

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

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

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PRESENCE UNITED SAMARITANS MEDICAL CTR (14-0093) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2012 AND ENDING 12/31/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		-210,414	-133,185			1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		-210,414	-133,185			200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 812 NORTH LOGAN AVENUE  
 2 CITY: DANVILLE

STATE: IL

P.O.BOX:  
 ZIP CODE: 61821

COUNTY: VERMILION

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0093	19180	1	07/01/1966	O	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2012			TO: 12/31/2012				20
21	TYPE OF CONTROL				1				21

INPATIENT PPS INFORMATION

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

		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	3,234	891	44		9	84	24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.							25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2		3	4	5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
66					

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	1 N	2 115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2	118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

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

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

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

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

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1		1	2	1	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N			
2		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N		Y/N	
6		1		2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT				Y/N	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	04/30/2013	Y	04/30/2013
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		Y	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	35,837,122	-1,875,845	33,961,277	1,264,629.39	26.85
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A						3
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4
5	PHYSICIAN-PART B						4.01
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					6
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7
8	HOME OFFICE PERSONNEL						7.01
9	SNF	44					8
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		2,169,669	2,629	2,172,298	38,660.02	56.19
	OTHER WAGES & RELATED COSTS						9
11	CONTRACT LABOR (SEE INSTRUCTIONS)		2,975,076		2,975,076	99,031.00	30.04
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						11
13	CONTRACT LABOR: PHYSICIAN-PART A		197,555		197,555	1,000.00	197.56
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		7,872,441		7,872,441	133,893.00	58.80
15	HOME OFFICE: PHYSICIAN-PART A						13
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						14
	WAGE-RELATED COSTS						15
17	WAGE-RELATED COSTS (CORE)		8,246,023		8,246,023		16
18	WAGE-RELATED COSTS (OTHER)						17
19	EXCLUDED AREAS		406,574		406,574		18
20	NON-PHYSICIAN ANESTHETIST PART A						19
21	NON-PHYSICIAN ANESTHETIST PART B						20
22	PHYSICIAN PART A						21
23	PHYSICIAN PART B						22
24	WAGE-RELATED COSTS (RHC/FQHC)						23
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						24
	OVERHEAD COSTS - DIRECT SALARIES						25
26	EMPLOYEE BENEFITS		966,935	-531,456	435,479	12,967.00	33.58
27	ADMINISTRATIVE & GENERAL		5,722,029	-1,293,329	4,428,700	168,326.87	26.31
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						26
29	MAINTENANCE & REPAIRS		1,075,772	-57,174	1,018,598	37,715.15	27.01
30	OPERATION OF PLANT						27
31	LAUNDRY & LINEN SERVICE		30,778	45,651	76,429	2,040.30	37.46
32	HOUSEKEEPING		1,055,414	11,523	1,066,937	73,726.52	14.47
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						30
34	DIETARY		766,808	-394,683	372,125	28,216.91	13.19
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		373,783		373,783	12,448.00	30.03
36	CAFETERIA			394,683	394,683	29,927.46	13.19
37	MAINTENANCE OF PERSONNEL						34
38	NURSING ADMINISTRATION		1,205,122	-603,255	601,867	17,543.13	34.31
39	CENTRAL SERVICES AND SUPPLY		700,548	9,731	710,279	43,913.90	16.17
40	PHARMACY		1,348,205	3,355	1,351,560	36,695.33	36.83
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		706,563		706,563	31,547.16	22.40
42	SOCIAL SERVICE		721,232		721,232	18,831.75	38.30
43	OTHER GENERAL SERVICE						41

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	36,210,905	-1,875,845	34,335,060	1,277,077.3	26.89	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,169,669	2,629	2,172,298	38,660.02	56.19	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	34,041,236	-1,878,474	32,162,762	1,238,417.3	25.97	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	11,045,072		11,045,072	233,924.00	47.22	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	8,246,023		8,246,023		25.64%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	53,332,331	-1,878,474	51,453,857	1,472,341.3	34.95	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	14,673,189	-2,414,954	12,258,235	513,899.48	23.85	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	1,501,047	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	341,385	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES	5,788	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	3,216,423	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	232,100	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	45,705	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	99,599	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	30,140	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	518,350	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	2,433,514	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	52,824	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION	21,702	21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	154,020	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	8,652,597	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.182122	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				11,560,471	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				96,431,792	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				17,562,351	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				6,001,880	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				3,850	17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				766	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				6,001,880	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	16,833,043	439,805	17,272,848		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	3,065,667	80,098	3,145,765		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	20,343	14,545	34,888		22
23	COST OF CHARITY CARE	3,045,324	65,553	3,110,877		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				14,735,251	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				517,388	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				14,217,863	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				2,589,386	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				5,700,263	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				11,702,143	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		3,719,381	3,719,381	-2,019,255	1
2	00200				3,975,483	2
3	00300		85,260	85,260	-85,260	3
4	00400	966,935	9,514,293	10,481,228		4
5.01	00540	210,838	191,852	402,690		5.01
5.02	00550	67,428	4,901,879	4,969,307		5.02
5.03	00560	232,238	162,250	394,488		5.03
5.04	00570	979,884	29,826	1,009,710		5.04
5.05	00580	1,197,460	1,685,343	2,882,803		5.05
5.06	00561	3,034,181	9,430,717	12,464,898	-564,000	5.06
6	00600	1,075,772	2,604,626	3,680,398	-941,069	6
7	00700				1,000,803	7
8	00800	30,778	309,076	339,854	45,651	8
9	00900	1,055,414	234,979	1,290,393	-105,385	9
10	01000	766,808	1,113,251	1,880,059	-967,684	10
11	01100				967,684	11
12	01200					12
13	01300	1,205,122	36,511	1,241,633	-603,255	13
14	01400	700,548	770,431	1,470,979	9,731	14
15	01500	1,348,205	6,956,457	8,304,662	-6,559,284	15
16	01600	706,563	342,094	1,048,657		16
17	01700	721,232	5,016	726,248		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	6,473,681	324,164	6,797,845	62,361	30
31	03100	1,411,086	169,561	1,580,647	417,539	31
43	04300	325,404	49,144	374,548	19,668	43
ANCILLARY SERVICE COST CENTERS						
50	05000	852,427	2,344,920	3,197,347	-2,007,033	50
50.01	03330	916,344	108,753	1,025,097	49,516	50.01
51	05100	360,475	14,907	375,382	20,105	51
52	05200	1,006,933	47,893	1,054,826	35,296	52
53	05300	40,282	3,834,996	3,875,278	-23,715	53
54	05400	1,447,075	338,703	1,785,778	-609,911	54
54.01	03630	211,325	91,402	302,727	95,988	54.01
54.02	03440	164,878	100,722	265,600	83,166	54.02
55	05500	594,697	119,018	713,715	51,071	55
55.01	03480	460,539	134,398	594,937	-51,071	55.01
56	05600	174,967	144,755	319,722	98,910	56
57	05700	446,271	121,472	567,743	182,576	57
58	05800	174,079	254,750	428,829	138,864	58
59	05900	11,940	75,525	87,465	-43,031	59
60	06000		4,096,305	4,096,305		60
62.30	06250					62.30
63	06300		508,942	508,942		63
65	06500	1,032,236	297,852	1,330,088	-105,060	65
66	06600		462,119	462,119		66
67	06700		317,782	317,782		67
68	06800		80,751	80,751		68
69	06900				134,676	69
69.01	03140	373,190	488,155	861,345	67,357	69.01
71	07100				1,410,699	71
72	07200				1,374,632	72
73	07300				6,868,871	73
74	07400		115,585	115,585		74
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000		6,519	6,519	-6,519	90
91	09100	2,890,218	861,859	3,752,077	-400,676	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300		1,880,268	1,880,268	-1,880,268	113
118		33,667,453	59,484,462	93,151,915	138,171	118
NONREIMBURSABLE COST CENTERS						
190	19000	18,171	57,350	75,521		190
192	19200	1,332,672	236,347	1,569,019	5,984	192
192.01	19201	179,589	1,168,369	1,347,958	-144,155	192.01
192.02	19202		208,945	208,945		192.02
192.03	19203	200,925	71,527	272,452		192.03

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED  
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2011.10  
05/28/2013 09:18

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
192.04	19204	438,312	354,544	792,856		192.04
192.05	19205					192.05
200		35,837,122	61,581,544	97,418,666		200
TOTAL (SUM OF LINES 118-199)						

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	1,700,126	-426,231	1,273,895	1
2	00200	3,975,483	-287,889	3,687,594	2
3	00300				3
4	00400	10,481,228	-29,557	10,451,671	4
5.01	00540	402,690		402,690	5.01
5.02	00550	4,969,307	-578,571	4,390,736	5.02
5.03	00560	394,488	-3,425	391,063	5.03
5.04	00570	1,009,710		1,009,710	5.04
5.05	00580	2,882,803		2,882,803	5.05
5.06	00561	11,900,898	-3,963,227	7,937,671	5.06
6	00600	2,739,329		2,739,329	6
7	00700	1,000,803		1,000,803	7
8	00800	385,505		385,505	8
9	00900	1,185,008		1,185,008	9
10	01000	912,375	-17,022	895,353	10
11	01100	967,684	-449,971	517,713	11
12	01200				12
13	01300	638,378	-1,321	637,057	13
14	01400	1,480,710		1,480,710	14
15	01500	1,745,378		1,745,378	15
16	01600	1,048,657	-4,190	1,044,467	16
17	01700	726,248		726,248	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	6,860,206		6,860,206	30
31	03100	1,998,186		1,998,186	31
43	04300	394,216	-37,815	356,401	43
ANCILLARY SERVICE COST CENTERS					
50	05000	1,190,314		1,190,314	50
50.01	03330	1,074,613		1,074,613	50.01
51	05100	395,487		395,487	51
52	05200	1,090,122		1,090,122	52
53	05300	3,851,563	-3,805,162	46,401	53
54	05400	1,175,867	-40,119	1,135,748	54
54.01	03630	398,715	-2,067	396,648	54.01
54.02	03440	348,766	-2,480	346,286	54.02
55	05500	764,786		764,786	55
55.01	03480	543,866	-3,234	540,632	55.01
56	05600	418,632		418,632	56
57	05700	750,319	-7,350	742,969	57
58	05800	567,693		567,693	58
59	05900	44,434		44,434	59
60	06000	4,096,305	159,759	4,256,064	60
62.30	06250				62.30
63	06300	508,942		508,942	63
65	06500	1,225,028	-11,382	1,213,646	65
66	06600	462,119		462,119	66
67	06700	317,782		317,782	67
68	06800	80,751		80,751	68
69	06900	134,676		134,676	69
69.01	03140	928,702	-323,475	605,227	69.01
71	07100	1,410,699		1,410,699	71
72	07200	1,374,632		1,374,632	72
73	07300	6,868,871		6,868,871	73
74	07400	115,585		115,585	74
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000				90
91	09100	3,351,401	-239,586	3,111,815	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		93,290,086	-10,074,315	83,215,771	118
NONREIMBURSABLE COST CENTERS					
190	19000	75,521		75,521	190
192	19200	1,575,003		1,575,003	192
192.01	19201	1,203,803		1,203,803	192.01
192.02	19202	208,945		208,945	192.02
192.03	19203	272,452		272,452	192.03

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VERSION: 2011.10  
05/28/2013 09:18

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
192.04 19204 OUTREACH PROGRAMS	792,856		792,856	192.04
192.05 19205 UNASSIGNED				192.05
200 TOTAL (SUM OF LINES 118-199)	97,418,666	-10,074,315	87,344,351	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 DEPRECIATION EXPENSE	A	CAP REL COSTS-MVBLE EQUIP	2			2,791,937 1
500 TOTAL RECLASSIFICATIONS						2,791,937 500
CODE LETTER - A						
1 INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1			725,973 1
2 INTEREST EXPENSE	B	CAP REL COSTS-MVBLE EQUIP	2			1,144,995 2
3 INTEREST EXPENSE	B	MAGNETIC RESONANCE IMAGING (M	58			9,300 3
500 TOTAL RECLASSIFICATIONS						1,880,268 500
CODE LETTER - B						
1 UTILITIES	C	OPERATION OF PLANT	7			883,895 1
2 UTILITIES	C	OPERATION OF PLANT	7			116,908 2
500 TOTAL RECLASSIFICATIONS						1,000,803 500
CODE LETTER - C						
1 DRUGS CHARGED TO PATIENTS	D	DRUGS CHARGED TO PATIENTS	73			6,730,638 1
500 TOTAL RECLASSIFICATIONS						6,730,638 500
CODE LETTER - D						
1 SYSTEM SALARIES	E	EMPLOYEE BENEFITS	4			531,456 1
2 SYSTEM SALARIES	E	PURCHASING RECEIVING AND STOR	5.03			189,480 2
3 SYSTEM SALAIRES	E	CASHIERING/ACCOUNTS RECEIVABL	5.05			1,197,264 3
500 TOTAL RECLASSIFICATIONS						1,918,200 500
CODE LETTER - E						
1 EICU	F	INTENSIVE CARE UNIT	31			393,420 1
500 TOTAL RECLASSIFICATIONS						393,420 500
CODE LETTER - F						
1 EMM	G	PHARMACY	15			165,432 1
500 TOTAL RECLASSIFICATIONS						165,432 500
CODE LETTER - G						
1 RADIOLOGY DIRECTOR	H	ULTRASOUND	54.01		10,813	1
2 RADIOLOGY DIRECTOR	H	MAMMOGRAPHY	54.02		8,437	2
3 RADIOLOGY DIRECTOR	H	RADIOISOTOPE	56		8,953	3
4 RADIOLOGY DIRECTOR	H	COMPUTED TOMOGRAPHY (CT) SCAN	57		22,836	4
5 RADIOLOGY DIRECTOR	H	MAGNETIC RESONANCE IMAGING (M	58		8,908	5
6 RADIOLOGY DIRECTOR	H	CARDIOLOGY	69.01		19,096	6
7 RADIOLOGY DIRECTOR	H	CARDIAC CATHETERIZATION	59		611	7
500 TOTAL RECLASSIFICATIONS					79,654	500
CODE LETTER - H						
1 RADIOLOGY RECLASS	I	COMPUTED TOMOGRAPHY (CT) SCAN	57		93,924	222 1
2 RADIOLOGY RECLASS	I	ULTRASOUND	54.01		50,081	119 2
3 RADIOLOGY RECLASS	I	MAMMOGRAPHY	54.02		43,939	104 3
4 RADIOLOGY RECLASS	I	MAGNETIC RESONANCE IMAGING (M	58		70,943	168 4
5 RADIOLOGY RECLASS	I	RADIOISOTOPE	56		52,893	125 5
500 TOTAL RECLASSIFICATIONS					311,780	738 500
CODE LETTER - I						
1 PACS	J	COMPUTED TOMOGRAPHY (CT) SCAN	57		8,147	57,447 1
2 PACS	J	ULTRASOUND	54.01		4,344	30,631 2
3 PACS	J	MAMMOGRAPHY	54.02		3,811	26,875 3
4 PACS	J	MAGNETIC RESONANCE IMAGING (M	58		6,154	43,391 4
5 PACS	J	RADIOISOTOPE	56		4,588	32,351 5
500 TOTAL RECLASSIFICATIONS					27,044	190,695 500
CODE LETTER - J						
1 CPACS	K	CARDIOLOGY	69.01			51,027 1
2 CPACS	K	CARDIAC CATHETERIZATION	59			5,181 2
500 TOTAL RECLASSIFICATIONS						56,208 500
CODE LETTER - K						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 MULTI DEPT DIRECTORS	L	EMERGENCY	91		106,982	1
2 MULTI DEPT DIRECTORS	L	OPERATING ROOM	50		47,544	2
3 MULTI DEPT DIRECTORS	L	RECOVERY ROOM	51		20,105	3
4 MULTI DEPT DIRECTORS	L	ENDOSCOPY	50.01		51,109	4
5 MULTI DEPT DIRECTORS	L	ANESTHESIOLOGY	53		2,247	5
6 MULTI DEPT DIRECTORS	L	CENTRAL SERVICES & SUPPLY	14		9,731	6
7 MULTI DEPT DIRECTORS	L	DELIVERY ROOM & LABOR ROOM	52		60,859	7
8 MULTI DEPT DIRECTORS	L	ADULTS & PEDIATRICS	30		22,523	8
9 MULTI DEPT DIRECTORS	L	NURSERY	43		19,668	9
10 MULTI DEPT DIRECTORS	L	ADULTS & PEDIATRICS	30		104,280	10
11 MULTI DEPT DIRECTORS	L	INTENSIVE CARE UNIT	31		24,119	11
12 MULTI DEPT DIRECTORS	L	OTHER ADMINISTRATIVE AND GENE	5.06		51,060	12
13 MULTI DEPT DIRECTORS	L	PHYSICIANS' PRIVATE OFFICES	192		5,984	13
14 MULTI DEPT DIRECTORS	L	APOTHECARY	192.01		18,287	14
15 MULTI DEPT DIRECTORS	L	HOUSEKEEPING	9		53,352	15
16 MULTI DEPT DIRECTORS	L	LAUNDRY & LINEN SERVICE	8		3,822	16
17 MULTI DEPT DIRECTORS	L	RADIOLOGY-THERAPEUTIC	55		51,071	17
18 MULTI DEPT DIRECTORS	L	OPERATING ROOM	50		77,044	18
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					729,787	500
1 APOTHECARY	M	PHARMACY	15		21,642	2,567 1
2 APOTHECARY	M	DRUGS CHARGED TO PATIENTS	73			138,233 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					21,642	140,800 500
1 DIETARY/CAFETERIA RECLASS	N	CAFETERIA	11		394,683	573,001 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N					394,683	573,001 500
1 DISTRIBUTION OF LINEN	O	LAUNDRY & LINEN SERVICE	8		41,829	
500 TOTAL RECLASSIFICATIONS CODE LETTER - O					41,829	500
1 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71			25,563 1
2 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71			105,060 2
3 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71			25,962 3
4 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71			48,823 4
5 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71			441,790 5
6 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71			751,015 6
7 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHRGED TO PA	71			5,967 7
8 IMPLANTS CHG TO PAT	Q	IMPL. DEV. CHARGED TO PATIENT	72			1,374,639 8
9 IMPLANTS CHG TO PAT	Q	EMERGENCY	91			7 9
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q						2,778,826 500
1 OTHER CAPITAL COST	R	CAP REL COSTS-BLDG & FIXT	1			46,709 1
2 OTHER CAPITAL COST	R	CAP REL COSTS-MVBLE EQUIP	2			38,551 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - R						85,260 500
1 EKG RECLASSIFICATION	S	ELECTROCARDIOLOGY	69		64,442	1
2		ELECTROCARDIOLOGY	69		2,766	2
3		ELECTROCARDIOLOGY	69		65,875	3
4		ELECTROCARDIOLOGY	69		1,593	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - S					134,676	500
1 VACATION ACCRUAL	T	OTHER ADMINISTRATIVE AND GENE	5.06		42,355	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - T					42,355	500
1 CLOSED DEPARTMENT	U	MEDICAL SUPPLIES CHRGED TO PA	71			6,519 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - U						6,519 500
GRAND TOTAL (INCREASES)					1,783,450	18,712,745

