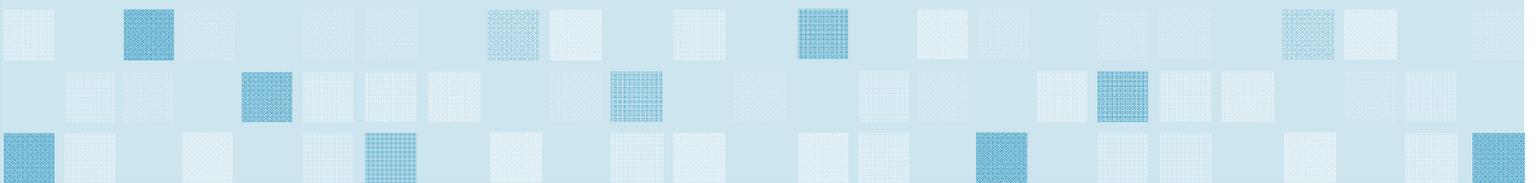


Presence St. Mary's Hospital

Medicare Cost Report

Fiscal Year Ended 12.31.2012



This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 140155 Period: From 01/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/23/2013 5:00 pm

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/23/2013 Time: 5:00 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter
 (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 WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE ST. MARY'S HOSPITAL (140155) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/23/2013 Time: 5:00 pm
 PfxsQZ0sGMr7EAKpNNqzNVCj5c4Ho0
 HnKCe0nfDAoHEJqsB8WLwxfnY1G0dc
 QVRW1g3rqP04eF3H
PI: Date: 5/23/2013 Time: 5:00 pm
 oorSWK2H0tkmkY.wPb9TpdP1udZdVO
 vR2340J86QXjBc8AJZ1shi z0kmNj s1
 d1dP011 3cj 0CDP4J

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-667,513	-42,254	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-667,513	-42,254	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140155		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 4:59 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 60901		4.00 County: KANKAKEE				
1.00	Street: 500 WEST COURT STREET	2.00 State: IL		3.00 Zip Code: 60901		4.00 County: KANKAKEE				
2.00	City: KANKAKEE									
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	PRESENCE ST. MARY'S HOSPITAL	140155	16974	1	07/01/1969	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	PROVENA ST. MARY S RENAL	142318	16974		07/01/1973				18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2012		12/31/2012		20.00
21.00	Type of Control (see instructions)					1				21.00
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,716	2,571	0	24	0	0			24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0			25.00
						Urban/Rural	S	Date of Geogr		
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0				35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 4:59 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1 / (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140155

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

Worksheet S-2
Part I
Date/Time Prepared:
5/23/2013 4:59 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 4:59 pm			
		1.00	2.00	3.00			
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00	
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00	
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00	97.00	
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 4:59 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	11,395,851		0
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	148003	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: PRESENCE HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 131	
142.00	Street: 100 NORTH RIVER ROAD	PO Box: 2952			
143.00	City: DES PLAINES	State: IL		Zip Code: 60016	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
				1.00	
				2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
				1.00	
				2.00	
				3.00	
				4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140155			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 4:59 pm		
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 4:59 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Description	Y/N	Date
			0	1.00	2.00
					3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/02/2013		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 4:59 pm
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	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00	21.00
		N			N	
						1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
			Y/N	Date		
			1.00	2.00		
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
			1.00	2.00		
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TOM		VERTIN		41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(815) 725-7133		THOMAS.VERTIN@PRESENCEHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 4:59 pm
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		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/02/2013		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIR. OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 140155		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part I Date/Time Prepared: 5/23/2013 4:59 pm	
Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips		
	1.00	2.00	3.00	4.00	Title V		5.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	156	57,096	0.00			1.00
2.00 HMO							2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF						0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		156	57,096	0.00		0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,856	0.00		0	8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	10	3,660	0.00		0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY	43.00					0	13.00
14.00 Total (see instructions)		182	66,612	0.00		0	14.00
15.00 CAH visits						0	15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)		182					27.00
28.00 Observation Bed Days						0	28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
33.00 LTCH non-covered days							33.00
Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
Component		Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
Component		6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	15,237	4,371	26,718				1.00
2.00 HMO	513	0					2.00
3.00 HMO IPF Subprovider	0	0					3.00
4.00 HMO IRF Subprovider	0	0					4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0				5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,237	4,371	26,718				7.00
8.00 INTENSIVE CARE UNIT	688	141	1,207				8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT	201	119	480				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY		506	1,135				13.00
14.00 Total (see instructions)	16,126	5,137	29,540	0.00	797.42		14.00
15.00 CAH visits	0	0	0				15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
25.00 CMHC - CMHC							25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140155

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2013 4:59 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	797.42	27.00
28.00	Observation Bed Days		275	1,936			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title VIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	3,221	1,141	6,336	1.00
2.00	HMO			106			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,221	1,141	6,336	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140155

