	38,532	2,518,017	0.015303	773	12	50.03
51.00	05100 RECOVERY ROOM	198,761	7,743,157	0.025669	1,290,883	33,136	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	145,979	5,158,544	0.028298	0	0	52.00
53.00	05300 ANESTHESIOLOGY	171,889	6,661,259	0.025804	1,488,766	38,416	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	573,655	27,504,461	0.020857	5,652,005	117,884	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	65,036	1,674,953	0.038829	111,024	4,311	55.00
56.00	05600 RADIOISOTOPE	23,926	2,564,514	0.009330	378,632	3,533	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	147,766	3,859,533	0.038286	712,384	27,274	58.00
59.00	05900 CARDIAC CATHETERIZATION	380,286	13,312,131	0.028567	3,782,341	108,050	59.00
60.00	06000 LABORATORY	247,022	39,611,240	0.006236	12,364,157	77,103	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	42,690	4,177,332	0.010219	808,793	8,265	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	102,493	12,968,899	0.007903	6,345,718	50,150	65.00
66.00	06600 PHYSICAL THERAPY	45,767	3,053,482	0.014988	993,015	14,883	66.00
69.00	06900 ELECTROCARDIOLOGY	105,264	9,912,330	0.010620	3,155,726	33,514	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	14,659	248,903	0.058894	53,517	3,152	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	6,749	15,020,219	0.000449	4,929,979	2,214	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	95,315	9,341,977	0.010203	3,674,220	37,488	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	79,861	41,337,069	0.001932	16,649,394	32,167	73.00
73.02	07302 INPT RENAL DIALYSIS	19,195	915,902	0.020957	555,450	11,641	73.02
76.97	07697 CARDIAC REHABILITATION	18,053	126,380	0.142847	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OPD	241,947	3,561,009	0.067943	562	38	90.01
91.00	09100 EMERGENCY	299,549	39,239,480	0.007634	6,177,037	47,156	91.00
92.00	09200 OBSERVATION BEDS	161,510	6,544,385	0.024679	451,584	11,145	92.00
200.00	Total (lines 50-199)	3,927,102	287,632,659		76,879,460	835,942	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140080		Period: From 07/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/24/2013 9:05 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	0	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,165	0.00	6,896	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,269	0.00	1,149	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	1,376	0.00	633	0	0	32.02
43.00	04300	NURSERY	1,358	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	21,168		8,678	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 9:05 am
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Cost Center Description	Title XVIII				Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	0	0	0	50.01
50.02 05002 OPERATING ROOM	0	0	0	0	0	0	50.02
50.03 05003 OPERATING ROOM	0	0	0	0	0	0	50.03
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	257,572	0	257,572	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.02 07302 INPT RENAL DIALYSIS	0	0	0	0	0	0	73.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01 09001 OPD	0	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	14,613	0	14,613	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	272,185	0	272,185	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 9:05 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	26,351,573	0.000000	0.000000	6,753,616	50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0.000000	0.000000	0	50.01
50.02	05002 OPERATING ROOM	0	4,225,910	0.000000	0.000000	549,884	50.02
50.03	05003 OPERATING ROOM	0	2,518,017	0.000000	0.000000	773	50.03
51.00	05100 RECOVERY ROOM	0	7,743,157	0.000000	0.000000	1,290,883	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,158,544	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,661,259	0.000000	0.000000	1,488,766	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	257,572	27,504,461	0.009365	0.009365	5,652,005	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,674,953	0.000000	0.000000	111,024	55.00
56.00	05600 RADIOISOTOPE	0	2,564,514	0.000000	0.000000	378,632	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,859,533	0.000000	0.000000	712,384	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	13,312,131	0.000000	0.000000	3,782,341	59.00
60.00	06000 LABORATORY	0	39,611,240	0.000000	0.000000	12,364,157	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,177,332	0.000000	0.000000	808,793	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	12,968,899	0.000000	0.000000	6,345,718	65.00
66.00	06600 PHYSICAL THERAPY	0	3,053,482	0.000000	0.000000	993,015	66.00
69.00	06900 ELECTROCARDIOLOGY	0	9,912,330	0.000000	0.000000	3,155,726	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	248,903	0.000000	0.000000	53,517	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	15,020,219	0.000000	0.000000	4,929,979	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	9,341,977	0.000000	0.000000	3,674,220	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	41,337,069	0.000000	0.000000	16,649,394	73.00
73.02	07302 INPT RENAL DIALYSIS	0	915,902	0.000000	0.000000	555,450	73.02
76.97	07697 CARDIAC REHABILITATION	0	126,380	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OPD	0	3,561,009	0.000000	0.000000	562	90.01
91.00	09100 EMERGENCY	14,613	39,239,480	0.000372	0.000372	6,177,037	91.00
92.00	09200 OBSERVATION BEDS	0	6,544,385	0.000000	0.000000	451,584	92.00
200.00	Total (lines 50-199)	272,185	287,632,659			76,879,460	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 9:05 am
	Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	3,267,105	0	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	50.01
50.02 05002 OPERATING ROOM	0	1,119,784	0	50.02
50.03 05003 OPERATING ROOM	0	1,258,540	0	50.03
51.00 05100 RECOVERY ROOM	0	1,432,062	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	886,090	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	52,931	5,032,631	47,131	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	855,264	0	55.00
56.00 05600 RADIOISOTOPE	0	795,053	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	840,952	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	2,765,276	0	59.00
60.00 06000 LABORATORY	0	572,939	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	567,332	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	235,951	0	65.00
66.00 06600 PHYSICAL THERAPY	0	2,028	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	2,040,359	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	27,742	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,423,078	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	1,224,893	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	4,029,732	0	73.00
73.02 07302 INPT RENAL DIALYSIS	0	40,008	0	73.02
76.97 07697 CARDIAC REHABILITATION	0	41,870	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01 09001 OPD	0	281,357	0	90.01
91.00 09100 EMERGENCY	2,298	4,506,883	1,677	91.00
92.00 09200 OBSERVATION BEDS	0	1,724,829	0	92.00