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 DEPRECIATION EXPENSE	A	CAP REL COSTS-BLDG & FIXT	1		2,791,937	9 1
500 TOTAL RECLASSIFICATIONS					2,791,937	500
CODE LETTER - A						
1 INTEREST EXPENSE	B	INTEREST EXPENSE	113		725,973	11 1
2 INTEREST EXPENSE	B	INTEREST EXPENSE	113		1,144,995	11 2
3 INTEREST EXPENSE	B	INTEREST EXPENSE	113		9,300	3
500 TOTAL RECLASSIFICATIONS					1,880,268	500
CODE LETTER - B						
1 UTILITIES	C	MAINTENANCE & REPAIRS	6		883,895	1
2 UTILITIES	C	HOUSEKEEPING	9		116,908	2
500 TOTAL RECLASSIFICATIONS					1,000,803	500
CODE LETTER - C						
1 DRUGS CHARGED TO PATIENTS	D	PHARMACY	15		6,730,638	1
500 TOTAL RECLASSIFICATIONS					6,730,638	500
CODE LETTER - D						
1 SYSTEM SALARIES	E	EMPLOYEE BENEFITS	4	531,456		1
2 SYSTEM SALARIES	E	PURCHASING RECEIVING AND STOR	5.03	189,480		2
3 SYSTEM SALAIRES	E	CASHIERING/ACCOUNTS RECEIVABL	5.05	1,197,264		3
500 TOTAL RECLASSIFICATIONS				1,918,200		500
CODE LETTER - E						
1 EICU	F	OTHER ADMINISTRATIVE AND GENE	5.06		393,420	1
500 TOTAL RECLASSIFICATIONS					393,420	500
CODE LETTER - F						
1 EMM	G	OTHER ADMINISTRATIVE AND GENE	5.06		165,432	1
500 TOTAL RECLASSIFICATIONS					165,432	500
CODE LETTER - G						
1 RADIOLOGY DIRECTOR	H	RADIOLOGY-DIAGNOSTIC	54	10,813		1
2 RADIOLOGY DIRECTOR	H	RADIOLOGY-DIAGNOSTIC	54	8,437		2
3 RADIOLOGY DIRECTOR	H	RADIOLOGY-DIAGNOSTIC	54	8,953		3
4 RADIOLOGY DIRECTOR	H	RADIOLOGY-DIAGNOSTIC	54	22,836		4
5 RADIOLOGY DIRECTOR	H	RADIOLOGY-DIAGNOSTIC	54	8,908		5
6 RADIOLOGY DIRECTOR	H	RADIOLOGY-DIAGNOSTIC	54	19,096		6
7 RADIOLOGY DIRECTOR	H	RADIOLOGY-DIAGNOSTIC	54	611		7
500 TOTAL RECLASSIFICATIONS				79,654		500
CODE LETTER - H						
1 RADIOLOGY RECLASS	I	RADIOLOGY-DIAGNOSTIC	54	93,924	222	1
2 RADIOLOGY RECLASS	I	RADIOLOGY-DIAGNOSTIC	54	50,081	119	2
3 RADIOLOGY RECLASS	I	RADIOLOGY-DIAGNOSTIC	54	43,939	104	3
4 RADIOLOGY RECLASS	I	RADIOLOGY-DIAGNOSTIC	54	70,943	168	4
5 RADIOLOGY RECLASS	I	RADIOLOGY-DIAGNOSTIC	54	52,893	125	5
500 TOTAL RECLASSIFICATIONS				311,780	738	500
CODE LETTER - I						
1 PACS	J	RADIOLOGY-DIAGNOSTIC	54	8,147	57,447	1
2 PACS	J	RADIOLOGY-DIAGNOSTIC	54	4,344	30,631	2
3 PACS	J	RADIOLOGY-DIAGNOSTIC	54	3,811	26,875	3
4 PACS	J	RADIOLOGY-DIAGNOSTIC	54	6,154	43,391	4
5 PACS	J	RADIOLOGY-DIAGNOSTIC	54	4,588	32,351	5
500 TOTAL RECLASSIFICATIONS				27,044	190,695	500
CODE LETTER - J						
1 CPACS	K	OTHER ADMINISTRATIVE AND GENE	5.06		51,027	1
2 CPACS	K	OTHER ADMINISTRATIVE AND GENE	5.06		5,181	2
500 TOTAL RECLASSIFICATIONS					56,208	500
CODE LETTER - K						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	106,982		1
2 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	47,544		2
3 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	20,105		3
4 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	51,109		4
5 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	2,247		5
6 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	9,731		6
7 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	60,859		7
8 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	22,523		8
9 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	19,668		9
10 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	104,280		10
11 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	24,119		11
12 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	51,060		12
13 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	5,984		13
14 MULTI DEPT DIRECTORS	L	PHARMACY	15	18,287		14
15 MULTI DEPT DIRECTORS	L	MAINTENANCE & REPAIRS	6	53,352		15
16 MULTI DEPT DIRECTORS	L	MAINTENANCE & REPAIRS	6	3,822		16
17 MULTI DEPT DIRECTORS	L	ONCOLOGY	55.01	51,071		17
18 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	77,044		18
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				729,787		500
1 APOTHECARY	M	APOTHECARY	192.01	21,642	2,567	1
2 APOTHECARY	M	APOTHECARY	192.01		138,233	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				21,642	140,800	500
1 DIETARY/CAFETERIA RECLASS	N	DIETARY	10	394,683	573,001	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				394,683	573,001	500
1 DISTRIBUTION OF LINEN	O	HOUSEKEEPING	9	41,829		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O				41,829		500
1 MED SUPPLIES CHG TO PAT	Q	DELIVERY ROOM & LABOR ROOM	52		25,563	1
2 MED SUPPLIES CHG TO PAT	Q	RESPIRATORY THERAPY	65		105,060	2
3 MED SUPPLIES CHG TO PAT	Q	ANESTHESIOLOGY	53		25,962	3
4 MED SUPPLIES CHG TO PAT	Q	CARDIAC CATHETERIZATION	59		48,823	4
5 MED SUPPLIES CHG TO PAT	Q	EMERGENCY	91		441,790	5
6 MED SUPPLIES CHG TO PAT	Q	OPERATING ROOM	50		751,015	6
7 MED SUPPLIES CHG TO PAT	Q	OPERATING ROOM	50		5,967	7
8 IMPLANTS CHG TO PAT	Q	OPERATING ROOM	50		1,374,639	8
9 IMPLANTS CHG TO PAT	Q	IMPL. DEV. CHARGED TO PATIENT	72		7	9
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q					2,778,826	500
1 OTHER CAPITAL COST	R	OTHER CAPITAL RELATED COSTS	3		46,709	14 1
2 OTHER CAPITAL COST	R	OTHER CAPITAL RELATED COSTS	3		38,551	14 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - R					85,260	500
1 EKG RECLASSIFICATION	S	ADULTS & PEDIATRICS	30	64,442		1
2		CARDIOLOGY	69.01	2,766		2
3		EMERGENCY	91	65,875		3
4		ENDOSCOPY	50.01	1,593		4
500 TOTAL RECLASSIFICATIONS CODE LETTER - S				134,676		500
1 VACATION ACCRUAL	T	OTHER ADMINISTRATIVE AND GENE	5.06		42,355	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - T					42,355	500
1 CLOSED DEPARTMENT	U	CLINIC	90		6,519	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - U					6,519	500
GRAND TOTAL (DECREASES)				3,659,295	16,836,900	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	2,237,638					2,237,638		1
2 LAND IMPROVEMENTS	1,360,307	14,240		14,240		1,374,547	1,044,291	2
3 BUILDINGS AND FIXTURES	25,256,155	838,800		838,800		26,094,955	3,923,065	3
4 BUILDING IMPROVEMENTS	671,873	464,638		464,638	1,124,665	11,846		4
5 FIXED EQUIPMENT	9,652,988	117,065		117,065		9,770,053	5,466,425	5
6 MOVABLE EQUIPMENT	40,195,698	203,137		203,137	9,654,117	30,744,718	13,182,323	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	79,374,659	1,637,880		1,637,880	10,778,782	70,233,757	23,616,104	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	79,374,659	1,637,880		1,637,880	10,778,782	70,233,757	23,616,104	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	3,719,381						3,719,381
2 CAP REL COSTS-MVBLE EQUIP							
3 TOTAL (SUM OF LINES 1-2)	3,719,381						3,719,381

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7)
1 CAP REL COSTS-BLDG & FIXT	37,251,402		37,251,402	0.547846				1
2 CAP REL COSTS-MVBLE EQUIP	30,744,717		30,744,717	0.452154				2
3 TOTAL (SUM OF LINES 1-2)	67,996,119		67,996,119	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	927,444		299,742			46,709	1,273,895
2 CAP REL COSTS-MVBLE EQUIP	2,791,937		857,106			38,551	3,687,594
3 TOTAL	3,719,381		1,156,848			85,260	4,961,489

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-18,706	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)	B	-29,502	CAP REL COSTS-MVBLE EQUIP	2	11 2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-95	OTHER ADMINISTRATIVE AND GENERA	5.06	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-64,724	OTHER ADMINISTRATIVE AND GENERA	5.06	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-21,375	OTHER ADMINISTRATIVE AND GENERA	5.06	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	A-8-2	-4,462,552			10
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	B	-3,425	PURCHASING RECEIVING AND STORES	5.03	11
13 LAUNDRY AND LINEN SERVICE	WKST				12
14 CAFETERIA - EMPLOYEES AND GUESTS	A-8-1	-477,837			13
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-449,971	CAFETERIA	11	14
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					15
17 SALE OF DRUGS TO OTHER THAN PATIENTS					16
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-3,643	MEDICAL RECORDS & LIBRARY	16	17
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					18
20 VENDING MACHINES					19
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					20
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					21
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				22
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	A-8-3				23
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)	WKST				24
26 DEPRECIATION--BUILDINGS & FIXTURES			UTILIZATION REVIEW-SNF	114	25
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-BLDG & FIXT	1	26
28 NON-PHYSICIAN ANESTHETIST			CAP REL COSTS-MVBLE EQUIP	2	27
29 PHYSICIANS' ASSISTANT			NONPHYSICIAN ANESTHETISTS	19	28
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	A-8-3				29
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				30
32 CAH HIT ADJ FOR DEPRECIATION AND	A-8-3				31
33 PHOTOCOPIING REVENUE	B	-547	MEDICAL RECORDS & LIBRARY	16	32
34 SILVER RECOVERY	B	-37,243	RADIOLOGY-DIAGNOSTIC	54	33
35 DIETARY CATERING	B	-12,522	DIETARY	10	34
36 EDUCATION REVENUE	B	-167	EMPLOYEE BENEFITS	4	35
37 CLINICAL ED REVENUE	B	-1,321	NURSING ADMINISTRATION	13	36
38 NURSERY PHOTOS	B	-1,515	NURSERY	43	37
39 MISC REVENUE	B	-83,212	OTHER ADMINISTRATIVE AND GENERA	5.06	38
40 PHOTOCOPIING REV	B	-49	OTHER ADMINISTRATIVE AND GENERA	5.06	39
41 MARKETING&PLANNING OTHER REV	B	250	OTHER ADMINISTRATIVE AND GENERA	5.06	40
42 WELLNESS REVENUE	B	-29,390	EMPLOYEE BENEFITS	4	41
43 MANAGEMENT FEE	B	-12,071	OTHER ADMINISTRATIVE AND GENERA	5.06	42
44 MEDICAID MU REVENUE	B	-578,571	DATA PROCESSING	5.02	43
45 PHYSICIAN RECRUITMENT	A	-78,591	OTHER ADMINISTRATIVE AND GENERA	5.06	44
46 SISTER MEAL COST	A	-4,500	DIETARY	10	45
47 PROVIDER ASSESSMENT	A	-2,986,030	OTHER ADMINISTRATIVE AND GENERA	5.06	46
48 CONTRIBUTIONS/DONATIONS	A	-33,242	OTHER ADMINISTRATIVE AND GENERA	5.06	47
49 NON REIMB EXPENSE	A	-773	EMERGENCY	91	48
49.01 NON REIMB EXPENSE	A	-462	OTHER ADMINISTRATIVE AND GENERA	5.06	49
49.02 FEDERAL STATE INCOME TAX	A	-56,000	OTHER ADMINISTRATIVE AND GENERA	5.06	49.01
49.03 ADMIN PHY FEES	A	-360,615	OTHER ADMINISTRATIVE AND GENERA	5.06	49.02
49.04 LOBBYING COSTS	A	-33,662	OTHER ADMINISTRATIVE AND GENERA	5.06	49.03
49.05 ADVERTISING EXPENSE	A	-233,349	OTHER ADMINISTRATIVE AND GENERA	5.06	49.04
49.06 RESPIRATORY PHY FEES	A	1,097	RESPIRATORY THERAPY	65	49.05
50 TOTAL (SUM OF LINES 1 THRU 49)		-10,074,315			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	1	CAP REL COSTS-BLDG & FIXT	737,470	1,144,995	-407,525	11 1
2	2	CAP REL COSTS-MVBLE EQUIP	467,586	725,973	-258,387	11 2
3	60	LABORATORY	17,100,703	16,912,628	188,075	3
4						4
5		TOTALS (SUM OF LINES 1-4)	18,305,759	18,783,596	-477,837	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	55.01 ONCOLOGY DR L	28,900		28,900	231,100	231	25,666	1,283	1
2	69.01 CARDIOLOGY VARIOUS	323,475	323,475		171,400				2
3	54 RADIOLOGY-DIAGNOSTIC VARIOUS	25,875		25,875	231,100	207	22,999	1,150	3
4	91 EMERGENCY VARIOUS	238,813	238,813		171,400				4
5	57 COMPUTED TOMOGRAPHY (CT) DR L	7,350	7,350		231,100				5
6	54.01 ULTRASOUND DR S	5,400		5,400	231,100	30	3,333	167	6
7	54.02 MAMMOGRAPHY DR S	6,480		6,480	231,100	36	4,000	200	7
8	65 RESPIRATORY THERAPY DR B	37,200		37,200	171,400	300	24,721	1,236	8
9	60 LABORATORY DR CC	49,000		49,000	219,500	196	20,684	1,034	9
10	53 ANESTHESIOLOGY DR C	3,805,162	3,805,162		200,300				10
11	43 NURSERY NP	36,300	36,300		171,400				11
200	TOTAL	4,563,955	4,411,100	152,855		1,000	101,403	5,070	200