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

Worksheet S-3 Part II Date/Time Prepared: 5/23/2013 4:59 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	41,250,932	-1,674,914	39,576,018	1,658,628.00	23.86
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		917,865	73,896	991,761	51,759.00	19.16
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		2,752,600	0	2,752,600	91,447.00	30.10
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		320,767	0	320,767	1,724.00	186.06
14.00	Home office salaries & wage-related costs		8,457,341	0	8,457,341	147,460.00	57.35
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		10,552,866	0	10,552,866		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		308,876	0	308,876		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	270,770	-260,244	10,526	420.00	25.06
27.00	Administrative & General	5.00	4,534,864	-1,033,170	3,501,694	125,909.00	27.81
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	825,184	0	825,184	40,377.00	20.44
31.00	Laundry & Linen Service	8.00	39,677	0	39,677	3,421.00	11.60
32.00	Housekeeping	9.00	683,159	0	683,159	54,763.00	12.47
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	807,083	-403,541	403,542	32,147.00	12.55
35.00	Dietary under contract (see instructions)		435,078	0	435,078	12,896.00	33.74
36.00	Cafeteria	11.00	0	403,541	403,541	32,146.00	12.55
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	759,770	0	759,770	19,830.00	38.31
39.00	Central Services and Supply	14.00	504,940	-3,140	501,800	33,841.00	14.83
40.00	Pharmacy	15.00	1,384,372	0	1,384,372	36,128.00	38.32

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HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140155

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2013 4:59 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	3.00	Adjusted Sal ari es (col . 2 ± col . 3)	4.00	Pai d Hours Related to Sal ari es in col . 4	5.00	Average Hourly Wage (col . 4 ÷ col . 5)	6.00
41.00	Medical Records & Medical Records Library	16.00	1,286,516	0	1,286,516	46,585.00	27.62	41.00		
42.00	Social Service	17.00	641,141	0	641,141	16,231.00	39.50	42.00		
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140155

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

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2013 4:59 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	41,686,010	-1,674,914	40,011,096	1,671,524.00	23.94	1.00
2.00	Excluded area salaries (see instructions)	917,865	73,896	991,761	51,759.00	19.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	40,768,145	-1,748,810	39,019,335	1,619,765.00	24.09	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,530,708	0	11,530,708	240,631.00	47.92	4.00
5.00	Subtotal wage-related costs (see inst.)	10,552,866	0	10,552,866	0.00	27.05	5.00
6.00	Total (sum of lines 3 thru 5)	62,851,719	-1,748,810	61,102,909	1,860,396.00	32.84	6.00
7.00	Total overhead cost (see instructions)	12,172,554	-1,296,554	10,876,000	454,694.00	23.92	7.00

Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2013 4:59 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	2,019,568	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	4,810,546	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	260,818	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	30,680	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	113,280	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	474,127	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,873,466	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	34,919	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	244,337	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,861,741	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/23/2013 4:59 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140155

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

Worksheet S-5

Date/Time Prepared:
5/23/2013 4:59 pm

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	3	0	0	3	6	7	1.00
2.00	Number of times per week patient receives dialysis	5.50	0.00	0.00	5.50	0.00	0.00	2.00
3.00	Average patient dialysis time including setup	0.00	0.00	0.00	0.00			3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	312	0					5.00
6.00	Number of stations	24	0	0	0			6.00
7.00	Treatment capacity per day per station	3	0					7.00
8.00	Utilization (see instructions)	0.00	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00
TRANSPLANT INFORMATION								
11.00	Number of patients on transplant list	0						11.00
12.00	Number of patients transplanted during the cost reporting period	0						12.00
EPOETIN								
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	1,301,469						13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0						14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	1						15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0						16.00
ARANESP								
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0						17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0						18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0						19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0						20.00
						MCP	INITIAL METHOD	
						1.00	2.00	
21.00	PHYSICIAN PAYMENT METHOD enter "X" if method(s) is applicable					X		21.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/23/2013 4:59 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.177604	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		17,607,900	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		94,830,117	6.00	
7.00	Medicaid cost (line 1 times line 6)		16,842,208	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	21,246,955	783,051	22,030,006	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,773,544	139,073	3,912,617	21.00
22.00	Partial payment by patients approved for charity care	462,411	144,703	607,114	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,311,133	-5,630	3,305,503	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		15,210,593	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		512,761	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		14,697,832	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,610,394	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		5,915,897	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,915,897	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140155