200.00 Total (lines 50-199)	55,229	34,971,758	48,808	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 9:05 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.180869	3,267,105	0	0	590,918	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	0	0	0	50.01
50.02	05002	OPERATING ROOM	0.105080	1,119,784	0	0	117,667	50.02
50.03	05003	OPERATING ROOM	0.151225	1,258,540	0	0	190,323	50.03
51.00	05100	RECOVERY ROOM	0.202836	1,432,062	0	0	290,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.250782	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.050752	886,090	0	0	44,971	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.113089	5,032,631	0	0	569,135	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231035	855,264	0	0	197,596	55.00
56.00	05600	RADIOISOTOPE	0.114374	795,053	0	0	90,933	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.099574	840,952	0	0	83,737	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.085674	2,765,276	0	0	236,912	59.00
60.00	06000	LABORATORY	0.090655	572,939	0	0	51,940	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.056738	567,332	0	0	32,189	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.074730	235,951	0	0	17,633	65.00
66.00	06600	PHYSICAL THERAPY	0.275086	2,028	0	0	558	66.00
69.00	06900	ELECTROCARDIOLOGY	0.058501	2,040,359	0	0	119,363	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.256240	27,742	0	0	7,109	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.224665	1,423,078	219	0	319,716	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.356772	1,224,893	29,700	0	437,008	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.085284	4,029,732	177	77,551	343,672	73.00
73.02	07302	INPT RENAL DIALYSIS	0.259785	40,008	0	0	10,393	73.02
76.97	07697	CARDIAC REHABILITATION	0.916031	41,870	0	0	38,354	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	OPD	0.230523	281,357	0	0	64,859	90.01
91.00	09100	EMERGENCY	0.075068	4,506,883	0	0	338,323	91.00
92.00	09200	OBSERVATION BEDS	0.273077	1,724,829	0	0	471,011	92.00
200.00		Subtotal (see instructions)		34,971,758	30,096	77,551	4,664,794	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		34,971,758	30,096	77,551	4,664,794	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 9:05 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000	OPERATING ROOM	0	0	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02 05002	OPERATING ROOM	0	0	50.02
50.03 05003	OPERATING ROOM	0	0	50.03
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	49	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	10,596	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	15	6,614	73.00
73.02 07302	INPT RENAL DIALYSIS	0	0	73.02
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01 09001	OPD	0	0	90.01
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS	0	0	92.00
200.00	Subtotal (see instructions)	10,660	6,614	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	10,660	6,614	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2013 9:05 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,165	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,165	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		13,428	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	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)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,896	9.00
10.00	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)		0	10.00
11.00	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)		0	11.00
12.00	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		0	12.00
13.00	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)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,554,898	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		10,554,898	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		50,084,173	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		50,084,173	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.210743	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		3,729.83	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,554,898	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		652.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,502,743	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,502,743	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080		Period: From 07/01/2012 To 12/31/2012		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,526,440	2,269	1,113.46	1,149	1,279,366	43.00
44.00	CORONARY CARE UNIT						44.00
44.02	SURGICAL HEART UNIT	1,845,971	1,376	1,341.55	633	849,201	44.02
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,402,226	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,033,536	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					609,332	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					891,171	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,500,503	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					14,533,033	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	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 operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,737	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					652.95	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,787,124	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080		Period: From 07/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/24/2013 9:05 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	953,886	10,554,898	0.090374	1,787,124	161,510	90.00
91.00	Nursing School cost	0	10,554,898	0.000000	1,787,124	0	91.00
92.00	Allied health cost	0	10,554,898	0.000000	1,787,124	0	92.00
93.00	All other Medical Education	0	10,554,898	0.000000	1,787,124	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/24/2013 9:05 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		17,768,627	30.00
31.00	03100	INTENSIVE CARE UNIT		4,087,724	31.00
32.02	03202	SURGICAL HEART UNIT		2,258,420	32.02
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.180869	6,753,616	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	50.01
50.02	05002	OPERATING ROOM	0.105080	549,884	50.02
50.03	05003	OPERATING ROOM	0.151225	773	50.03
51.00	05100	RECOVERY ROOM	0.202836	1,290,883	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.250782	0	52.00
53.00	05300	ANESTHESIOLOGY	0.050752	1,488,766	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.113089	5,652,005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231035	111,024	55.00
56.00	05600	RADIOISOTOPE	0.114374	378,632	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.099574	712,384	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.085674	3,782,341	59.00
60.00	06000	LABORATORY	0.090655	12,364,157	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.056738	808,793	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.074730	6,345,718	65.00
66.00	06600	PHYSICAL THERAPY	0.275086	993,015	66.00
69.00	06900	ELECTROCARDIOLOGY	0.058501	3,155,726	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.256240	53,517	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.224665	4,929,979	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.356772	3,674,220	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.085284	16,649,394	73.00