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	55.01 ONCOLOGY		DR L			25,666	3,234	3,234	1
2	69.01 CARDIOLOGY		VARIOUS					323,475	2
3	54 RADIOLOGY-DIAGNOSTIC		VARIOUS			22,999	2,876	2,876	3
4	91 EMERGENCY		VARIOUS					238,813	4
5	57 COMPUTED TOMOGRAPHY (CT)		DR L					7,350	5
6	54.01 ULTRASOUND		DR S			3,333	2,067	2,067	6
7	54.02 MAMMOGRAPHY		DR S			4,000	2,480	2,480	7
8	65 RESPIRATORY THERAPY		DR B			24,721	12,479	12,479	8
9	60 LABORATORY		DR CC			20,684	28,316	28,316	9
10	53 ANESTHESIOLOGY		DR C					3,805,162	10
11	43 NURSERY		NP					36,300	11
200	TOTAL					101,403	51,452	4,462,552	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	NONPATIENT TELEPHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	1,273,895	1,273,895				1
2 CAP REL COSTS-MVBLE EQUIP	3,687,594		3,687,594			2
4 EMPLOYEE BENEFITS	10,451,671	23,752	1,216	10,476,639		4
5.01 NONPATIENT TELEPHONES	402,690	4,404	43,806	65,886	516,786	5.01
5.02 DATA PROCESSING	4,390,736	9,540	222,404	21,071	14,425	5.02
5.03 PURCHASING RECEIVING AND STORES	391,063	5,559		13,362	4,390	5.03
5.04 ADMITTING	1,009,710	2,329	1,297	306,209	14,425	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	2,882,803	15,354	9,628	61	16,306	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	7,937,671	80,024	74,116	977,358	60,832	5.06
6 MAINTENANCE & REPAIRS	2,739,329	199,888	309,213	318,307	32,613	6
7 OPERATION OF PLANT	1,000,803					7
8 LAUNDRY & LINEN SERVICE	385,505	3,781		23,884		8
9 HOUSEKEEPING	1,185,008	17,502	19,666	333,412	3,763	9
10 DIETARY	895,353	17,169	14,678	116,287	5,645	10
11 CAFETERIA	517,713	46,854	15,568	123,336	5,645	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	637,057	6,920	607,544	188,080	8,780	13
14 CENTRAL SERVICES & SUPPLY	1,480,710	24,712	192,311	221,959	14,425	14
15 PHARMACY	1,745,378	16,059	9,603	422,356	15,679	15
16 MEDICAL RECORDS & LIBRARY	1,044,467	21,942	5,839	220,797	26,341	16
17 SOCIAL SERVICE	726,248	2,593		225,381	8,153	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,860,206	225,505	25,018	2,042,478	48,292	30
31 INTENSIVE CARE UNIT	1,998,186	23,630	7,511	448,494	8,780	31
43 NURSERY	356,401	10,709	4,814	107,833	627	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,190,314	67,836	119,424	305,312	26,341	50
50.01 ENDOSCOPY	1,074,613	42,278	234,261	301,826	11,289	50.01
51 RECOVERY ROOM	395,487	6,246	552	118,929	1,882	51
52 DELIVERY ROOM & LABOR ROOM	1,090,122	28,943	49,488	333,680	5,017	52
53 ANESTHESIOLOGY	46,401	2,616	67,049	13,290	5,017	53
54 RADIOLOGY-DIAGNOSTIC	1,135,748	60,744	181,110	321,431	16,934	54
54.01 ULTRASOUND	396,648	4,686	100,373	86,425	5,645	54.01
54.02 MAMMOGRAPHY	346,286	2,925	33,551	69,082	5,017	54.02
55 RADIOLOGY-THERAPEUTIC	764,786	17,806	375,045	201,799	9,408	55
55.01 ONCOLOGY	540,632	27,792	237,477	127,957	9,408	55.01
56 RADIOISOTOPE	418,632	7,402	1,490	75,437	6,272	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	742,969	6,842	329,804	178,490	10,662	57
58 MAGNETIC RESONANCE IMAGING (MRI)	567,693	12,424	186,923	81,275	8,153	58
59 CARDIAC CATHETERIZATION	44,434	2,711	1,988	3,922	627	59
60 LABORATORY	4,256,064	45,189	3,713		28,850	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	508,942					63
65 RESPIRATORY THERAPY	1,213,646	15,295	36,819	322,569	3,136	65
66 PHYSICAL THERAPY	462,119	10,486	1,589		5,645	66
67 OCCUPATIONAL THERAPY	317,782	9,950			5,017	67
68 SPEECH PATHOLOGY	80,751	1,083			627	68
69 ELECTROCARDIOLOGY	134,676			42,086		69
69.01 CARDIOLOGY	605,227	3,676	97,447	121,723	12,543	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,410,699					71
72 IMPL. DEV. CHARGED TO PATIENT	1,374,632					72
73 DRUGS CHARGED TO PATIENTS	6,868,871					73
74 RENAL DIALYSIS	115,585	2,998	1,164		1,882	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	3,111,815	63,000	51,629	916,024	33,240	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	83,215,771	1,201,154	3,675,128	9,797,808	501,733	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	75,521	7,648		5,678	2,509	190
192 PHYSICIANS' PRIVATE OFFICES	1,575,003		3,860	418,323	2,509	192
192.01 APOTHECARY	1,203,803	6,365	340	55,072	6,272	192.01
192.02 REAL ESTATE	208,945	48,369	6,977			192.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION	CAP	CAP	EMPLOYEE	NONPATIENT	
	(FROM WKST A, COL.7) 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	BENEFITS 4	TELEPHONES 5.01	
192.03 FOUNDATION	272,452	10,359	1,289	62,788	3,763	192.03
192.04 OUTREACH PROGRAMS	792,856			136,970		192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	87,344,351	1,273,895	3,687,594	10,476,639	516,786	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASE, RCV&STORES	ADMITTING	CASHIERING ACCTS REC	SUBTOTAL (COLS.0-4)	
	5.02	5.03	5.04	5.05	4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING	4,658,176					5.02
5.03 PURCHASING RECEIVING AND STORES		414,374				5.03
5.04 ADMITTING		1,699	1,335,669			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE		86		2,924,238		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL		1,201			9,131,202	5.06
6 MAINTENANCE & REPAIRS		14,110			3,613,460	6
7 OPERATION OF PLANT					1,000,803	7
8 LAUNDRY & LINEN SERVICE		375			413,545	8
9 HOUSEKEEPING		7,210			1,566,561	9
10 DIETARY		1,579			1,050,711	10
11 CAFETERIA		1,675			710,791	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		103			1,448,484	13
14 CENTRAL SERVICES & SUPPLY		1,259			1,935,376	14
15 PHARMACY		1,834			2,210,909	15
16 MEDICAL RECORDS & LIBRARY		3,199			1,322,585	16
17 SOCIAL SERVICE		86			962,461	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	373,544	19,991	208,331	234,497	10,037,862	30
31 INTENSIVE CARE UNIT	87,587	6,217	57,735	54,984	2,693,124	31
43 NURSERY	15,834	850	10,437	9,940	517,445	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	187,846	4,176	68,126	117,923	2,087,298	50
50.01 ENDOSCOPY	47,878	3,755	7,085	30,056	1,753,041	50.01
51 RECOVERY ROOM	37,629	1,019	13,446	23,622	598,812	51
52 DELIVERY ROOM & LABOR ROOM	34,834	1,020	17,207	21,867	1,582,178	52
53 ANESTHESIOLOGY	50,897	254	19,370	31,951	236,845	53
54 RADIOLOGY-DIAGNOSTIC	125,506	1,353	21,852	78,788	1,943,466	54
54.01 ULTRASOUND	60,756	5,768	5,580	38,141	704,022	54.01
54.02 MAMMOGRAPHY	18,949	6,281	108	11,896	494,095	54.02
55 RADIOLOGY-THERAPEUTIC	119,470	279	907	74,999	1,564,499	55
55.01 ONCOLOGY	55,755	5,329	338	35,001	1,039,689	55.01
56 RADIOISOTOPE	46,981	8,037	7,628	29,493	601,372	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	340,462	7,150	59,740	213,729	1,889,848	57
58 MAGNETIC RESONANCE IMAGING (MRI)	125,756	1,602	13,985	78,945	1,076,756	58
59 CARDIAC CATHETERIZATION	6,990	1,853	1,883	4,388	68,796	59
60 LABORATORY	659,971		186,070	414,305	5,594,162	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	30,900	37,710	12,758	19,398	609,708	63
65 RESPIRATORY THERAPY	107,280	1,384	37,372	67,346	1,804,847	65
66 PHYSICAL THERAPY	25,391	301	5,578	15,940	527,049	66
67 OCCUPATIONAL THERAPY	16,179	10	3,748	10,157	362,843	67
68 SPEECH PATHOLOGY	4,578		1,113	2,874	91,026	68
69 ELECTROCARDIOLOGY	35,993		10,741	22,595	246,091	69
69.01 CARDIOLOGY	86,635	518	28,125	54,386	1,010,280	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	246,499	148,190	92,400	154,743	2,052,531	71
72 IMPL. DEV. CHARGED TO PATIENT	68,984	102,287	37,322	43,305	1,626,530	72
73 DRUGS CHARGED TO PATIENTS	930,169		314,325	583,935	8,697,300	73
74 RENAL DIALYSIS	3,457	102	2,187	2,170	129,545	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	705,466	3,885	90,172	442,864	5,418,095	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	4,658,176	403,737	1,335,669	2,924,238	82,426,043	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,192			93,548	190
192 PHYSICIANS' PRIVATE OFFICES		536			2,000,231	192
192.01 APOTHECARY		55			1,271,907	192.01
192.02 REAL ESTATE					264,291	192.02

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASE, RCV&STORES	ADMITTING	CASHIERING ACCTS REC	SUBTOTAL (COLS.0-4) 4A	
	5.02	5.03	5.04	5.05		
192.03 FOUNDATION		384			351,035	192.03
192.04 OUTREACH PROGRAMS		7,470			937,296	192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,658,176	414,374	1,335,669	2,924,238	87,344,351	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OTHER ADM &GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	9,131,202					5.06
6 MAINTENANCE & REPAIRS	421,864	4,035,324				6
7 OPERATION OF PLANT	116,842		1,117,645			7
8 LAUNDRY & LINEN SERVICE	48,281	16,351	4,529	482,706		8
9 HOUSEKEEPING	182,893	75,693	20,964		1,846,111	9
10 DIETARY	122,668	74,256	20,566		13,452	10
11 CAFETERIA	82,983	202,641	56,124		14,263	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	169,108	29,927	8,289		7,523	13
14 CENTRAL SERVICES & SUPPLY	225,951	106,879	29,602		11,551	14
15 PHARMACY	258,119	69,455	19,237		10,208	15
16 MEDICAL RECORDS & LIBRARY	154,409	94,896	26,283		8,726	16
17 SOCIAL SERVICE	112,365	11,215	3,106			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,171,874	975,269	270,116	219,560	804,150	30
31 INTENSIVE CARE UNIT	314,417	102,196	28,305	20,408	120,540	31
43 NURSERY	60,411	46,317	12,828	17,344	9,313	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	243,688	293,385	81,258	28,207	132,958	50
50.01 ENDOSCOPY	204,664	182,847	50,642	21,916	79,568	50.01
51 RECOVERY ROOM	69,910	27,015	7,482	15,205	8,055	51
52 DELIVERY ROOM & LABOR ROOM	184,716	125,177	34,670	17,344	73,695	52
53 ANESTHESIOLOGY	27,651	11,314	3,133			53
54 RADIOLOGY-DIAGNOSTIC	226,896	262,711	72,762	14,275	49,922	54
54.01 ULTRASOUND	82,193	20,266	5,613	4,885	112	54.01
54.02 MAMMOGRAPHY	57,685	12,652	3,504	4,286	31,715	54.02
55 RADIOLOGY-THERAPEUTIC	182,652	77,011	21,329	4,290	28,751	55
55.01 ONCOLOGY	121,382	120,199	33,291	3,677	28,751	55.01
56 RADIOISOTOPE	70,209	32,012	8,866	5,159	14,767	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	220,636	29,592	8,196	9,162	10,208	57
58 MAGNETIC RESONANCE IMAGING (MRI)	125,709	53,735	14,883	6,920	8,726	58
59 CARDIAC CATHETERIZATION	8,032	11,727	3,248	43		59
60 LABORATORY	653,107	195,439	54,130		27,548	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	71,182					63
65 RESPIRATORY THERAPY	210,712	66,150	18,321	2,901	26,429	65
66 PHYSICAL THERAPY	61,532	45,353	12,561	2,177	8,698	66
67 OCCUPATIONAL THERAPY	42,361	43,031	11,918	2,177	3,524	67
68 SPEECH PATHOLOGY	10,627	4,683	1,297	1,089		68
69 ELECTROCARDIOLOGY	28,731					69
69.01 RADIOLOGY	117,948	15,898	4,403	1,532	7,999	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	239,629					71
72 IMPL. DEV. CHARGED TO PATIENT	189,894					72
73 DRUGS CHARGED TO PATIENTS	1,015,392					73
74 RENAL DIALYSIS	15,124	12,966	3,591		4,419	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	632,552	272,470	75,465	80,149	208,778	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	8,556,999	3,720,728	1,030,512	482,706	1,754,349	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,922	33,075	9,161			190
192 PHYSICIANS' PRIVATE OFFICES	233,523					192
192.01 APOTHECARY	148,493	27,526	7,624		7,132	192.01
192.02 REAL ESTATE	30,855	209,193	57,939		84,630	192.02