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

Worksheet A
Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		2,071,970	2,071,970	4,080,378	6,152,348	1.00
2.00	00200		0	0	3,612,329	3,612,329	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	270,770	10,888,039	11,158,809	-1,574	11,157,235	4.00
5.00	00500	4,534,864	18,533,060	23,067,924	-302,837	22,765,087	5.00
6.00	00600	0	0	0	0	0	6.00
7.00	00700	825,184	3,234,019	4,059,203	-749,134	3,310,069	7.00
7.01	00701	0	1,613,277	1,613,277	-265	1,613,012	7.01
8.00	00800	39,677	15,668	55,345	384,984	440,329	8.00
9.00	00900	683,159	498,599	1,181,758	-10,769	1,170,989	9.00
10.00	01000	807,083	1,113,829	1,920,912	-973,584	947,328	10.00
11.00	01100	0	0	0	947,331	947,331	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	759,770	113,944	873,714	-90,417	783,297	13.00
14.00	01400	217,994	739,062	957,056	-514,745	442,311	14.00
14.01	01401	286,946	303,755	590,701	-244,627	346,074	14.01
15.00	01500	1,384,372	7,709,231	9,093,603	-7,371,359	1,722,244	15.00
16.00	01600	1,286,516	669,345	1,955,861	-4,277	1,951,584	16.00
17.00	01700	641,141	172,554	813,695	0	813,695	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	111,505	-50,668	60,837	59,840	120,677	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,056,120	1,291,028	10,347,148	-1,105,278	9,241,870	30.00
31.00	03100	1,937,077	679,588	2,616,665	-100,944	2,515,721	31.00
34.00	03400	1,289,330	350,146	1,639,476	-58,785	1,580,691	34.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,634,792	6,792,565	8,427,357	-5,758,715	2,668,642	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	1,331,349	59,844	1,391,193	-51,998	1,339,195	51.00
51.01	05101	906,941	1,094,241	2,001,182	-18,199	1,982,983	51.01
52.02	05201	221,452	48,853	270,305	-17	270,288	52.02
52.04	05202	67,896	9,176	77,072	-113	76,959	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	288,246	16,440	304,686	-13,593	291,093	52.06
53.00	05300	30,846	4,274,521	4,305,367	-166,893	4,138,474	53.00
54.00	05400	2,685,730	2,008,641	4,694,371	-1,350,785	3,343,586	54.00
56.00	05600	481,947	560,142	1,042,089	-333,734	708,355	56.00
59.00	05900	529,373	2,084,214	2,613,587	-2,026,227	587,360	59.00
60.00	06000	0	5,220,925	5,220,925	-688,699	4,532,226	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	1,188,040	366,272	1,554,312	-2,226	1,552,086	65.00
66.00	06600	765,569	111,312	876,881	-29,103	847,778	66.00
66.01	03950	106,477	1,170,537	1,277,014	-194,933	1,082,081	66.01
67.00	06700	134,059	10,873	144,932	7,946	152,878	67.00
68.00	06800	123,116	1,764	124,880	2,730	127,610	68.00
69.00	06900	360,455	178,580	539,035	-55,314	483,721	69.00
70.00	07000	12,227	115,193	127,420	-6,149	121,271	70.00
71.00	07100	0	0	0	5,586,477	5,586,477	71.00
72.00	07200	0	0	0	4,578,870	4,578,870	72.00
73.00	07300	0	0	0	8,568,724	8,568,724	73.00
74.00	07400	1,635,749	3,283,206	4,918,955	-1,059,900	3,859,055	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	160,331	7,377	167,708	-165,158	2,550	76.97
OUTPATIENT SERVICE COST CENTERS							
90.01	04950	920,521	500,088	1,420,609	-82,811	1,337,798	90.01
91.00	09100	2,727,948	1,167,139	3,895,087	-483,712	3,411,375	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	4	4	-4	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		3,241,218	3,241,218	-3,241,218	0	113.00
118.00		40,444,572	82,269,571	122,714,143	571,513	123,285,656	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	75,164	32,808	107,972	-58	107,914	190.00
194.00	07950	722,221	2,221,024	2,943,245	-577,296	2,365,949	194.00
194.01	07951	8,975	750	9,725	5,841	15,566	194.01
200.00		41,250,932	84,524,153	125,775,085	0	125,775,085	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140155

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

Worksheet A
Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,201,461	3,950,887	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,513,567	6,125,896	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	302,623	11,459,858	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,226,174	18,538,913	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	3,310,069	7.00
7.01	00701	BIO MED	0	1,613,012	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	-2,509	437,820	8.00
9.00	00900	HOUSEKEEPING	0	1,170,989	9.00
10.00	01000	DIETARY	0	947,328	10.00
11.00	01100	CAFETERIA	-402,481	544,850	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	783,297	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-4,131	438,180	14.00
14.01	01401	STERILE PROCESSING	0	346,074	14.01
15.00	01500	PHARMACY	-905	1,721,339	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-200	1,951,384	16.00
17.00	01700	SOCIAL SERVICE	0	813,695	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	120,677	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,164	9,237,706	30.00
31.00	03100	INTENSIVE CARE UNIT	341,323	2,857,044	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-478,289	1,102,402	34.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,245	2,662,397	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,339,195	51.00
51.01	05101	OP ONCOLOGY	-721,211	1,261,772	51.01
52.02	05201	SUBSTANCE ABUSE	-758	269,530	52.02
52.04	05202	DIABETES EDUCATION	0	76,959	52.04
52.05	05203	PODIATRY	0	0	52.05
52.06	05204	INFUSION CLINIC	0	291,093	52.06
53.00	05300	ANESTHESIOLOGY	0	4,138,474	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-49,537	3,294,049	54.00
56.00	05600	RADIOISOTOPE	0	708,355	56.00
59.00	05900	CARDIAC CATHETERIZATION	-6,253	581,107	59.00
60.00	06000	LABORATORY	-89,977	4,442,249	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-2,278	1,549,808	65.00
66.00	06600	PHYSICAL THERAPY	0	847,778	66.00
66.01	03950	WOUND CARE	0	1,082,081	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	152,878	67.00
68.00	06800	SPEECH PATHOLOGY	0	127,610	68.00
69.00	06900	ELECTROCARDIOLOGY	-8,501	475,220	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	121,271	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	5,586,477	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,578,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,568,724	73.00
74.00	07400	RENAL DIALYSIS	-77,247	3,781,808	74.00
76.00	03951	OTHER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,550	76.97
OUTPATIENT SERVICE COST CENTERS					
90.01	04950	OCCUPATIONAL HEALTH	-227,056	1,110,742	90.01
91.00	09100	EMERGENCY	-417,563	2,993,812	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-5,769,427	117,516,229	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	107,914	190.00
194.00	07950	OTHER NRCC	0	2,365,949	194.00
194.01	07951	SISTERS RESIDENCE	0	15,566	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-5,769,427	120,005,658	200.00