73.02	07302	INPT RENAL DIALYSIS	0.259785	555,450	73.02
76.97	07697	CARDIAC REHABILITATION	0.916031	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	09001	OPD	0.230523	562	90.01
91.00	09100	EMERGENCY	0.075068	6,177,037	91.00
92.00	09200	OBSERVATION BEDS	0.273077	451,584	92.00
200.00		Total (sum of lines 50-94 and 96-98)		76,879,460	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		76,879,460	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/24/2013 9:05 am
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		14,668,223	1.00
2.00	Outlier payments for discharges. (see instructions)		338,435	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		753,551	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		195.28	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		100.42	5.00
6.00	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)		12.07	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		9.31	7.00
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.		0.72	7.01
8.00	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)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		-7.78	8.00
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.		0.00	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)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		94.68	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		94.82	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		94.68	12.00
13.00	Total allowable FTE count for the prior year.		94.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		93.78	14.00
15.00	Sum of lines 12 through 14 divided by 3.		94.15	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		94.15	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.482128	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.501547	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.482128	21.00
22.00	IME payment adjustment (see instructions)		3,596,743	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.14	24.00
25.00	If the amount on line 24 is greater than 0, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		3,596,743	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.08	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		27.95	31.00
32.00	Sum of lines 30 and 31		35.03	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.11	33.00
34.00	Disproportionate share adjustment (see instructions)		2,656,415	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		21,259,816	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		21,259,816	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,703,211	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		1,919,967	52.00
53.00	Nursing and Allied Health Managed Care payment		27,000	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/24/2013 9:05 am
		Title XVII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			55,229 58.00
59.00	Total (sum of amounts on lines 49 through 58)			24,965,223 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			24,965,223 61.00
62.00	Deductibles billed to program beneficiaries			1,371,016 62.00
63.00	Coinurance billed to program beneficiaries			138,142 63.00
64.00	Allowable bad debts (see instructions)			752,086 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			526,460 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			488,875 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			23,982,525 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			-13,573 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-59,523 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			23,909,429 71.00
72.00	Interim payments			23,844,371 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			65,058 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			18,617 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/24/2013 9:05 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		17,274	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		4,615,986	2.00
3.00	PPS payments		4,984,710	3.00
4.00	Outlier payment (see instructions)		57,233	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		48,808	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		17,274	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		107,647	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		107,647	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	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)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		107,647	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		90,373	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		17,274	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		5,090,751	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,984	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,160,513	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		3,941,528	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		560,662	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		4,502,190	30.00
31.00	Primary payer payments		19	31.00
32.00	Subtotal (line 30 minus line 31)		4,502,171	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		483,174	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		338,222	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		316,888	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		4,840,393	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		4,840,393	40.00
41.00	Interim payments		3,884,433	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		955,960	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/24/2013 9:05 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		23,844,371		3,884,433	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		23,844,371		3,884,433	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		65,058		955,960	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		23,909,429		4,840,393	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/24/2013 9:05 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		0	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		0	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6 line 2		0	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		0	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		0	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		0	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)		0	32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/24/2013 9:05 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			100.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			12.07	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.15	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			1.36	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			5.41	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			105.39	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			94.82	6.00