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COST CENTER DESCRIPTION	OTHER ADM &GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
	5.06	6	7	8	9	
192.03 FOUNDATION	40,983	44,802	12,409			192.03
192.04 OUTREACH PROGRAMS	109,427					192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	9,131,202	4,035,324	1,117,645	482,706	1,846,111	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	1,281,653					10
11 CAFETERIA		1,066,802				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		21,717	1,685,048			13
14 CENTRAL SERVICES & SUPPLY		51,108	23,816	2,384,283		14
15 PHARMACY		42,707		41,272	2,651,907	15
16 MEDICAL RECORDS & LIBRARY		38,325		2,532		16
17 SOCIAL SERVICE		21,910		391		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,128,057	313,087	614,749	163,723	3,923	30
31 INTENSIVE CARE UNIT	153,596	58,153	114,184	46,660	823	31
43 NURSERY		10,338	20,298	4,942	101	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		37,962	74,538	68,966	22,500	50
50.01 ENDOSCOPY		33,338	65,459	16,463	154	50.01
51 RECOVERY ROOM		13,461	26,431	8,410	24	51
52 DELIVERY ROOM & LABOR ROOM		37,816	74,253	5,155	809	52
53 ANESTHESIOLOGY		2,566	5,039	192	13	53
54 RADIOLOGY-DIAGNOSTIC		42,199	82,857	4,179	2	54
54.01 ULTRASOUND		12,493	24,529	12,479	74	54.01
54.02 MAMMOGRAPHY		8,522	16,733	4,374	35	54.02
55 RADIOLOGY-THERAPEUTIC		19,150	37,602	600		55
55.01 ONCOLOGY		16,899	33,181	41,390		55.01
56 RADIOISOTOPE		9,055	17,779	2,036	963	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		23,387	45,921	35,151	4,820	57
58 MAGNETIC RESONANCE IMAGING (MRI)		11,258	22,105	1,623	484	58
59 CARDIAC CATHETERIZATION		436	856	297	73	59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		44,474	87,326	1,587	144	65
66 PHYSICAL THERAPY				557		66
67 OCCUPATIONAL THERAPY				82		67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY		7,287	14,309			69
69.01 CARDIOLOGY		16,100	31,612	3,258	40	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,217,010	1,359	71
72 IMPL. DEV. CHARGED TO PATIENT				685,828		72
73 DRUGS CHARGED TO PATIENTS					2,612,534	73
74 RENAL DIALYSIS				947	42	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY		128,072	251,471	10,732	2,985	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,281,653	1,021,820	1,685,048	2,380,836	2,651,902	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			1,138			190
192 PHYSICIANS' PRIVATE OFFICES			14,090	810	5	192
192.01 APOTHECARY			5,084	1,740		192.01
192.02 REAL ESTATE						192.02

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COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15
192.03 FOUNDATION		5,786		647	192.03
192.04 OUTREACH PROGRAMS		18,884		250	192.04
192.05 UNASSIGNED					192.05
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,281,653	1,066,802	1,685,048	2,384,283	2,651,907 202

COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,647,756					16
17 SOCIAL SERVICE		1,111,448				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	788,167	876,821	17,367,358		17,367,358	30
31 INTENSIVE CARE UNIT	103,789	119,370	3,875,565		3,875,565	31
43 NURSERY	2,346	48,570	750,253		750,253	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	212,043		3,282,803		3,282,803	50
50.01 ENDOSCOPY	86,238		2,494,330		2,494,330	50.01
51 RECOVERY ROOM	571		775,376		775,376	51
52 DELIVERY ROOM & LABOR ROOM	39,104		2,174,917		2,174,917	52
53 ANESTHESIOLOGY	9,046		295,799		295,799	53
54 RADIOLOGY-DIAGNOSTIC	10,244		2,709,513		2,709,513	54
54.01 ULTRASOUND	1,624		868,290		868,290	54.01
54.02 MAMMOGRAPHY	18		633,619		633,619	54.02
55 RADIOLOGY-THERAPEUTIC	1,029		1,936,913		1,936,913	55
55.01 ONCOLOGY	1,411		1,439,870		1,439,870	55.01
56 RADIOISOTOPE	540		762,758		762,758	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,854		2,280,775		2,280,775	57
58 MAGNETIC RESONANCE IMAGING (MRI)	930		1,323,129		1,323,129	58
59 CARDIAC CATHETERIZATION	1,702		95,210		95,210	59
60 LABORATORY			6,524,386		6,524,386	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			680,890		680,890	63
65 RESPIRATORY THERAPY	1,723		2,264,614		2,264,614	65
66 PHYSICAL THERAPY	2,555		660,482		660,482	66
67 OCCUPATIONAL THERAPY	1,459		467,395		467,395	67
68 SPEECH PATHOLOGY	620		109,342		109,342	68
69 ELECTROCARDIOLOGY	70		296,488		296,488	69
69.01 CARDIOLOGY	1,092		1,210,162		1,210,162	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,109		3,513,638		3,513,638	71
72 IMPL. DEV. CHARGED TO PATIENT	3,109		2,505,361		2,505,361	72
73 DRUGS CHARGED TO PATIENTS	13,324		12,338,550		12,338,550	73
74 RENAL DIALYSIS			166,634		166,634	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	358,039	66,687	7,505,495		7,505,495	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,647,756	1,111,448	81,309,915		81,309,915	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			147,844		147,844	190
192 PHYSICIANS' PRIVATE OFFICES			2,248,659		2,248,659	192
192.01 APOTHECARY			1,469,506		1,469,506	192.01
192.02 REAL ESTATE			646,908		646,908	192.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192.03 FOUNDATION			455,662		455,662	192.03
192.04 OUTREACH PROGRAMS			1,065,857		1,065,857	192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,647,756	1,111,448	87,344,351		87,344,351	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5.01		23,752	1,216	24,968	24,968	4
5.02		4,404	43,806	48,210	157	5.01
5.02	1,326,873	9,540	222,404	1,558,817	50	5.02
5.03	4,800	5,559		10,359	32	5.03
5.04		2,329	1,297	3,626	730	5.04
5.05	59,341	15,354	9,628	84,323		5.05
5.06	488,003	80,024	74,116	642,143	2,330	5.06
6		199,888	309,213	509,101	759	6
7						7
8		3,781		3,781	57	8
9		17,502	19,666	37,168	795	9
10	1,094	17,169	14,678	32,941	277	10
11	1,161	46,854	15,568	63,583	294	11
12						12
13		6,920	607,544	614,464	448	13
14	162,074	24,712	192,311	379,097	529	14
15	304,508	16,059	9,603	330,170	1,007	15
16		21,942	5,839	27,781	526	16
17		2,593		2,593	537	17
19						19
20						20
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30	1,135	225,505	25,018	251,658	4,860	30
31	32,680	23,630	7,511	63,821	1,069	31
43		10,709	4,814	15,523	257	43
ANCILLARY SERVICE COST CENTERS						
50	5,943	67,836	119,424	193,203	728	50
50.01		42,278	234,261	276,539	720	50.01
51		6,246	552	6,798	284	51
52		28,943	49,488	78,431	796	52
53		2,616	67,049	69,665	32	53
54	41,214	60,744	181,110	283,068	766	54
54.01	14,103	4,686	100,373	119,162	206	54.01
54.02	12,374	2,925	33,551	48,850	165	54.02
55	100	17,806	375,045	392,951	481	55
55.01	83	27,792	237,477	265,352	305	55.01
56	14,895	7,402	1,490	23,787	180	56
57	26,450	6,842	329,804	363,096	426	57
58	158,116	12,424	186,923	357,463	194	58
59	2,400	2,711	1,988	7,099	9	59
60		45,189	3,713	48,902		60
62.30						62.30
63						63
65	76,197	15,295	36,819	128,311	769	65
66	1,170	10,486	1,589	13,245		66
67		9,950		9,950		67
68		1,083		1,083		68
69					100	69
69.01	23,638	3,676	97,447	124,761	290	69.01
71						71
72						72
73						73
74		2,998	1,164	4,162		74
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90						90
91		63,000	51,629	114,629	2,184	91
92						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113						113
118	2,758,352	1,201,154	3,675,128	7,634,634	23,349	118
NONREIMBURSABLE COST CENTERS						
190		7,648		7,648	14	190
192	29,050		3,860	32,910	997	192
192.01	4,943	6,365	340	11,648	131	192.01
192.02	51,108	48,369	6,977	106,454		192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE		BENEFITS	
	COSTS	FIXTURES	EQUIPMENT			
	0	1	2	2A	4	
192.03 FOUNDATION	1,097	10,359	1,289	12,745	150	192.03
192.04 OUTREACH PROGRAMS	27,518			27,518	327	192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,872,068	1,273,895	3,687,594	7,833,557	24,968	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NONPATIENT	DATA	PURCHASE,	ADMITTING	CASHIERING	
	TELEPHONES	PROCESSING	RCV&STORES		ACCTS REC	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES	48,367					5.01
5.02 DATA PROCESSING	1,350	1,560,217				5.02
5.03 PURCHASING RECEIVING AND STORES	411		10,802			5.03
5.04 ADMITTING	1,350		44	5,750		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,526		2		85,851	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	5,694		31			5.06
6 MAINTENANCE & REPAIRS	3,052		368			6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE			10			8
9 HOUSEKEEPING	352		188			9
10 DIETARY	528		41			10
11 CAFETERIA	528		44			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	822		3			13
14 CENTRAL SERVICES & SUPPLY	1,350		33			14
15 PHARMACY	1,467		48			15
16 MEDICAL RECORDS & LIBRARY	2,465		83			16
17 SOCIAL SERVICE	763		2			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 ADULTS & PEDIATRICS	4,520	125,095	521	908	6,884	30
31 INTENSIVE CARE UNIT	822	29,332	162	252	1,614	31
43 NURSERY	59	5,303	22	45	292	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,465	62,907	109	297	3,462	50
50.01 ENDOSCOPY	1,057	16,034	98	31	882	50.01
51 RECOVERY ROOM	176	12,601	27	59	693	51
52 DELIVERY ROOM & LABOR ROOM	470	11,665	27	75	642	52
53 ANESTHESIOLOGY	470	17,045	7	84	938	53
54 RADIOLOGY-DIAGNOSTIC	1,585	42,030	35	95	2,313	54
54.01 ULTRASOUND	528	20,346	150	24	1,120	54.01
54.02 MAMMOGRAPHY	470	6,346	164		349	54.02
55 RADIOLOGY-THERAPEUTIC	880	40,009	7	4	2,202	55
55.01 ONCOLOGY	880	18,672	139	1	1,027	55.01
56 RADIOISOTOPE	587	15,733	209	33	866	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	998	114,016	186	260	6,274	57
58 MAGNETIC RESONANCE IMAGING (MRI)	763	42,114	42	61	2,318	58
59 CARDIAC CATHETERIZATION	59	2,341	48	8	129	59
60 LABORATORY	2,700	221,015		811	12,162	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		10,348	983	56	569	63
65 RESPIRATORY THERAPY	293	35,926	36	163	1,977	65
66 PHYSICAL THERAPY	528	8,503	8	24	468	66
67 OCCUPATIONAL THERAPY	470	5,418		16	298	67
68 SPEECH PATHOLOGY	59	1,533		5	84	68
69 ELECTROCARDIOLOGY		12,054		47	663	69
69.01 CARDIOLOGY	1,174	29,013	13	123	1,597	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		82,549	3,865	403	4,543	71
72 IMPL. DEV. CHARGED TO PATIENT		23,102	2,666	163	1,271	72
73 DRUGS CHARGED TO PATIENTS		311,759		1,299	17,149	73
74 RENAL DIALYSIS	176	1,158	3	10	64	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	3,111	236,250	101	393	13,001	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	46,958	1,560,217	10,525	5,750	85,851	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	235		57			190
192 PHYSICIANS' PRIVATE OFFICES	235		14			192
192.01 APOTHECARY	587		1			192.01
192.02 REAL ESTATE						192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