RECLASSIFICATIONS

Provider CCN: 140155

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

Worksheet A-6

Date/Time Prepared:
5/23/2013 4:59 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	10,165,347	1.00
2.00	NURSING ADMINISTRATION	13.00	0	7,223	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
TOTALS			0	10,172,570	
B - DRUGS					
1.00		0.00	0	0	1.00
9.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,013,837	9.00
10.00	EMPLOYEE BENEFITS	4.00	0	1	10.00
11.00	STERILE PROCESSING	14.01	0	110	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	171	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
TOTALS			0	8,014,119	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	679,467	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,612,329	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
TOTALS			0	4,291,796	
D - REHAB RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	11,002	872	1.00
2.00	SPEECH PATHOLOGY	68.00	2,638	209	2.00
TOTALS			13,640	1,081	
E - CARDIAC REHAB RECLASS					
1.00	RESPIRATORY THERAPY	65.00	157,413	3,667	1.00
TOTALS			157,413	3,667	
F - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,241,218	1.00
TOTALS			0	3,241,218	
G - CAFETERIA					
1.00	CAFETERIA	11.00	403,541	543,790	1.00
TOTALS			403,541	543,790	
I - CAPITAL INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	159,504	1.00
TOTALS			0	159,504	
J - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,578,870	1.00
TOTALS			0	4,578,870	
K - EMT TRAINERS					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	70,446	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
TOTALS			70,446	0	
L - CORP SERV					
1.00		0.00	0	0	1.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	1,029,681	3.00
4.00	EMPLOYEE BENEFITS	4.00	0	260,244	4.00
TOTALS			0	1,289,925	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
M - LINEN SERVICE					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	384,989	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
TOTALS			0	384,989	
N - IV THERAPY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	485,653	69,234	1.00
TOTALS			485,653	69,234	
O - BOURBONNAIS SPACE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	189	1.00
TOTALS			0	189	
P - SISTERS RESIDENCE					
1.00	SISTERS RESIDENCE	194.01	3,489	3,102	1.00
TOTALS			3,489	3,102	
500.00	Grand Total: Increases		1,134,182	32,754,054	500.00

RECLASSIFICATIONS

Provider CCN: 140155

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

Worksheet A-6
Date/Time Prepared:
5/23/2013 4:59 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - SUPPLIES RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	737	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	12,950	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	1,796	0	3.00	
4.00	BIO MED	7.01	0	16	0	4.00	
5.00	LAUNDRY & LINEN SERVICE	8.00	0	5	0	5.00	
6.00	HOUSEKEEPING	9.00	0	4,877	0	6.00	
7.00	DIETARY	10.00	0	5,640	0	7.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	338,835	0	9.00	
10.00	STERILE PROCESSING	14.01	0	101,644	0	10.00	
11.00	PHARMACY	15.00	0	9,133	0	11.00	
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	20	0	12.00	
13.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	1,675	0	13.00	
14.00	ADULTS & PEDIATRICS	30.00	0	190,097	0	14.00	
15.00	INTENSIVE CARE UNIT	31.00	0	42,237	0	15.00	
16.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	25,754	0	16.00	
17.00	OPERATING ROOM	50.00	0	5,195,646	0	17.00	
18.00	RECOVERY ROOM	51.00	0	18,934	0	18.00	
19.00	OP ONCOLOGY	51.01	0	12,062	0	19.00	
20.00	SUBSTANCE ABUSE	52.02	0	17	0	20.00	
21.00	DIABETES EDUCATION	52.04	0	113	0	21.00	
22.00	INFUSION CLINIC	52.06	0	5,573	0	22.00	
23.00	ANESTHESIOLOGY	53.00	0	93,339	0	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	208,655	0	24.00	
25.00	RADIOISOTOPE	56.00	0	5,609	0	25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	1,833,588	0	26.00	
27.00	LABORATORY	60.00	0	561,342	0	27.00	
28.00	RESPIRATORY THERAPY	65.00	0	100,709	0	28.00	
29.00	PHYSICAL THERAPY	66.00	0	4,352	0	29.00	
30.00	WOUND CARE	66.01	0	166,180	0	30.00	
31.00	OCCUPATIONAL THERAPY	67.00	0	3,901	0	31.00	
32.00	SPEECH PATHOLOGY	68.00	0	117	0	32.00	
33.00	ELECTROCARDIOLOGY	69.00	0	15,270	0	33.00	
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	673	0	34.00	
35.00	RENAL DIALYSIS	74.00	0	983,836	0	35.00	
36.00	CARDIAC REHABILITATION	76.97	0	1,044	0	36.00	
37.00	OCCUPATIONAL HEALTH	90.01	0	11,358	0	37.00	
38.00	EMERGENCY	91.00	0	211,015	0	38.00	
39.00	GIFT FLOWER COFFEE SHOP & CAN	190.00	0	58	0	39.00	
40.00	OTHER NRCC	194.00	0	3,763	0	40.00	
TOTALS			0	10,172,570			
B - DRUGS							
1.00		0.00	0	0	0	1.00	
9.00	ADMINISTRATIVE & GENERAL	5.00	0	981	0	9.00	
10.00	BIO MED	7.01	0	12	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	110	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	175,380	0	12.00	
13.00	PHARMACY	15.00	0	7,355,410	0	13.00	
14.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	5,899	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	28,110	0	15.00	
16.00	INTENSIVE CARE UNIT	31.00	0	6,997	0	16.00	
17.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	4,984	0	17.00	
18.00	OPERATING ROOM	50.00	0	63,922	0	18.00	
19.00	RECOVERY ROOM	51.00	0	1,357	0	19.00	
20.00	OP ONCOLOGY	51.01	0	3,706	0	20.00	
21.00	INFUSION CLINIC	52.06	0	3,953	0	21.00	
22.00	ANESTHESIOLOGY	53.00	0	26,959	0	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,502	0	23.00	
24.00	RADIOISOTOPE	56.00	0	150,467	0	24.00	
25.00	LABORATORY	60.00	0	1	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	1,707	0	26.00	
27.00	PHYSICAL THERAPY	66.00	0	53	0	27.00	
28.00	WOUND CARE	66.01	0	22,267	0	28.00	
29.00	OCCUPATIONAL THERAPY	67.00	0	27	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	2,477	0	30.00	
31.00	OCCUPATIONAL HEALTH	90.01	0	28,287	0	31.00	
32.00	EMERGENCY	91.00	0	96,582	0	32.00	
33.00	AMBULANCE SERVICES	95.00	0	4	0	33.00	
34.00	OTHER NRCC	194.00	0	20,965	0	34.00	
TOTALS			0	8,014,119			