7.00	Enter the lesser of line 5 or line 6			94.82	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	58.98	35.17	94.15	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	58.98	35.17	94.15	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	58.98	35.17		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.23	35.77		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.39	35.07		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	58.53	35.34		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	58.53	35.34		17.00
18.00	Per resident amount	50,736.49	48,042.99		18.00
19.00	Approved amount for resident costs	2,969,607	1,697,839	4,667,446	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,667,446	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	8,678	461		26.00
27.00	Total Inpatient Days (see instructions)	17,073	17,073		27.00
28.00	Ratio of inpatient days to total inpatient days	0.508288	0.027002		28.00
29.00	Program direct GME amount	2,372,407	126,030		29.00
30.00	Reduction for direct GME payments for Medicare managed care		17,808		30.00
31.00	Net Program direct GME amount			2,480,629	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/24/2013 9:05 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		16,033,536	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		16,033,536	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		4,682,068	42.00
43.00	Primary payer payments (see instructions)		19	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		4,682,049	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		20,715,585	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.773984	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.226016	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		2,480,629	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)		1,919,967	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		560,662	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet G

Date/Time Prepared:  
5/24/2013 9:05 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	5,069,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	132,213,444	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-103,000,444	0	0	0	6.00
7.00	Inventory	4,071,838	0	0	0	7.00
8.00	Prepaid expenses	382,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	26,394,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	65,129,838	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	8,716,880	0	0	0	12.00
13.00	Land improvements	1,560,766	0	0	0	13.00
14.00	Accumulated depreciation	-1,391,726	0	0	0	14.00
15.00	Buildings	99,553,784	0	0	0	15.00
16.00	Accumulated depreciation	-60,582,506	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	66,028,985	0	0	0	23.00
24.00	Accumulated depreciation	-57,783,275	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	56,102,908	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	100,710,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	100,710,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	221,942,746	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	636,254	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	16,302,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,938,254	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	29,492,091	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	29,492,091	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	46,430,345	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	175,512,401	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	175,512,401	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	221,942,746	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet G-1

Date/Time Prepared:  
5/24/2013 9:05 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		155,584,597		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		20,375,304		0		2.00
3.00	Total (sum of line 1 and line 2)		175,959,901				3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		175,959,901			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00	FUND CAPITAL EXPENSE	447,500		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		447,500		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		175,512,401		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00	FUND CAPITAL EXPENSE		0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/24/2013 9:05 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	50,084,173		50,084,173	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	50,084,173		50,084,173	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,055,298		9,055,298	11.00
12.00	CORONARY CARE UNIT				12.00
12.02	SURGICAL HEART UNIT	5,340,820		5,340,820	12.02
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,396,118		14,396,118	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	64,480,291		64,480,291	17.00
18.00	Ancillary services	152,492,436	115,737,579	268,230,015	18.00
19.00	Outpatient services	26,361	3,613,962	3,640,323	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	37,695	37,695	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	216,999,088	119,389,236	336,388,324	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		59,679,025		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		59,679,025		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140080

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet G-3

Date/Time Prepared:  
5/24/2013 9:05 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	336,388,324	1.00
2.00	Less contractual allowances and discounts on patients' accounts	264,627,001	2.00
3.00	Net patient revenues (line 1 minus line 2)	71,761,323	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	59,679,025	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,082,298	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,266,170	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	REVENUE FROM OTHER SERVICES	4,812,281	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	214,555	24.01
25.00	Total other income (sum of lines 6-24)	8,293,006	25.00
26.00	Total (line 5 plus line 25)	20,375,304	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	20,375,304	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140080	Period: From 07/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/24/2013 9:05 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,175,937	1.00
2.00	Capital DRG outlier payments		51,020	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		92.79	3.00
4.00	Number of interns & residents (see instructions)		94.15	4.00
5.00	Indirect medical education percentage (see instructions)		33.15	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		389,823	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.08	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		27.95	8.00
9.00	Sum of lines 7 and 8		35.03	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.35	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		86,431	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,703,211	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	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)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

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