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PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASE, RCV&STORES	ADMITTING	CASHIERING ACCTS REC	
	5.01	5.02	5.03	5.04	5.05	
192.03 FOUNDATION	352		10			192.03
192.04 OUTREACH PROGRAMS			195			192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	48,367	1,560,217	10,802	5,750	85,851	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	OTHER ADM &GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	650,198					5.06
6 MAINTENANCE & REPAIRS	30,039	543,319				6
7 OPERATION OF PLANT	8,320		8,320			7
8 LAUNDRY & LINEN SERVICE	3,438	2,201	34	9,521		8
9 HOUSEKEEPING	13,023	10,191	156		61,873	9
10 DIETARY	8,735	9,998	153		451	10
11 CAFETERIA	5,909	27,284	418		478	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	12,041	4,029	62		252	13
14 CENTRAL SERVICES & SUPPLY	16,089	14,390	220		387	14
15 PHARMACY	18,379	9,352	143		342	15
16 MEDICAL RECORDS & LIBRARY	10,995	12,777	196		292	16
17 SOCIAL SERVICE	8,001	1,510	23			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	83,453	131,310	2,009	4,330	26,952	30
31 INTENSIVE CARE UNIT	22,388	13,760	211	403	4,040	31
43 NURSERY	4,302	6,236	95	342	312	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,352	39,502	605	556	4,456	50
50.01 ENDOSCOPY	14,573	24,619	377	432	2,667	50.01
51 RECOVERY ROOM	4,978	3,637	56	300	270	51
52 DELIVERY ROOM & LABOR ROOM	13,153	16,854	258	342	2,470	52
53 ANESTHESIOLOGY	1,969	1,523	23			53
54 RADIOLOGY-DIAGNOSTIC	16,156	35,372	542	282	1,673	54
54.01 ULTRASOUND	5,853	2,729	42	96	4	54.01
54.02 MAMMOGRAPHY	4,107	1,703	26	85	1,063	54.02
55 RADIOLOGY-THERAPEUTIC	13,006	10,369	159	85	964	55
55.01 ONCOLOGY	8,643	16,184	248	73	964	55.01
56 RADIOISOTOPE	4,999	4,310	66	102	495	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	15,710	3,984	61	181	342	57
58 MAGNETIC RESONANCE IMAGING (MRI)	8,951	7,235	111	136	292	58
59 CARDIAC CATHETERIZATION	572	1,579	24	1		59
60 LABORATORY	46,504	26,314	403		923	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,069					63
65 RESPIRATORY THERAPY	15,004	8,906	136	57	886	65
66 PHYSICAL THERAPY	4,381	6,106	94	43	292	66
67 OCCUPATIONAL THERAPY	3,016	5,794	89	43	118	67
68 SPEECH PATHOLOGY	757	631	10	21		68
69 ELECTROCARDIOLOGY	2,046					69
69.01 CARDIOLOGY	8,398	2,141	33	30	268	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	17,063					71
72 IMPL. DEV. CHARGED TO PATIENT	13,521					72
73 DRUGS CHARGED TO PATIENTS	72,301					73
74 RENAL DIALYSIS	1,077	1,746	27		148	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	45,041	36,686	562	1,581	6,997	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	609,312	500,962	7,672	9,521	58,798	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	778	4,453	68			190
192 PHYSICIANS' PRIVATE OFFICES	16,628					192
192.01 APOTHECARY	10,573	3,706	57		239	192.01
192.02 REAL ESTATE	2,197	28,166	431		2,836	192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	OTHER ADM &GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
	5.06	6	7	8	9	
192.03 FOUNDATION	2,918	6,032	92			192.03
192.04 OUTREACH PROGRAMS	7,792					192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	650,198	543,319	8,320	9,521	61,873	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	53,124					10
11 CAFETERIA		98,538				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,006	634,127			13
14 CENTRAL SERVICES & SUPPLY		4,721	8,963	425,779		14
15 PHARMACY		3,945		7,370	372,223	15
16 MEDICAL RECORDS & LIBRARY		3,540		452		16
17 SOCIAL SERVICE		2,024		70		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	46,758	28,921	231,345	29,237	551	30
31 INTENSIVE CARE UNIT	6,366	5,371	42,970	8,332	116	31
43 NURSERY		955	7,639	883	14	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		3,506	28,051	12,316	3,158	50
50.01 ENDOSCOPY		3,079	24,634	2,940	22	50.01
51 RECOVERY ROOM		1,243	9,947	1,502	3	51
52 DELIVERY ROOM & LABOR ROOM		3,493	27,943	921	114	52
53 ANESTHESIOLOGY		237	1,896	34	2	53
54 RADIOLOGY-DIAGNOSTIC		3,898	31,181	746		54
54.01 ULTRASOUND		1,154	9,231	2,228	10	54.01
54.02 MAMMOGRAPHY		787	6,297	781	5	54.02
55 RADIOLOGY-THERAPEUTIC		1,769	14,151	107		55
55.01 ONCOLOGY		1,561	12,487	7,391		55.01
56 RADIOISOTOPE		836	6,691	364	135	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,160	17,281	6,277	677	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,040	8,319	290	68	58
59 CARDIAC CATHETERIZATION		40	322	53	10	59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		4,108	32,863	283	20	65
66 PHYSICAL THERAPY				100		66
67 OCCUPATIONAL THERAPY				15		67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY		673	5,385			69
69.01 CARDIOLOGY		1,487	11,896	582	6	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				217,329	191	71
72 IMPL. DEV. CHARGED TO PATIENT				122,473		72
73 DRUGS CHARGED TO PATIENTS					366,695	73
74 RENAL DIALYSIS				169	6	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY		11,830	94,635	1,917	419	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	53,124	94,384	634,127	425,162	372,222	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		105				190
192 PHYSICIANS' PRIVATE OFFICES		1,301		145	1	192
192.01 APOTHECARY		470		311		192.01
192.02 REAL ESTATE						192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
192.03 FOUNDATION		534		116		192.03
192.04 OUTREACH PROGRAMS		1,744		45		192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	53,124	98,538	634,127	425,779	372,223	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	59,107					16
17 SOCIAL SERVICE		15,523				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	28,274	12,247	1,019,833		1,019,833	30
31 INTENSIVE CARE UNIT	3,723	1,667	206,419		206,419	31
43 NURSERY	84	678	43,041		43,041	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,606		380,279		380,279	50
50.01 ENDOSCOPY	3,093		371,797		371,797	50.01
51 RECOVERY ROOM	20		42,594		42,594	51
52 DELIVERY ROOM & LABOR ROOM	1,403		159,057		159,057	52
53 ANESTHESIOLOGY	324		94,249		94,249	53
54 RADIOLOGY-DIAGNOSTIC	367		420,109		420,109	54
54.01 ULTRASOUND	58		162,941		162,941	54.01
54.02 MAMMOGRAPHY	1		71,199		71,199	54.02
55 RADIOLOGY-THERAPEUTIC	37		477,181		477,181	55
55.01 ONCOLOGY	51		333,978		333,978	55.01
56 RADIOISOTOPE	19		59,412		59,412	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	138		532,067		532,067	57
58 MAGNETIC RESONANCE IMAGING (MRI)	33		429,430		429,430	58
59 CARDIAC CATHETERIZATION	61		12,355		12,355	59
60 LABORATORY			359,734		359,734	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			17,025		17,025	63
65 RESPIRATORY THERAPY	62		229,800		229,800	65
66 PHYSICAL THERAPY	92		33,884		33,884	66
67 OCCUPATIONAL THERAPY	52		25,279		25,279	67
68 SPEECH PATHOLOGY	22		4,205		4,205	68
69 ELECTROCARDIOLOGY	3		20,971		20,971	69
69.01 CARDIOLOGY	39		181,851		181,851	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	112		326,055		326,055	71
72 IMPL. DEV. CHARGED TO PATIENT	112		163,308		163,308	72
73 DRUGS CHARGED TO PATIENTS	478		769,681		769,681	73
74 RENAL DIALYSIS			8,746		8,746	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	12,843	931	583,111		583,111	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	59,107	15,523	7,539,591		7,539,591	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			13,358		13,358	190
192 PHYSICIANS' PRIVATE OFFICES			52,231		52,231	192
192.01 APOTHECARY			27,723		27,723	192.01
192.02 REAL ESTATE			140,084		140,084	192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192.03 FOUNDATION			22,949		22,949	192.03
192.04 OUTREACH PROGRAMS			37,621		37,621	192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	59,107	15,523	7,833,557		7,833,557	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	NONPATIENT TELEPHONES # OF LINES	DATA PROCESSING GROSS REVENUE	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	280,013					1
2 CAP REL COSTS-MVBLE EQUIP		2,747,440				2
4 EMPLOYEE BENEFITS	5,221	906	33,525,798			4
5.01 NONPATIENT TELEPHONES	968	32,638	210,838	824		5.01
5.02 DATA PROCESSING	2,097	165,702	67,428	23	461,538,665	5.02
5.03 PURCHASING RECEIVING AND STORES	1,222		42,758	7		5.03
5.04 ADMITTING	512	966	979,884	23		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	3,375	7,173	196	26		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	17,590	55,220	3,127,596	97		5.06
6 MAINTENANCE & REPAIRS	43,937	230,379	1,018,598	52		6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	831		76,429			8
9 HOUSEKEEPING	3,847	14,652	1,066,937	6		9
10 DIETARY	3,774	10,936	372,125	9		10
11 CAFETERIA	10,299	11,599	394,683	9		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,521	452,652	601,867	14		13
14 CENTRAL SERVICES & SUPPLY	5,432	143,281	710,279	23		14
15 PHARMACY	3,530	7,155	1,351,560	25		15
16 MEDICAL RECORDS & LIBRARY	4,823	4,350	706,563	42		16
17 SOCIAL SERVICE	570		721,232	13		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	49,567	18,640	6,536,042	77	37,010,250	30
31 INTENSIVE CARE UNIT	5,194	5,596	1,435,205	14	8,678,013	31
43 NURSERY	2,354	3,587	345,072	1	1,568,814	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,911	88,977	977,015	42	18,611,531	50
50.01 ENDOSCOPY	9,293	174,536	965,860	18	4,743,717	50.01
51 RECOVERY ROOM	1,373	411	380,580	3	3,728,239	51
52 DELIVERY ROOM & LABOR ROOM	6,362	36,871	1,067,792	8	3,451,291	52
53 ANESTHESIOLOGY	575	49,955	42,529	8	5,042,771	53
54 RADIOLOGY-DIAGNOSTIC	13,352	134,936	1,028,597	27	12,434,927	54
54.01 ULTRASOUND	1,030	74,783	276,563	9	6,019,659	54.01
54.02 MAMMOGRAPHY	643	24,997	221,065	8	1,877,454	54.02
55 RADIOLOGY-THERAPEUTIC	3,914	279,427	645,768	15	11,836,917	55
55.01 ONCOLOGY	6,109	176,932	409,468	15	5,524,138	55.01
56 RADIOISOTOPE	1,627	1,110	241,401	10	4,654,779	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,504	245,720	571,178	17	33,732,469	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,731	139,267	260,084	13	12,459,765	58
59 CARDIAC CATHETERIZATION	596	1,481	12,551	1	692,533	59
60 LABORATORY	9,933	2,766		46	65,389,013	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					3,061,533	63
65 RESPIRATORY THERAPY	3,362	27,432	1,032,236	5	10,629,142	65
66 PHYSICAL THERAPY	2,305	1,184		9	2,515,724	66
67 OCCUPATIONAL THERAPY	2,187			8	1,603,021	67
68 SPEECH PATHOLOGY	238			1	453,617	68
69 ELECTROCARDIOLOGY			134,676		3,566,158	69
69.01 RADIOLOGY	808	72,603	389,520	20	8,583,685	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					24,422,769	71
72 IMPL. DEV. CHARGED TO PATIENT					6,834,790	72
73 DRUGS CHARGED TO PATIENTS					92,172,862	73
74 RENAL DIALYSIS	659	867		3	342,553	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	13,848	38,466	2,931,325	53	69,896,531	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	264,024	2,738,153	31,353,500	800	461,538,665	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,681		18,171	4		190
192 PHYSICIANS' PRIVATE OFFICES		2,876	1,338,656	4		192
192.01 APOTHECARY	1,399	253	176,234	10		192.01
192.02 REAL ESTATE	10,632	5,198				192.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NONPATIENT TELEPHONES # OF LINES 5.01	DATA PROCESSING GROSS REVENUE 5.02	
192.03 FOUNDATION	2,277	960	200,925	6		192.03
192.04 OUTREACH PROGRAMS			438,312			192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,273,895	3,687,594	10,476,639	516,786	4,658,176	202
203 UNIT COST MULT-WS B PT I	4.549414	1.342193	0.312495	627.167476	0.010093	203
204 COST TO BE ALLOC PER B PT II			24,968	48,367	1,560,217	204
205 UNIT COST MULT-WS B PT II			0.000745	58.697816	0.003380	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASE, RCV&STORES	ADMITTING	CASHIERING ACCTS REC	RECON- CILIATION	OTHER ADM &GENERAL	
	SUPPLY COST 5.03	INPATIENT REVENUE 5.04	GROSS REVENUE 5.05	5A.06	ACCUM COST 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES	5,468,596					5.03
5.04 ADMITTING	22,425	200,751,613				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,135		461,538,665			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	15,849			-9,131,202	78,213,149	5.06
6 MAINTENANCE & REPAIRS	186,214				3,613,460	6
7 OPERATION OF PLANT					1,000,803	7
8 LAUNDRY & LINEN SERVICE	4,955				413,545	8
9 HOUSEKEEPING	95,157				1,566,561	9
10 DIETARY	20,836				1,050,711	10
11 CAFETERIA	22,099				710,791	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,361				1,448,484	13
14 CENTRAL SERVICES & SUPPLY	16,610				1,935,376	14
15 PHARMACY	24,207				2,210,909	15
16 MEDICAL RECORDS & LIBRARY	42,214				1,322,585	16
17 SOCIAL SERVICE	1,141				962,461	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	263,834	31,313,812	37,010,250		10,037,862	30
31 INTENSIVE CARE UNIT	82,042	8,678,013	8,678,013		2,693,124	31
43 NURSERY	11,212	1,568,814	1,568,814		517,445	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	55,110	10,239,878	18,611,531		2,087,298	50
50.01 ENDOSCOPY	49,562	1,064,875	4,743,717		1,753,041	50.01
51 RECOVERY ROOM	13,453	2,021,035	3,728,239		598,812	51
52 DELIVERY ROOM & LABOR ROOM	13,461	2,586,281	3,451,291		1,582,178	52
53 ANESTHESIOLOGY	3,357	2,911,485	5,042,771		236,845	53
54 RADIOLOGY-DIAGNOSTIC	17,853	3,284,492	12,434,927		1,943,466	54
54.01 ULTRASOUND	76,125	838,692	6,019,659		704,022	54.01
54.02 MAMMOGRAPHY	82,893	16,199	1,877,454		494,095	54.02
55 RADIOLOGY-THERAPEUTIC	3,685	136,341	11,836,917		1,564,499	55
55.01 ONCOLOGY	70,328	50,832	5,524,138		1,039,689	55.01
56 RADIOISOTOPE	106,064	1,146,560	4,654,779		601,372	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	94,365	8,979,430	33,732,469		1,889,848	57
58 MAGNETIC RESONANCE IMAGING (MRI)	21,137	2,101,995	12,459,765		1,076,756	58
59 CARDIAC CATHETERIZATION	24,451	282,995	692,533		68,796	59
60 LABORATORY		27,967,827	65,389,013		5,594,162	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	497,675	1,917,562	3,061,533		609,708	63
65 RESPIRATORY THERAPY	18,264	5,617,286	10,629,142		1,804,847	65
66 PHYSICAL THERAPY	3,973	838,482	2,515,724		527,049	66
67 OCCUPATIONAL THERAPY	128	563,352	1,603,021		362,843	67
68 SPEECH PATHOLOGY		167,324	453,617		91,026	68
69 ELECTROCARDIOLOGY		1,614,430	3,566,158		246,091	69
69.01 RADIOLOGY	6,835	4,227,370	8,583,685		1,010,280	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,955,685	13,888,422	24,422,769		2,052,531	71
72 IMPL. DEV. CHARGED TO PATIENT	1,349,913	5,609,762	6,834,790		1,626,530	72
73 DRUGS CHARGED TO PATIENTS		47,235,709	92,172,862		8,697,300	73
74 RENAL DIALYSIS	1,345	328,796	342,553		129,545	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	51,274	13,553,562	69,896,531		5,418,095	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	5,328,227	200,751,613	461,538,665	-9,131,202	73,294,841	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,933				93,548	190
192 PHYSICIANS' PRIVATE OFFICES	7,075				2,000,231	192
192.01 APOTHECARY	721				1,271,907	192.01
192.02 REAL ESTATE					264,291	192.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASE, RCV&STORES	ADMITTING	CASHIERING ACCTS REC	RECON- CILIATION	OTHER ADM &GENERAL	
	SUPPLY COST	INPATIENT REVENUE	GROSS REVENUE	5A.06	ACCUM COST	
192.03 FOUNDATION	5,062				351,035	192.03
192.04 OUTREACH PROGRAMS	98,578				937,296	192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	414,374	1,335,669	2,924,238		9,131,202	202
203 UNIT COST MULT-WS B PT I	0.075773	0.006653	0.006336		0.116748	203
204 COST TO BE ALLOC PER B PT II	10,802	5,750	85,851		650,198	204
205 UNIT COST MULT-WS B PT II	0.001975	0.000029	0.000186		0.008313	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING HOURS OF SERVICE	MEALS SERVED	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS	205,091					6
7 OPERATION OF PLANT		205,091				7
8 LAUNDRY & LINEN SERVICE	831	831	945,160			8
9 HOUSEKEEPING	3,847	3,847		66,009		9
10 DIETARY	3,774	3,774		481	221,984	10
11 CAFETERIA	10,299	10,299		510		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,521	1,521		269		13
14 CENTRAL SERVICES & SUPPLY	5,432	5,432		413		14
15 PHARMACY	3,530	3,530		365		15
16 MEDICAL RECORDS & LIBRARY	4,823	4,823		312		16
17 SOCIAL SERVICE	570	570				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	49,567	49,567	429,910	28,753	195,381	30
31 INTENSIVE CARE UNIT	5,194	5,194	39,960	4,310	26,603	31
43 NURSERY	2,354	2,354	33,960	333		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,911	14,911	55,230	4,754		50
50.01 ENDOSCOPY	9,293	9,293	42,912	2,845		50.01
51 RECOVERY ROOM	1,373	1,373	29,772	288		51
52 DELIVERY ROOM & LABOR ROOM	6,362	6,362	33,960	2,635		52
53 ANESTHESIOLOGY	575	575				53
54 RADIOLOGY-DIAGNOSTIC	13,352	13,352	27,952	1,785		54
54.01 ULTRASOUND	1,030	1,030	9,565	4		54.01
54.02 MAMMOGRAPHY	643	643	8,392	1,134		54.02
55 RADIOLOGY-THERAPEUTIC	3,914	3,914	8,400	1,028		55
55.01 ONCOLOGY	6,109	6,109	7,200	1,028		55.01
56 RADIOISOTOPE	1,627	1,627	10,102	528		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,504	1,504	17,939	365		57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,731	2,731	13,550	312		58
59 CARDIAC CATHETERIZATION	596	596	84			59
60 LABORATORY	9,933	9,933		985		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	3,362	3,362	5,680	945		65
66 PHYSICAL THERAPY	2,305	2,305	4,262	311		66
67 OCCUPATIONAL THERAPY	2,187	2,187	4,262	126		67
68 SPEECH PATHOLOGY	238	238	2,132			68
69 ELECTROCARDIOLOGY						69
69.01 RADIOLOGY	808	808	3,000	286		69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	659	659		158		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	13,848	13,848	156,936	7,465		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	189,102	189,102	945,160	62,728	221,984	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,681	1,681				190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 APOTHECARY	1,399	1,399		255		192.01
192.02 REAL ESTATE	10,632	10,632		3,026		192.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	DIETARY MEALS SERVED 10	
192.03 FOUNDATION	2,277	2,277				192.03
192.04 OUTREACH PROGRAMS						192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,035,324	1,117,645	482,706	1,846,111	1,281,653	202
203 UNIT COST MULT-WS B PT I	19.675773	5.449508	0.510714	27.967565	5.773628	203
204 COST TO BE ALLOC PER B PT II	543,319	8,320	9,521	61,873	53,124	204
205 UNIT COST MULT-WS B PT II	2.649161	0.040567	0.010073	0.937342	0.239315	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	MEALS SERVED	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	44,064					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	897	35,447				13
14 CENTRAL SERVICES & SUPPLY	2,111	501	3,722,131			14
15 PHARMACY	1,764		64,430	7,865,996		15
16 MEDICAL RECORDS & LIBRARY	1,583		3,952		7,318,561	16
17 SOCIAL SERVICE	905		611			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	12,932	12,932	255,590	11,637	3,500,676	30
31 INTENSIVE CARE UNIT	2,402	2,402	72,841	2,441	460,980	31
43 NURSERY	427	427	7,715	299	10,420	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,568	1,568	107,664	66,740	941,796	50
50.01 ENDOSCOPY	1,377	1,377	25,700	457	383,026	50.01
51 RECOVERY ROOM	556	556	13,129	72	2,538	51
52 DELIVERY ROOM & LABOR ROOM	1,562	1,562	8,047	2,400	173,680	52
53 ANESTHESIOLOGY	106	106	300	39	40,176	53
54 RADIOLOGY-DIAGNOSTIC	1,743	1,743	6,524	7	45,500	54
54.01 ULTRASOUND	516	516	19,481	220	7,212	54.01
54.02 MAMMOGRAPHY	352	352	6,829	105	82	54.02
55 RADIOLOGY-THERAPEUTIC	791	791	937		4,569	55
55.01 ONCOLOGY	698	698	64,614		6,268	55.01
56 RADIOISOTOPE	374	374	3,178	2,857	2,400	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	966	966	54,875	14,296	17,118	57
58 MAGNETIC RESONANCE IMAGING (MRI)	465	465	2,534	1,437	4,132	58
59 CARDIAC CATHETERIZATION	18	18	464	217	7,560	59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	1,837	1,837	2,477	427	7,654	65
66 PHYSICAL THERAPY			870		11,346	66
67 OCCUPATIONAL THERAPY			128		6,480	67
68 SPEECH PATHOLOGY					2,754	68
69 ELECTROCARDIOLOGY	301	301			310	69
69.01 RADIOLOGY	665	665	5,086	118	4,851	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,899,886	4,031	13,808	71
72 IMPL. DEV. CHARGED TO PATIENT			1,070,654		13,808	72
73 DRUGS CHARGED TO PATIENTS				7,749,202	59,177	73
74 RENAL DIALYSIS			1,479	124		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	5,290	5,290	16,754	8,854	1,590,240	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	42,206	35,447	3,716,749	7,865,980	7,318,561	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	47					190
192 PHYSICIANS' PRIVATE OFFICES	582		1,265	16		192
192.01 APOTHECARY	210		2,716			192.01
192.02 REAL ESTATE						192.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL		
	MEALS SERVED 11	ADMINIS- TRATION DIRECT NRSING HRS 13	SERVICES & SUPPLY COSTED REQUIS. 14	COSTED REQUIS. 15	RECORDS & LIBRARY TIME SPENT 16		
192.03 FOUNDATION							192.03
192.04 OUTREACH PROGRAMS	239		1,010				192.04
192.05 UNASSIGNED	780		391				192.05
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 COST TO BE ALLOC PER B PT I	1,066,802	1,685,048	2,384,283	2,651,907	1,647,756		202
203 UNIT COST MULT-WS B PT I	24.210285	47.537112	0.640569	0.337136	0.225148		203
204 COST TO BE ALLOC PER B PT II	98,538	634,127	425,779	372,223	59,107		204
205 UNIT COST MULT-WS B PT II	2.236247	17.889441	0.114391	0.047321	0.008076		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		17	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 NONPATIENT TELEPHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING RECEIVING AND STORES			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE	10,000		17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	7,889		30
31 INTENSIVE CARE UNIT	1,074		31
43 NURSERY	437		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM			50
50.01 ENDOSCOPY			50.01
51 RECOVERY ROOM			51
52 DELIVERY ROOM & LABOR ROOM			52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
54.01 ULTRASOUND			54.01
54.02 MAMMOGRAPHY			54.02
55 RADIOLOGY-THERAPEUTIC			55
55.01 ONCOLOGY			55.01
56 RADIOISOTOPE			56
57 COMPUTED TOMOGRAPHY (CT) SCAN			57
58 MAGNETIC RESONANCE IMAGING (MRI)			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY			69
69.01 RADIOLOGY			69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC			90
91 EMERGENCY	600		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	10,000		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192
192.01 APOTHECARY			192.01
192.02 REAL ESTATE			192.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
192.03 FOUNDATION			192.03
192.04 OUTREACH PROGRAMS			192.04
192.05 UNASSIGNED			192.05
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I		1,111,448	202
203 UNIT COST MULT-WS B PT I		111.144800	203
204 COST TO BE ALLOC PER B PT II		15,523	204
205 UNIT COST MULT-WS B PT II		1.552300	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	17,367,358		17,367,358		17,367,358	30
31 INTENSIVE CARE UNIT	3,875,565		3,875,565		3,875,565	31
43 NURSERY	750,253		750,253		750,253	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,282,803		3,282,803		3,282,803	50
50.01 ENDOSCOPY	2,494,330		2,494,330		2,494,330	50.01
51 RECOVERY ROOM	775,376		775,376		775,376	51
52 DELIVERY ROOM & LABOR ROOM	2,174,917		2,174,917		2,174,917	52
53 ANESTHESIOLOGY	295,799		295,799		295,799	53
54 RADIOLOGY-DIAGNOSTIC	2,709,513		2,709,513	2,876	2,712,389	54
54.01 ULTRASOUND	868,290		868,290	2,067	870,357	54.01
54.02 MAMMOGRAPHY	633,619		633,619	2,480	636,099	54.02
55 RADIOLOGY-THERAPEUTIC	1,936,913		1,936,913		1,936,913	55
55.01 ONCOLOGY	1,439,870		1,439,870	3,234	1,443,104	55.01
56 RADIOISOTOPE	762,758		762,758		762,758	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,280,775		2,280,775		2,280,775	57
58 MAGNETIC RESONANCE IMAGING	1,323,129		1,323,129		1,323,129	58
59 CARDIAC CATHETERIZATION	95,210		95,210		95,210	59
60 LABORATORY	6,524,386		6,524,386	28,316	6,552,702	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	680,890		680,890		680,890	63
65 RESPIRATORY THERAPY	2,264,614		2,264,614	12,479	2,277,093	65
66 PHYSICAL THERAPY	660,482		660,482		660,482	66
67 OCCUPATIONAL THERAPY	467,395		467,395		467,395	67
68 SPEECH PATHOLOGY	109,342		109,342		109,342	68
69 ELECTROCARDIOLOGY	296,488		296,488		296,488	69
69.01 RADIOLOGY	1,210,162		1,210,162		1,210,162	69.01
71 MEDICAL SUPPLIES CHRGD TO	3,513,638		3,513,638		3,513,638	71
72 IMPL. DEV. CHARGED TO PATIE	2,505,361		2,505,361		2,505,361	72
73 DRUGS CHARGED TO PATIENTS	12,338,550		12,338,550		12,338,550	73
74 RENAL DIALYSIS	166,634		166,634		166,634	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	7,505,495		7,505,495		7,505,495	91
92 OBSERVATION BEDS	2,746,294		2,746,294		2,746,294	92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	84,056,209		84,056,209	51,452	84,107,661	200
201 LESS OBSERVATION BEDS	2,746,294		2,746,294		2,746,294	201
202 TOTAL (SEE INSTRUCTIONS)	81,309,915		81,309,915		81,361,367	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,313,812		31,313,812			30
31 INTENSIVE CARE UNIT	8,678,013		8,678,013			31
43 NURSERY	1,568,814		1,568,814			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,239,878	8,371,653	18,611,531	0.176385	0.176385	0.176385 50
50.01 ENDOSCOPY	1,064,875	3,678,842	4,743,717	0.525818	0.525818	0.525818 50.01
51 RECOVERY ROOM	2,021,035	1,707,204	3,728,239	0.207974	0.207974	0.207974 51
52 DELIVERY ROOM & LABOR ROOM	2,586,281	865,010	3,451,291	0.630175	0.630175	0.630175 52
53 ANESTHESIOLOGY	2,911,485	2,131,286	5,042,771	0.058658	0.058658	0.058658 53
54 RADIOLOGY-DIAGNOSTIC	3,284,492	9,150,435	12,434,927	0.217895	0.217895	0.218127 54
54.01 ULTRASOUND	838,692	5,180,967	6,019,659	0.144242	0.144242	0.144586 54.01
54.02 MAMMOGRAPHY	16,199	1,861,255	1,877,454	0.337488	0.337488	0.338809 54.02
55 RADIOLOGY-THERAPEUTIC	136,341	11,700,576	11,836,917	0.163633	0.163633	0.163633 55
55.01 ONCOLOGY	50,832	5,473,306	5,524,138	0.260651	0.260651	0.261236 55.01
56 RADIOISOTOPE	1,146,560	3,508,219	4,654,779	0.163866	0.163866	0.163866 56
57 COMPUTED TOMOGRAPHY (CT) SC	8,979,430	24,753,039	33,732,469	0.067614	0.067614	0.067614 57
58 MAGNETIC RESONANCE IMAGING	2,101,995	10,357,770	12,459,765	0.106192	0.106192	0.106192 58
59 CARDIAC CATHETERIZATION	282,995	409,538	692,533	0.137481	0.137481	0.137481 59
60 LABORATORY	27,967,827	37,421,186	65,389,013	0.099778	0.099778	0.100211 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	1,917,562	1,143,971	3,061,533	0.222402	0.222402	0.222402 63
65 RESPIRATORY THERAPY	5,617,286	5,011,856	10,629,142	0.213057	0.213057	0.214231 65
66 PHYSICAL THERAPY	838,482	1,677,242	2,515,724	0.262542	0.262542	0.262542 66
67 OCCUPATIONAL THERAPY	563,352	1,039,669	1,603,021	0.291571	0.291571	0.291571 67
68 SPEECH PATHOLOGY	167,324	286,293	453,617	0.241045	0.241045	0.241045 68
69 ELECTROCARDIOLOGY	1,614,430	1,951,728	3,566,158	0.083139	0.083139	0.083139 69
69.01 RADIOLOGY	4,227,370	4,356,315	8,583,685	0.140984	0.140984	0.140984 69.01
71 MEDICAL SUPPLIES CHRGD TO	13,888,422	10,534,347	24,422,769	0.143867	0.143867	0.143867 71
72 IMPL. DEV. CHARGED TO PATIE	5,609,762	1,225,028	6,834,790	0.366560	0.366560	0.366560 72
73 DRUGS CHARGED TO PATIENTS	47,235,709	44,937,153	92,172,862	0.133863	0.133863	0.133863 73
74 RENAL DIALYSIS	328,796	13,757	342,553	0.486447	0.486447	0.486447 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	13,553,562	56,342,969	69,896,531	0.107380	0.107380	0.107380 91
92 OBSERVATION BEDS	1,093,926	4,602,512	5,696,438	0.482107	0.482107	0.482107 92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	201,845,539	259,693,126	461,538,665			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	201,845,539	259,693,126	461,538,665			202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 + COL.4)		
	1	2	3		5		
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	1,019,833		1,019,833	22,197	45.94		30
31 INTENSIVE CARE UNIT	206,419		206,419	2,509	82.27		31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	43,041		43,041	1,032	41.71		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,269,293		1,269,293	25,738			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