RECLASSIFICATIONS

Provider CCN: 140155

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

Worksheet A-6
Date/Time Prepared:
5/23/2013 4:59 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
C - DEPRECIATION							
1.00	EMPLOYEE BENEFITS	4.00	0	838	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	122,811	9		2.00
3.00	OPERATION OF PLANT	7.00	0	747,338	9		3.00
4.00	BIO MED	7.01	0	237	9		4.00
5.00	HOUSEKEEPING	9.00	0	5,892	9		5.00
6.00	DIETARY	10.00	0	20,613	9		6.00
7.00	NURSING ADMINISTRATION	13.00	0	97,530	9		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	530	9		8.00
9.00	STERILE PROCESSING	14.01	0	139,953	9		9.00
10.00	PHARMACY	15.00	0	6,816	9		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,257	9		11.00
12.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	3,032	9		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	173,695	9		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	22,172	9		14.00
15.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	12,232	9		15.00
16.00	OPERATING ROOM	50.00	0	451,143	9		16.00
17.00	RECOVERY ROOM	51.00	0	4,500	9		17.00
18.00	OP ONCOLOGY	51.01	0	776	9		18.00
19.00	INFUSION CLINIC	52.06	0	3,100	9		19.00
20.00	ANESTHESIOLOGY	53.00	0	46,595	9		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,098,492	9		21.00
22.00	RADIOISOTOPE	56.00	0	174,885	9		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	184,838	9		23.00
24.00	LABORATORY	60.00	0	127,356	9		24.00
25.00	RESPIRATORY THERAPY	65.00	0	53,666	9		25.00
26.00	PHYSICAL THERAPY	66.00	0	9,844	9		26.00
27.00	WOUND CARE	66.01	0	598	9		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	35,350	9		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,828	9		29.00
30.00	RENAL DIALYSIS	74.00	0	74,063	9		30.00
31.00	CARDIAC REHABILITATION	76.97	0	2,961	9		31.00
32.00	OCCUPATIONAL HEALTH	90.01	0	41,109	9		32.00
33.00	EMERGENCY	91.00	0	68,467	9		33.00
34.00	OTHER NRCC	194.00	0	552,529	9		34.00
35.00	SI SISTERS RESIDENCE	194.01	0	750	9		35.00
TOTALS			0	4,291,796			
D - REHAB RECLASS							
1.00	PHYSICAL THERAPY	66.00	13,640	1,081	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			13,640	1,081			
E - CARDIAC REHAB RECLASS							
1.00	CARDIAC REHABILITATION	76.97	157,413	3,667	0		1.00
TOTALS			157,413	3,667			
F - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	3,241,218	11		1.00
TOTALS			0	3,241,218			
G - CAFETERIA							
1.00	DIETARY	10.00	403,541	543,790	0		1.00
TOTALS			403,541	543,790			
I - CAPITAL INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	159,504	11		1.00
TOTALS			0	159,504			
J - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	4,578,870	0		1.00
TOTALS			0	4,578,870			
K - EMT TRAINERS							
1.00	ADULTS & PEDIATRICS	30.00	6,354	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	6,783	0	0		2.00
3.00	OPERATING ROOM	50.00	6,533	0	0		3.00
4.00	RECOVERY ROOM	51.00	4,907	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	1,943	0	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	2,712	0	0		6.00
7.00	RESPIRATORY THERAPY	65.00	4,659	0	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	2,217	0	0		8.00
9.00	RENAL DIALYSIS	74.00	2,001	0	0		9.00
10.00	EMERGENCY	91.00	32,337	0	0		10.00
TOTALS			70,446	0			
L - CORP SERV							
1.00		0.00	0	0	0		1.00
3.00	ADMINISTRATIVE & GENERAL	5.00	1,029,681	0	0		3.00
4.00	EMPLOYEE BENEFITS	4.00	260,244	0	0		4.00
TOTALS			1,289,925	0			

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
M - LINEN SERVICE						
1.00	STERILE PROCESSING	14.01	3,140	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	152,135	0	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	22,755	0	0	3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	15,815	0	0	4.00
5.00	OPERATING ROOM	50.00	41,471	0	0	5.00
6.00	RECOVERY ROOM	51.00	22,300	0	0	6.00
7.00	OP ONCOLOGY	51.01	1,466	0	0	7.00
8.00	INFUSION CLINIC	52.06	967	0	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	28,193	0	0	9.00
10.00	RADIOISOTOPE	56.00	2,773	0	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	5,260	0	0	11.00
12.00	RESPIRATORY THERAPY	65.00	2,565	0	0	12.00
13.00	PHYSICAL THERAPY	66.00	133	0	0	13.00
14.00	WOUND CARE	66.01	5,888	0	0	14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	2,648	0	0	15.00
16.00	CARDIAC REHABILITATION	76.97	73	0	0	16.00
17.00	OCCUPATIONAL HEALTH	90.01	2,057	0	0	17.00
18.00	EMERGENCY	91.00	75,311	0	0	18.00
19.00	OTHER NRCC	194.00	39	0	0	19.00
	TOTALS		384,989	0		
N - IV THERAPY						
1.00	ADULTS & PEDIATRICS	30.00	485,653	69,234	0	1.00
	TOTALS		485,653	69,234		
O - BOURBONNAIS SPACE						
1.00	OP ONCOLOGY	51.01	0	189	10	1.00
	TOTALS		0	189		
P - SISTERS RESIDENCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,489	3,102	0	1.00
	TOTALS		3,489	3,102		
500.00	Grand Total: Decreases		2,809,096	31,079,140		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140155

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

Worksheet A-7
Part I
Date/Time Prepared:
5/23/2013 4:59 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,113,245	0	0	0	1.00
2.00	Land Improvements	1,933,152	0	0	0	2.00
3.00	Buildings and Fixtures	85,070,827	1,291,232	0	1,291,232	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	41,911,728	953,406	0	953,406	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	134,028,952	2,244,638	0	2,244,638	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	134,028,952	2,244,638	0	2,244,638	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,113,245	0			1.00
2.00	Land Improvements	1,933,152	0			2.00
3.00	Buildings and Fixtures	86,350,959	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	42,667,579	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	136,064,935	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	136,064,935	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140155

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

Worksheet A-7
Part II
Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,071,970	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,071,970	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,071,970				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,071,970				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140155

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

Worksheet A-7
Part III
Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	93,397,356	0	93,397,356	0.686418	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	42,667,579	0	42,667,579	0.313582	0	2.00
3.00	Total (sum of lines 1-2)	136,064,935	0	136,064,935	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,751,437	189	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,125,896	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,877,333	189	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	3,168,802	-1,105,849	0	-863,692	3,950,887	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,125,896	2.00
3.00	Total (sum of lines 1-2)	3,168,802	-1,105,849	0	-863,692	10,076,783	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-231,920	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-147,261	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,505,100			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,198,484			0	12.00
13.00 Laundry and linen service	B	-2,509	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-396,652	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-200	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-5,829	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
33.00 RADIOLOGY OTHER OPER INCOME	B	-29,736	RADIOLOGY-DIAGNOSTIC		54.00	0	33.00
35.00 OTHER OPER INC 211077000 651900	B	-112,183	ADMINISTRATIVE & GENERAL		5.00	0	35.00
36.00 OB NURSERY PHOTOS & OTHER OPER	B	-795	ADULTS & PEDIATRICS		30.00	0	36.00
38.00 VOLUNTEER HOURS CONTRIBUTION	B	-336,311	ADMINISTRATIVE & GENERAL		5.00	0	38.00
39.00 REAL ESTATE TAXES 211085000 772	A	-27,000	ADMINISTRATIVE & GENERAL		5.00	0	39.00
40.00 MEDICAL AFFAIRS ADJUSTMENT	A	-225,695	ADMINISTRATIVE & GENERAL		5.00	0	40.00
41.00 MARKETING EXPENSES	A	-632,211	ADMINISTRATIVE & GENERAL		5.00	0	41.00
42.00 MARKETING DEPRECIATION	A	-10,849	CAP REL COSTS-MVBLE EQUIP		2.00	9	42.00
42.10 AHA DUES	A	-30,881	ADMINISTRATIVE & GENERAL		5.00	0	42.10
42.30 ADMIN NON-ALLOWABLE EXP	A	-172	ADMINISTRATIVE & GENERAL		5.00	0	42.30
42.40 ADMIN MISC. EXP	A	-666	ADMINISTRATIVE & GENERAL		5.00	0	42.40
43.10 MISC INCOME 211061300 651900	B	-4,131	CENTRAL SERVICES & SUPPLY		14.00	0	43.10
43.20 MISC INCOME 211063700 651900	B	-905	PHARMACY		15.00	0	43.20
43.30 MISC INCOME 211065100 651900	B	-6,245	OPERATING ROOM		50.00	0	43.30
45.00 OFFSET RENTAL INCOME	B	-863,692	CAP REL COSTS-BLDG & FIXT		1.00	14	45.00
46.00		0			0.00	0	46.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,769,427					50.00