[ ] PPS  
 [ ] TEFRA

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	380,279	18,611,531	0.020432		50
50.01 ENDOSCOPY	371,797	4,743,717	0.078377		50.01
51 RECOVERY ROOM	42,594	3,728,239	0.011425		51
52 DELIVERY ROOM & LABOR ROOM	159,057	3,451,291	0.046086		52
53 ANESTHESIOLOGY	94,249	5,042,771	0.018690		53
54 RADIOLOGY-DIAGNOSTIC	420,109	12,434,927	0.033785		54
54.01 ULTRASOUND	162,941	6,019,659	0.027068		54.01
54.02 MAMMOGRAPHY	71,199	1,877,454	0.037923		54.02
55 RADIOLOGY-THERAPEUTIC	477,181	11,836,917	0.040313		55
55.01 ONCOLOGY	333,978	5,524,138	0.060458		55.01
56 RADIOISOTOPE	59,412	4,654,779	0.012764		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	532,067	33,732,469	0.015773		57
58 MAGNETIC RESONANCE IMAGING (M	429,430	12,459,765	0.034465		58
59 CARDIAC CATHETERIZATION	12,355	692,533	0.017840		59
60 LABORATORY	359,734	65,389,013	0.005501		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	17,025	3,061,533	0.005561		63
65 RESPIRATORY THERAPY	229,800	10,629,142	0.021620		65
66 PHYSICAL THERAPY	33,884	2,515,724	0.013469		66
67 OCCUPATIONAL THERAPY	25,279	1,603,021	0.015770		67
68 SPEECH PATHOLOGY	4,205	453,617	0.009270		68
69 ELECTROCARDIOLOGY	20,971	3,566,158	0.005881		69
69.01 CARDIOLOGY	181,851	8,583,685	0.021186		69.01
71 MEDICAL SUPPLIES CHRGD TO PA	326,055	24,422,769	0.013350		71
72 IMPL. DEV. CHARGED TO PATIENT	163,308	6,834,790	0.023894		72
73 DRUGS CHARGED TO PATIENTS	769,681	92,172,862	0.008350		73
74 RENAL DIALYSIS	8,746	342,553	0.025532		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY	583,111	69,896,531	0.008342		91
92 OBSERVATION BEDS		5,696,438	5,696,438		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	6,270,298	419,978,026	419,978,026		200

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED  
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2011.10  
 05/28/2013 09:18

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

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

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED  
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2011.10  
 05/28/2013 09:18