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

Provider CCN: 140155

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

Worksheet A-8-1

Date/Time Prepared: 5/23/2013 4:59 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAI MED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS	CBO	2,086,970	1,784,347 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	ADMIN	8,766,973	11,453,877 2.00
3.00	31.00	INTENSIVE CARE UNIT	EICU	341,323	0 3.00
4.00	34.00	SURGICAL INTENSIVE CARE UNIT	EICU	341,323	819,612 4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	CPACS	267,407	287,208 4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	DEPR	2,524,416	0 4.02
4.03	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	2,001,179	3,107,028 4.03
4.04	69.00	ELECTROCARDIOLOGY	EKG	114,811	123,312 4.04
4.05	60.00	LABORATORY	ALVERNO LAB	4,398,740	4,466,242 4.05
5.00	0		0	20,843,142	22,041,626 5.00

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

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

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	PROVENA HEALTH	100.00	PROVENA HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140155

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2013 4:59 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	53,300	0	53,300	177,200	310	1.00
2.00	30.00	ADULTS & PEDIATRICS	7,703	0	7,703	138,700	65	2.00
3.00	52.02	SUBSTANCE ABUSE	4,758	0	4,758	208,000	40	3.00
4.00	51.01	OP ONCOLOGY	726,919	716,944	9,975	177,200	67	4.00
5.00	59.00	CARDIAC CATHETERIZATION	13,750	0	13,750	177,200	88	5.00
6.00	60.00	LABORATORY	54,000	16,000	38,000	215,700	304	6.00
7.00	65.00	RESPIRATORY THERAPY	7,219	0	7,219	177,200	58	7.00
8.00	90.01	OCCUPATIONAL HEALTH	227,056	227,056	0	0	0	8.00
9.00	74.00	RENAL DIALYSIS	110,247	5,376	104,871	208,000	330	9.00
10.00	91.00	EMERGENCY	457,007	375,814	81,193	177,200	463	10.00
200.00			1,661,959	1,341,190	320,769		1,725	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	26,410	1,321	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	4,334	217	0	0	0	2.00
3.00	52.02	SUBSTANCE ABUSE	4,000	200	0	0	0	3.00
4.00	51.01	OP ONCOLOGY	5,708	285	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	7,497	375	0	0	0	5.00
6.00	60.00	LABORATORY	31,525	1,576	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	4,941	247	0	0	0	7.00
8.00	90.01	OCCUPATIONAL HEALTH	0	0	0	0	0	8.00
9.00	74.00	RENAL DIALYSIS	33,000	1,650	0	0	0	9.00
10.00	91.00	EMERGENCY	39,444	1,972	0	0	0	10.00
200.00			156,859	7,843	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	26,410	26,890	26,890		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	4,334	3,369	3,369		2.00
3.00	52.02	SUBSTANCE ABUSE	0	4,000	758	758		3.00
4.00	51.01	OP ONCOLOGY	0	5,708	4,267	721,211		4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	7,497	6,253	6,253		5.00
6.00	60.00	LABORATORY	0	31,525	6,475	22,475		6.00
7.00	65.00	RESPIRATORY THERAPY	0	4,941	2,278	2,278		7.00
8.00	90.01	OCCUPATIONAL HEALTH	0	0	0	227,056		8.00
9.00	74.00	RENAL DIALYSIS	0	33,000	71,871	77,247		9.00
10.00	91.00	EMERGENCY	0	39,444	41,749	417,563		10.00
200.00			0	156,859	163,910	1,505,100		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,950,887	3,950,887			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,125,896		6,125,896		2.00
4.00 00400	EMPLOYEE BENEFITS	11,459,858	45,814	1,625	11,507,297	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	18,538,913	170,752	282,187	1,018,440	20,010,292
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	3,310,069	1,039,576	697,503	239,998	5,287,146
7.01 00701	BIO MED	1,613,012	4,552	895	0	1,618,459
8.00 00800	LAUNDRY & LINEN SERVICE	437,820	11,117	0	11,540	460,477
9.00 00900	HOUSEKEEPING	1,170,989	11,502	13,839	198,691	1,395,021
10.00 01000	DIETARY	947,328	76,969	42,187	117,367	1,183,851
11.00 01100	CAFETERIA	544,850	42,060	0	117,367	704,277
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	783,297	5,871	193,121	220,973	1,203,262
14.00 01400	CENTRAL SERVICES & SUPPLY	438,180	76,266	6,064	63,402	583,912
14.01 01401	STERILE PROCESSING	346,074	69,279	266,497	82,543	764,393
15.00 01500	PHARMACY	1,721,339	19,567	13,636	402,634	2,157,176
16.00 01600	MEDICAL RECORDS & LIBRARY	1,951,384	65,987	13,324	374,173	2,404,868
17.00 01700	SOCIAL SERVICE	813,695	2,887	0	186,471	1,003,053
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	120,677	1,925	1,587	52,919	177,108
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9,237,706	474,200	345,127	2,446,544	12,503,577
31.00 03100	INTENSIVE CARE UNIT	2,857,044	70,078	54,951	554,792	3,536,865
34.00 03400	SURGICAL INTENSIVE CARE UNIT	1,102,402	55,823	16,006	370,392	1,544,623
43.00 04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,662,397	112,417	892,573	461,505	4,128,892
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00 05100	RECOVERY ROOM	1,339,195	41,646	6,455	379,299	1,766,595
51.01 05101	OP ONCOLOGY	1,261,772	280,435	2,648	263,350	1,808,205
52.02 05201	SUBSTANCE ABUSE	269,530	47,296	0	64,408	381,234
52.04 05202	DIABETES EDUCATION	76,959	9,788	0	19,747	106,494
52.05 05203	PODIATRY	0	0	0	0	0
52.06 05204	INFUSION CLINIC	291,093	22,772	6,703	83,553	404,121
53.00 05300	ANESTHESIOLOGY	4,138,474	2,984	65,630	8,971	4,216,059
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,294,049	138,990	1,213,554	772,358	5,418,951
56.00 05600	RADIO SOTOPE	708,355	17,324	437,529	139,364	1,302,572
59.00 05900	CARDIAC CATHETERIZATION	581,107	38,836	466,468	151,645	1,238,056
60.00 06000	LABORATORY	4,442,249	113,908	391,802	0	4,947,959
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,549,808	26,622	84,393	389,213	2,050,036
66.00 06600	PHYSICAL THERAPY	847,778	71,627	21,776	218,654	1,159,835
66.01 03950	WOUND CARE	1,082,081	31,675	1,268	29,256	1,144,280
67.00 06700	OCCUPATIONAL THERAPY	152,878	3,908	0	42,190	198,976
68.00 06800	SPEECH PATHOLOGY	127,610	2,310	150	36,575	166,645
69.00 06900	ELECTROCARDIOLOGY	475,220	29,201	69,478	104,191	678,090
70.00 07000	ELECTROENCEPHALOGRAPHY	121,271	7,690	5,319	2,786	137,066
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	5,586,477	0	0	0	5,586,477
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,578,870	0	0	0	4,578,870
73.00 07300	DRUGS CHARGED TO PATIENTS	8,568,724	0	0	141,248	8,709,972
74.00 07400	RENAL DIALYSIS	3,781,808	128,249	129,628	475,163	4,514,848
76.00 03951	OTHER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	2,550	66,382	10,736	827	80,495
OUTPATIENT SERVICE COST CENTERS						
90.01 04950	OCCUPATIONAL HEALTH	1,110,742	76,998	4,228	267,128	1,459,096
91.00 09100	EMERGENCY	2,993,812	98,345	235,775	762,093	4,090,025
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	117,516,229	3,613,628	5,994,662	11,271,770	116,812,209
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	107,914	0	0	21,861	129,775
194.00 07950	OTHER NRCC	2,365,949	253,919	129,823	210,041	2,959,732
194.01 07951	SISTERS RESIDENCE	15,566	83,340	1,411	3,625	103,942
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0