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	22,197				30
31 INTENSIVE CARE UNIT	2,509				31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,032				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	25,738				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[XX] TITLE V [ ] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0093) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	18,611,531					50
50.01	ENDOSCOPY	4,743,717					50.01
51	RECOVERY ROOM	3,728,239					51
52	DELIVERY ROOM & LABOR ROOM	3,451,291					52
53	ANESTHESIOLOGY	5,042,771					53
54	RADIOLOGY-DIAGNOSTIC	12,434,927					54
54.01	ULTRASOUND	6,019,659					54.01
54.02	MAMMOGRAPHY	1,877,454					54.02
55	RADIOLOGY-THERAPEUTIC	11,836,917					55
55.01	ONCOLOGY	5,524,138					55.01
56	RADIOISOTOPE	4,654,779					56
57	COMPUTED TOMOGRAPHY (CT) SCA	33,732,469					57
58	MAGNETIC RESONANCE IMAGING (	12,459,765					58
59	CARDIAC CATHETERIZATION	692,533					59
60	LABORATORY	65,389,013					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	3,061,533					63
65	RESPIRATORY THERAPY	10,629,142					65
66	PHYSICAL THERAPY	2,515,724					66
67	OCCUPATIONAL THERAPY	1,603,021					67
68	SPEECH PATHOLOGY	453,617					68
69	ELECTROCARDIOLOGY	3,566,158					69
69.01	CARDIOLOGY	8,583,685					69.01
71	MEDICAL SUPPLIES CHRGED TO P	24,422,769					71
72	IMPL. DEV. CHARGED TO PATIEN	6,834,790					72
73	DRUGS CHARGED TO PATIENTS	92,172,862					73
74	RENAL DIALYSIS	342,553					74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC						90
91	EMERGENCY	69,896,531					91
92	OBSERVATION BEDS	5,696,438					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	419,978,026					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.176385						50
50.01 ENDOSCOPY	0.525818						50.01
51 RECOVERY ROOM	0.207974						51
52 DELIVERY ROOM & LABOR ROOM	0.630175						52
53 ANESTHESIOLOGY	0.058658						53
54 RADIOLOGY-DIAGNOSTIC	0.217895						54
54.01 ULTRASOUND	0.144242						54.01
54.02 MAMMOGRAPHY	0.337488						54.02
55 RADIOLOGY-THERAPEUTIC	0.163633						55
55.01 ONCOLOGY	0.260651						55.01
56 RADIOISOTOPE	0.163866						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067614						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.106192						58
59 CARDIAC CATHETERIZATION	0.137481						59
60 LABORATORY	0.099778						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.222402						63
65 RESPIRATORY THERAPY	0.213057						65
66 PHYSICAL THERAPY	0.262542						66
67 OCCUPATIONAL THERAPY	0.291571						67
68 SPEECH PATHOLOGY	0.241045						68
69 ELECTROCARDIOLOGY	0.083139						69
69.01 RADIOLOGY	0.140984						69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.143867						71
72 IMPL. DEV. CHARGED TO PATIENT	0.366560						72
73 DRUGS CHARGED TO PATIENTS	0.133863						73
74 RENAL DIALYSIS	0.486447						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
91 EMERGENCY	0.107380						91
92 OBSERVATION BEDS	0.482107						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL. 3 + COL. 4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL. 5 x COL. 6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL. 1 MINUS COL. 2)	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,019,833		1,019,833	22,197	45.94	10,127	465,234	30
31 INTENSIVE CARE UNIT	206,419		206,419	2,509	82.27	1,035	85,149	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	43,041		43,041	1,032	41.71			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	1,269,293		1,269,293	25,738		11,162	550,383	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x	
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	380,279	18,611,531	0.020432	3,335,579	68,153	50
50.01 ENDOSCOPY	371,797	4,743,717	0.078377	551,808	43,249	50.01
51 RECOVERY ROOM	42,594	3,728,239	0.011425	629,005	7,186	51
52 DELIVERY ROOM & LABOR ROOM	159,057	3,451,291	0.046086	24,168	1,114	52
53 ANESTHESIOLOGY	94,249	5,042,771	0.018690	707,289	13,219	53
54 RADIOLOGY-DIAGNOSTIC	420,109	12,434,927	0.033785	1,982,580	66,981	54
54.01 ULTRASOUND	162,941	6,019,659	0.027068	41,583	1,126	54.01
54.02 MAMMOGRAPHY	71,199	1,877,454	0.037923	1,293	49	54.02
55 RADIOLOGY-THERAPEUTIC	477,181	11,836,917	0.040313	49,940	2,013	55
55.01 ONCOLOGY	333,978	5,524,138	0.060458	44,371	2,683	55.01
56 RADIOISOTOPE	59,412	4,654,779	0.012764	601,814	7,682	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	532,067	33,732,469	0.015773	4,960,793	78,247	57
58 MAGNETIC RESONANCE IMAGING (M	429,430	12,459,765	0.034465	1,054,054	36,328	58
59 CARDIAC CATHETERIZATION	12,355	692,533	0.017840	151,406	2,701	59
60 LABORATORY	359,734	65,389,013	0.005501	15,181,272	83,512	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	17,025	3,061,533	0.005561	875,304	4,868	63
65 RESPIRATORY THERAPY	229,800	10,629,142	0.021620	3,166,556	68,461	65
66 PHYSICAL THERAPY	33,884	2,515,724	0.013469	510,015	6,869	66
67 OCCUPATIONAL THERAPY	25,279	1,603,021	0.015770	352,416	5,558	67
68 SPEECH PATHOLOGY	4,205	453,617	0.009270	94,965	880	68
69 ELECTROCARDIOLOGY	20,971	3,566,158	0.005881	992,395	5,836	69
69.01 CARDIOLOGY	181,851	8,583,685	0.021186	2,836,183	60,087	69.01
71 MEDICAL SUPPLIES CHRGD TO PA	326,055	24,422,769	0.013350	6,490,879	86,653	71
72 IMPL. DEV. CHARGED TO PATIENT	163,308	6,834,790	0.023894	2,734,763	65,344	72
73 DRUGS CHARGED TO PATIENTS	769,681	92,172,862	0.008350	26,002,855	217,124	73
74 RENAL DIALYSIS	8,746	342,553	0.025532	259,671	6,630	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	583,111	69,896,531	0.008342	7,103,306	59,256	91
92 OBSERVATION BEDS	161,265	5,696,438	0.028310	736,465	20,849	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	6,431,563	419,978,026	419,978,026	81,472,728	1,022,658	200

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED  
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2011.10  
05/28/2013 09:18

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

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

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED  
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2011.10  
 05/28/2013 09:18

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	22,197		10,127		30
31 INTENSIVE CARE UNIT	2,509		1,035		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,032				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	25,738		11,162		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0093)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	18,611,531		3,335,579		1,670,330	50
50.01	ENDOSCOPY	4,743,717		551,808		1,145,969	50.01
51	RECOVERY ROOM	3,728,239		629,005		318,817	51
52	DELIVERY ROOM & LABOR ROOM	3,451,291		24,168		12,159	52
53	ANESTHESIOLOGY	5,042,771		707,289		351,017	53
54	RADIOLOGY-DIAGNOSTIC	12,434,927		1,982,580		1,670,996	54
54.01	ULTRASOUND	6,019,659		41,583		821,744	54.01
54.02	MAMMOGRAPHY	1,877,454		1,293		320,547	54.02
55	RADIOLOGY-THERAPEUTIC	11,836,917		49,940		5,246,575	55
55.01	ONCOLOGY	5,524,138		44,371		2,414,701	55.01
56	RADIOISOTOPE	4,654,779		601,814		1,189,590	56
57	COMPUTED TOMOGRAPHY (CT) SCA	33,732,469		4,960,793		6,122,833	57
58	MAGNETIC RESONANCE IMAGING (	12,459,765		1,054,054		2,686,267	58
59	CARDIAC CATHETERIZATION	692,533		151,406		161,596	59
60	LABORATORY	65,389,013		15,181,272		524,506	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	3,061,533		875,304		580,593	63
65	RESPIRATORY THERAPY	10,629,142		3,166,556		1,427,245	65
66	PHYSICAL THERAPY	2,515,724		510,015			66
67	OCCUPATIONAL THERAPY	1,603,021		352,416			67
68	SPEECH PATHOLOGY	453,617		94,965			68
69	ELECTROCARDIOLOGY	3,566,158		992,395		591,263	69
69.01	CARDIOLOGY	8,583,685		2,836,183		1,260,346	69.01
71	MEDICAL SUPPLIES CHRGED TO P	24,422,769		6,490,879		2,327,813	71
72	IMPL. DEV. CHARGED TO PATIEN	6,834,790		2,734,763		429,146	72
73	DRUGS CHARGED TO PATIENTS	92,172,862		26,002,855		16,539,721	73
74	RENAL DIALYSIS	342,553		259,671		8,462	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC						90
91	EMERGENCY	69,896,531		7,103,306		9,126,877	91
92	OBSERVATION BEDS	5,696,438		736,465		1,510,743	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	419,978,026		81,472,728		58,459,856	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.176385	1,670,330			294,621			50
50.01 ENDOSCOPY	0.525818	1,145,969			602,571			50.01
51 RECOVERY ROOM	0.207974	318,817			66,306			51
52 DELIVERY ROOM & LABOR ROOM	0.630175	12,159			7,662			52
53 ANESTHESIOLOGY	0.058658	351,017			20,590			53
54 RADIOLOGY-DIAGNOSTIC	0.217895	1,670,996			364,102			54
54.01 ULTRASOUND	0.144242	821,744			118,530			54.01
54.02 MAMMOGRAPHY	0.337488	320,547			108,181			54.02
55 RADIOLOGY-THERAPEUTIC	0.163633	5,246,575			858,513			55
55.01 ONCOLOGY	0.260651	2,414,701			629,394			55.01
56 RADIOISOTOPE	0.163866	1,189,590			194,933			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067614	6,122,833			413,989			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.106192	2,686,267			285,260			58
59 CARDIAC CATHETERIZATION	0.137481	161,596			22,216			59
60 LABORATORY	0.099778	524,506			52,334			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.222402	580,593			129,125			63
65 RESPIRATORY THERAPY	0.213057	1,427,245			304,085			65
66 PHYSICAL THERAPY	0.262542							66
67 OCCUPATIONAL THERAPY	0.291571							67
68 SPEECH PATHOLOGY	0.241045							68
69 ELECTROCARDIOLOGY	0.083139	591,263			49,157			69
69.01 CARDIOLOGY	0.140984	1,260,346			177,689			69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.143867	2,327,813			334,895			71
72 IMPL. DEV. CHARGED TO PATIENT	0.366560	429,146			157,308			72
73 DRUGS CHARGED TO PATIENTS	0.133863	16,539,721		229,256	2,214,057		30,689	73
74 RENAL DIALYSIS	0.486447	8,462			4,116			74
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC								90
91 EMERGENCY	0.107380	9,126,877			980,044			91
92 OBSERVATION BEDS	0.482107	1,510,743			728,340			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		58,459,856		229,256	9,118,018		30,689	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		58,459,856		229,256	9,118,018		30,689	202

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	22,197	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	22,197	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	61	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,136	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)		9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,032	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	17,367,358	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	17,367,358	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	31,313,812	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	99,150	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	31,214,662	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.554623	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)	1,625.41	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,410.13	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	215.28	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	119.40	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	7,283	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	17,360,075	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)				782.09	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)					40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)					41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	750,253	1,032	726.99		42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	3,875,565	2,509	1,544.67		43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					49

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

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)				3,510	87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)					88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					89

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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	22,197	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	22,197	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	61	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,136	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,127	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	17,367,358	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	17,367,358	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	31,313,812	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	99,150	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	31,214,662	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.554623	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)	1,625.41	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,410.13	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	215.28	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	119.40	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	7,283	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	17,360,075	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 782.42 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 7,923,567 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 7,923,567 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	3,875,565	2,509	1,544.67	1,035	1,598,733	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					11,888,985	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					21,411,285	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 550,383 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,022,658 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 1,573,041 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 19,838,244 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,510 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 782.42 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,746,294 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	1,019,833	17,367,358	0.058721	2,746,294	161,265	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.176385			50
50.01 ENDOSCOPY	0.525818			50.01
51 RECOVERY ROOM	0.207974			51
52 DELIVERY ROOM & LABOR ROOM	0.630175			52
53 ANESTHESIOLOGY	0.058658			53
54 RADIOLOGY-DIAGNOSTIC	0.217895			54
54.01 ULTRASOUND	0.144242			54.01
54.02 MAMMOGRAPHY	0.337488			54.02
55 RADIOLOGY-THERAPEUTIC	0.163633			55
55.01 ONCOLOGY	0.260651			55.01
56 RADIOISOTOPE	0.163866			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067614			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.106192			58
59 CARDIAC CATHETERIZATION	0.137481			59
60 LABORATORY	0.099778			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.222402			63
65 RESPIRATORY THERAPY	0.213057			65
66 PHYSICAL THERAPY	0.262542			66
67 OCCUPATIONAL THERAPY	0.291571			67
68 SPEECH PATHOLOGY	0.241045			68
69 ELECTROCARDIOLOGY	0.083139			69
69.01 CARDIOLOGY	0.140984			69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.143867			71
72 IMPL. DEV. CHARGED TO PATIENT	0.366560			72
73 DRUGS CHARGED TO PATIENTS	0.133863			73
74 RENAL DIALYSIS	0.486447			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC				90
91 EMERGENCY	0.107380			91
92 OBSERVATION BEDS	0.482107			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		17,186,689			30
31 INTENSIVE CARE UNIT		4,017,204			31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.176385	3,335,579	588,346		50
50.01 ENDOSCOPY	0.525818	551,808	290,151		50.01
51 RECOVERY ROOM	0.207974	629,005	130,817		51
52 DELIVERY ROOM & LABOR ROOM	0.630175	24,168	15,230		52
53 ANESTHESIOLOGY	0.058658	707,289	41,488		53
54 RADIOLOGY-DIAGNOSTIC	0.218127	1,982,580	432,454		54
54.01 ULTRASOUND	0.144586	41,583	6,012		54.01
54.02 MAMMOGRAPHY	0.338809	1,293	438		54.02
55 RADIOLOGY-THERAPEUTIC	0.163633	49,940	8,172		55
55.01 ONCOLOGY	0.261236	44,371	11,591		55.01
56 RADIOISOTOPE	0.163866	601,814	98,617		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067614	4,960,793	335,419		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.106192	1,054,054	111,932		58
59 CARDIAC CATHETERIZATION	0.137481	151,406	20,815		59
60 LABORATORY	0.100211	15,181,272	1,521,330		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.222402	875,304	194,669		63
65 RESPIRATORY THERAPY	0.214231	3,166,556	678,374		65
66 PHYSICAL THERAPY	0.262542	510,015	133,900		66
67 OCCUPATIONAL THERAPY	0.291571	352,416	102,754		67
68 SPEECH PATHOLOGY	0.241045	94,965	22,891		68
69 ELECTROCARDIOLOGY	0.083139	992,395	82,507		69
69.01 CARDIOLOGY	0.140984	2,836,183	399,856		69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.143867	6,490,879	933,823		71
72 IMPL. DEV. CHARGED TO PATIENT	0.366560	2,734,763	1,002,455		72
73 DRUGS CHARGED TO PATIENTS	0.133863	26,002,855	3,480,820		73
74 RENAL DIALYSIS	0.486447	259,671	126,316		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY	0.107380	7,103,306	762,753		91
92 OBSERVATION BEDS	0.482107	736,465	355,055		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		81,472,728	11,888,985		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		81,472,728			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	18,109,698	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	172,801	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	164.41	4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS		
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON		
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0585	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1902	31
32	SUM OF LINES 30 AND 31	0.2487	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0974	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,763,885	34
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	20,046,384	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	20,046,384	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,541,602	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	21,587,986	59
60	PRIMARY PAYER PAYMENTS		60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	21,587,986	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,177,472	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	92,191	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	432,807	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	302,965	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	401,926	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	19,621,288	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.93		-10,258	70.93
70.94		-44,657	70.94
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	19,566,373	71
72	INTERIM PAYMENTS	19,776,787	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-210,414	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75

TO BE COMPLETED BY CONTRACTOR

90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

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

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		19,878,221		7,047,693	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	3.01
PROGRAM .01					3.02
TO .02					3.03
PROVIDER .03					3.04
TO .04					3.05
PROVIDER .05					3.06
TO .06					3.07
PROVIDER .07					3.08
TO .08					3.09
PROVIDER .09					3.10
TO .50	08/06/2012	101,434	08/06/2012	5,483	3.50
PROVIDER .51					3.51
TO .52					3.52
PROVIDER .53					3.53
TO .54					3.54
PROVIDER .55					3.55
TO .56					3.56
PROVIDER .57					3.57
TO .58					3.58
PROVIDER .59					3.59
TO .99					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-101,434		-5,483	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		19,776,787		7,042,210	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	5.01
PROGRAM .01					5.02
TO .02					5.03
PROVIDER .03					5.04
TO .04					5.05
PROVIDER .05					5.06
TO .06					5.07
PROVIDER .07					5.08
TO .08					5.09
PROVIDER .09					5.10
TO .50					5.50
PROVIDER .51		NONE		NONE	5.51
TO .52					5.52
PROVIDER .53					5.53
TO .54					5.54
PROVIDER .55					5.55
TO .56					5.56
PROVIDER .57					5.57
TO .58					5.58
PROVIDER .59					5.59
TO .99					5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					6.01
PROGRAM .01					6.02
TO .02					6.03
PROVIDER .03					6.04
TO .04					6.05
PROVIDER .05					6.06
TO .06					6.07
PROVIDER .07					6.08
TO .08					6.09
PROVIDER .09					6.10
TO .50					6.50
PROVIDER .51		-19,776,787		-133,185	6.51
TO .52					6.52
PROVIDER .53					6.53
TO .54					6.54
PROVIDER .55					6.55
TO .56					6.56
PROVIDER .57					6.57
TO .58					6.58
PROVIDER .59					6.59
TO .99					6.99
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				6,909,025	7

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

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED  
PERIOD FROM 01/01/2012 TO 12/31/2012

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05/28/2013 09:18

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK  
APPLICABLE BOX

HOSPITAL (14-0093)       CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	6,370 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	11,162 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,614 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	21,196 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	461,538,665 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	17,272,848 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART VII

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

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

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,546,845			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	27,312,863			4
5	OTHER RECEIVABLES	3,317,411			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10,483,154			6
7	INVENTORY	2,004,842			7
8	PREPAID EXPENSES	619,921			8
9	OTHER CURRENT ASSETS	10,000			9
10	DUE FROM OTHER FUNDS	520,515			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	26,849,243			11
FIXED ASSETS					
12	LAND	2,237,638			12
13	LAND IMPROVEMENTS	1,374,548			13
14	ACCUMULATED DEPRECIATION	-1,202,028			14
15	BUILDINGS	26,094,955			15
16	ACCUMULATED DEPRECIATION	-13,608,656			16
17	LEASEHOLD IMPROVEMENTS	101,285			17
18	ACCUMULATED AMORTIZATION	-89,439			18
19	FIXED EQUIPMENT	9,770,053			19
20	ACCUMULATED DEPRECIATION	-7,952,316			20
21	AUTOMOBILES AND TRUCKS	206,767			21
22	ACCUMULATED DEPRECIATION	-175,714			22
23	MAJOR MOVABLE EQUIPMENT	29,564,063			23
24	ACCUMULATED DEPRECIATION	-23,153,472			24
25	MINOR EQUIPMENT DEPRECIABLE	792,390			25
26	ACCUMULATED DEPRECIATION	-556,317			26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE	92,058			29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	23,495,815			30
OTHER ASSETS					
31	INVESTMENTS	4,796,686			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	4,917,952			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	9,714,638			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	60,059,696			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	4,362,453			37
38	SALARIES, WAGES & FEES PAYABLE	3,294,621			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	160,340			40
41	DEFERRED INCOME	11			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	5,984,314			43
44	OTHER CURRENT LIABILITIES	1,965,214			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	15,766,953			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	301,126			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	296,352			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	597,478			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	16,364,431			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	43,695,265			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	43,695,265			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	60,059,696			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		35,220,896							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		2,620,196							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		37,841,092							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFERS FROM CORP	5,303,582								5
6 CONTRIBUTIONS-TEMPORARY REST	934,817								6
7 CONTRIBUTIONS-PERMANENT REST									7
8 ROUNDING									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		6,238,399							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		44,079,491							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 NET ASSETS RELEASED OPERATIO	330,367								13
14 TRANSFER TO UNRESTRICTED NET	53,858								14
15 ROUNDING	1								15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		384,226							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		43,695,265							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	41,062,591		41,062,591	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	41,062,591		41,062,591	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	41,062,591		41,062,591	18
19 ANCILLARY SERVICES	161,224,762	267,114,391	428,339,153	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	202,287,353	267,114,391	469,401,744	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		97,418,666	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38 ROUNDING ERROR	-5		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-5		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		97,418,661	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	469,401,744	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	373,254,859	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	96,146,885	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	97,418,661	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-1,271,776	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	360,444	6
7	INCOME FROM INVESTMENTS	280,301	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	95	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	449,971	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	3,643	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	41,518	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	177,608	22
23	GOVERNMENTAL APPROPRIATIONS	578,571	23
24			24
24.01	OTHER (OTHER OPERATING INCOME)	89,987	24.01
24.02	OTHER (ASSETS RELEASED FROM RESTRICTED)	330,367	24.02
24.03	OTHER (RETAIL PHARMACY)	1,488,241	24.03
24.04	OTHER (SILVER RECOVERY)	37,243	24.04
24.05	OTHER (DIETARY CATERING)	12,522	24.05
24.06	OTHER (WELLNESS CENTER)	29,390	24.06
24.07	OTHER (MANAGEMENT FEE)	12,071	24.07
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	3,891,972	25
26	TOTAL (LINE 5 PLUS LINE 25)	2,620,196	26
27			27
27.01	OTHER EXPENSES (NON OPERATING LOSSES)		27.01
27.02	OTHER EXPENSES (ROUNDING)		27.02
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	2,620,196	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER		1,457,111		1
3	CAPITAL DRG OUTLIER PAYMENTS		9,158		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		58.41		3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)				4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)				5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)				6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		0.0585		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		0.1902		8
10	SUM OF LINES 7 AND 8		0.2487		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		0.0517		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		75,333		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)		1,541,602		12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING RECEIVING AND STORE					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE AND GENER					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 ENDOSCOPY					50.01
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.02 MAMMOGRAPHY					54.02
55 RADIOLOGY-THERAPEUTIC					55
55.01 ONCOLOGY					55.01
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.01 CARDIOLOGY					69.01
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 APOTHECARY					192.01
192.02 REAL ESTATE					192.02

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED  
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2011.10  
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	45.62		11.26				56.88 30
31 INTENSIVE CARE UNIT	41.25		5.74				46.99 31
43 NURSERY			69.57				69.57 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	17.92	8.97					26.89 50
50.01 ENDOSCOPY	11.63	24.16					35.79 50.01
51 RECOVERY ROOM	16.87	8.55					25.42 51
52 DELIVERY ROOM & LABOR ROOM	0.70	0.35					1.05 52
53 ANESTHESIOLOGY	14.03	6.96					20.99 53
54 RADIOLOGY-DIAGNOSTIC	15.94	13.44					29.38 54
54.01 ULTRASOUND	0.69	13.65					14.34 54.01
54.02 MAMMOGRAPHY	0.07	17.07					17.14 54.02
55 RADIOLOGY-THERAPEUTIC	0.42	44.32					44.74 55
55.01 ONCOLOGY	0.80	43.71					44.51 55.01
56 RADIOISOTOPE	12.93	25.56					38.49 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	14.71	18.15					32.86 57
58 MAGNETIC RESONANCE IMAGING (MRI)	8.46	21.56					30.02 58
59 CARDIAC CATHETERIZATION	21.86	23.33					45.19 59
60 LABORATORY	23.22	0.80					24.02 60
63 BLOOD STORING, PROCESSING & TRA	28.59	18.96					47.55 63
65 RESPIRATORY THERAPY	29.79	13.43					43.22 65
66 PHYSICAL THERAPY	20.27						20.27 66
67 OCCUPATIONAL THERAPY	21.98						21.98 67
68 SPEECH PATHOLOGY	20.94						20.94 68
69 ELECTROCARDIOLOGY	27.83	16.58					44.41 69
69.01 CARDIOLOGY	33.04	14.68					47.72 69.01
71 MEDICAL SUPPLIES CHRGED TO PATI	26.58	9.53					36.11 71
72 IMPL. DEV. CHARGED TO PATIENT	40.01	6.28					46.29 72
73 DRUGS CHARGED TO PATIENTS	28.21	17.94					46.15 73
74 RENAL DIALYSIS	75.80	2.47					78.27 74
91 EMERGENCY	10.16	13.06					23.22 91
92 OBSERVATION BEDS	12.93	26.52					39.45 92
200 TOTAL CHARGES	19.40	13.92					33.32 200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	1,273,895	1.46	-1,273,895	-2.84		1
2	CAP REL COSTS-MVBLE EQUIP	3,687,594	4.22	-3,687,594	-8.23		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	10,451,671	11.97	-10,451,671	-23.34		4
5.01	NONPATIENT TELEPHONES	402,690	0.46	-402,690	-0.90		5.01
5.02	DATA PROCESSING	4,390,736	5.03	-4,390,736	-9.80		5.02
5.03	PURCHASING RECEIVING AND STORES	391,063	0.45	-391,063	-0.87		5.03
5.04	ADMITTING	1,009,710	1.16	-1,009,710	-2.25		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	2,882,803	3.30	-2,882,803	-6.44		5.05
5.06	OTHER ADMINISTRATIVE AND GENERA	7,937,671	9.09	-7,937,671	-17.72		5.06
6	MAINTENANCE & REPAIRS	2,739,329	3.14	-2,739,329	-6.12		6
7	OPERATION OF PLANT	1,000,803	1.15	-1,000,803	-2.23		7
8	LAUNDRY & LINEN SERVICE	385,505	0.44	-385,505	-0.86		8
9	HOUSEKEEPING	1,185,008	1.36	-1,185,008	-2.65		9
10	DIETARY	895,353	1.03	-895,353	-2.00		10
11	CAFETERIA	517,713	0.59	-517,713	-1.16		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	637,057	0.73	-637,057	-1.42		13
14	CENTRAL SERVICES & SUPPLY	1,480,710	1.70	-1,480,710	-3.31		14
15	PHARMACY	1,745,378	2.00	-1,745,378	-3.90		15
16	MEDICAL RECORDS & LIBRARY	1,044,467	1.20	-1,044,467	-2.33		16
17	SOCIAL SERVICE	726,248	0.83	-726,248	-1.62		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP						21
22	I&R SRVCES-OTHER PRGM COSTS APP						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	6,860,206	7.85	10,507,152	23.46	17,367,358	19.88
31	INTENSIVE CARE UNIT	1,998,186	2.29	1,877,379	4.19	3,875,565	4.44
43	NURSERY	356,401	0.41	393,852	0.88	750,253	0.86
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,190,314	1.36	2,092,489	4.67	3,282,803	3.76
50.01	ENDOSCOPY	1,074,613	1.23	1,419,717	3.17	2,494,330	2.86
51	RECOVERY ROOM	395,487	0.45	379,889	0.85	775,376	0.89
52	DELIVERY ROOM & LABOR ROOM	1,090,122	1.25	1,084,795	2.42	2,174,917	2.49
53	ANESTHESIOLOGY	46,401	0.05	249,398	0.56	295,799	0.34
54	RADIOLOGY-DIAGNOSTIC	1,135,748	1.30	1,573,765	3.51	2,709,513	3.10
54.01	ULTRASOUND	396,648	0.45	471,642	1.05	868,290	0.99
54.02	MAMMOGRAPHY	346,286	0.40	287,333	0.64	633,619	0.73
55	RADIOLOGY-THERAPEUTIC	764,786	0.88	1,172,127	2.62	1,936,913	2.22
55.01	ONCOLOGY	540,632	0.62	899,238	2.01	1,439,870	1.65
56	RADIOISOTOPE	418,632	0.48	344,126	0.77	762,758	0.87
57	COMPUTED TOMOGRAPHY (CT) SCAN	742,969	0.85	1,537,806	3.43	2,280,775	2.61
58	MAGNETIC RESONANCE IMAGING (MRI)	567,693	0.65	755,436	1.69	1,323,129	1.51
59	CARDIAC CATHETERIZATION	44,434	0.05	50,776	0.11	95,210	0.11
60	LABORATORY	4,256,064	4.87	2,268,322	5.06	6,524,386	7.47
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRA	508,942	0.58	171,948	0.38	680,890	0.78
65	RESPIRATORY THERAPY	1,213,646	1.39	1,050,968	2.35	2,264,614	2.59
66	PHYSICAL THERAPY	462,119	0.53	198,363	0.44	660,482	0.76
67	OCCUPATIONAL THERAPY	317,782	0.36	149,613	0.33	467,395	0.54
68	SPEECH PATHOLOGY	80,751	0.09	28,591	0.06	109,342	0.13
69	ELECTROCARDIOLOGY	134,676	0.15	161,812	0.36	296,488	0.34
69.01	CARDIOLOGY	605,227	0.69	604,935	1.35	1,210,162	1.39
71	MEDICAL SUPPLIES CHRGED TO PATI	1,410,699	1.62	2,102,939	4.70	3,513,638	4.02
72	IMPL. DEV. CHARGED TO PATIENT	1,374,632	1.57	1,130,729	2.52	2,505,361	2.87
73	DRUGS CHARGED TO PATIENTS	6,868,871	7.86	5,469,679	12.21	12,338,550	14.13
74	RENAL DIALYSIS	115,585	0.13	51,049	0.11	166,634	0.19
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC						90
91	EMERGENCY	3,111,815	3.56	4,393,680	9.81	7,505,495	8.59
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	75,521	0.09	72,323	0.16	147,844	0.17
192	PHYSICIANS' PRIVATE OFFICES	1,575,003	1.80	673,656	1.50	2,248,659	2.57
192.01	APOTHECARY	1,203,803	1.38	265,703	0.59	1,469,506	1.68
192.02	REAL ESTATE	208,945	0.24	437,963	0.98	646,908	0.74
192.03	FOUNDATION	272,452	0.31	183,210	0.41	455,662	0.52
192.04	OUTREACH PROGRAMS	792,856	0.91	273,001	0.61	1,065,857	1.22
192.05	UNASSIGNED						192.05

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
CMS-2552-10 - SUMMARY REPORT 98

VERSION: 2011.10  
05/28/2013 09:18

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---	
		AMOUNT	%	AMOUNT	%	AMOUNT	%
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL	87,344,351	100.00			87,344,351	100.00
							202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	380,279	18,611,531	0.020432	3,335,579	68,153	50
50.01 ENDOSCOPY	371,797	4,743,717	0.078377	551,808	43,249	50.01
51 RECOVERY ROOM	42,594	3,728,239	0.011425	629,005	7,186	51
52 DELIVERY ROOM & LABOR ROOM	159,057	3,451,291	0.046086	24,168	1,114	52
53 ANESTHESIOLOGY	94,249	5,042,771	0.018690	707,289	13,219	53
54 RADIOLOGY-DIAGNOSTIC	420,109	12,434,927	0.033785	1,982,580	66,981	54
54.01 ULTRASOUND	162,941	6,019,659	0.027068	41,583	1,126	54.01
54.02 MAMMOGRAPHY	71,199	1,877,454	0.037923	1,293	49	54.02
55 RADIOLOGY-THERAPEUTIC	477,181	11,836,917	0.040313	49,940	2,013	55
55.01 ONCOLOGY	333,978	5,524,138	0.060458	44,371	2,683	55.01
56 RADIOISOTOPE	59,412	4,654,779	0.012764	601,814	7,682	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	532,067	33,732,469	0.015773	4,960,793	78,247	57
58 MAGNETIC RESONANCE IMAGING (MRI)	429,430	12,459,765	0.034465	1,054,054	36,328	58
59 CARDIAC CATHETERIZATION	12,355	692,533	0.017840	151,406	2,701	59
60 LABORATORY	359,734	65,389,013	0.005501	15,181,272	83,512	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	17,025	3,061,533	0.005561	875,304	4,868	63
65 RESPIRATORY THERAPY	229,800	10,629,142	0.021620	3,166,556	68,461	65
66 PHYSICAL THERAPY	33,884	2,515,724	0.013469	510,015	6,869	66
67 OCCUPATIONAL THERAPY	25,279	1,603,021	0.015770	352,416	5,558	67
68 SPEECH PATHOLOGY	4,205	453,617	0.009270	94,965	880	68
69 ELECTROCARDIOLOGY	20,971	3,566,158	0.005881	992,395	5,836	69
69.01 CARDIOLOGY	181,851	8,583,685	0.021186	2,836,183	60,087	69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	326,055	24,422,769	0.013350	6,490,879	86,653	71
72 IMPL. DEV. CHARGED TO PATIENT	163,308	6,834,790	0.023894	2,734,763	65,344	72
73 DRUGS CHARGED TO PATIENTS	769,681	92,172,862	0.008350	26,002,855	217,124	73
74 RENAL DIALYSIS	8,746	342,553	0.025532	259,671	6,630	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	583,111	69,896,531	0.008342	7,103,306	59,256	91
92 OBSERVATION BEDS	161,265	5,696,438	0.028310	736,465	20,849	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	6,431,563	419,978,026		81,472,728	1,022,658	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			INPATIENT
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	COST	4	5	DAYS	COSTS
			3			6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	1,019,833		1,019,833	22,197	45.94	10,127	465,234 30
31 INTENSIVE CARE UNIT	206,419		206,419	2,509	82.27	1,035	85,149 31
200 TOTAL	1,226,252		1,226,252	24,706		11,162	550,383 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							550,383
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1,022,658
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1,573,041
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							2,869
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							11,162
PER DISCHARGE CAPITAL COSTS							548.29
PER DIEM CAPITAL COSTS							140.93

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	19,838,244
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	102,676,621
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.193

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	1,573,041
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.015

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	9,113,902
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	58,451,394
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.156