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COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/23/2013 4:59 pm				
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal			
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00	4A			
202.00	TOTAL (sum lines 118-201)	120,005,658	3,950,887	6,125,896	11,507,297	120,005,658	202.00	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE		
		5.00	6.00	7.00	7.01	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	20,010,292				5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	1,058,021	0	6,345,167		7.00	
7.01	00701	BIO MED	323,873	0	10,719	1,953,051	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	92,147	0	26,175	0	578,799	8.00
9.00	00900	HOUSEKEEPING	279,160	0	27,082	0	0	9.00
10.00	01000	DIETARY	236,903	0	181,234	0	0	10.00
11.00	01100	CAFETERIA	140,934	0	99,036	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	240,787	0	13,824	22,010	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	116,848	0	179,580	0	0	14.00
14.01	01401	STERILE PROCESSING	152,964	0	163,127	197,641	0	14.01
15.00	01500	PHARMACY	431,677	0	46,073	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	481,243	0	155,376	0	0	16.00
17.00	01700	SOCIAL SERVICE	200,723	0	6,799	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	35,441	0	4,533	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,502,135	0	1,116,574	360,245	217,184	30.00
31.00	03100	INTENSIVE CARE UNIT	707,769	0	165,008	0	33,182	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	309,098	0	131,444	0	22,384	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	826,241	0	264,701	1,348	74,381	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	353,517	0	98,062	0	36,776	51.00
51.01	05101	OP ONCOLOGY	361,844	0	660,325	20,662	1,797	51.01
52.02	05201	SUBSTANCE ABUSE	76,289	0	111,365	0	0	52.02
52.04	05202	DIABETES EDUCATION	21,311	0	23,048	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	80,869	0	53,620	8,534	1,158	52.06
53.00	05300	ANESTHESIOLOGY	843,684	0	7,025	119,932	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,084,397	0	327,273	59,292	37,631	54.00
56.00	05600	RADIOISOTOPE	260,660	0	40,793	0	3,359	56.00
59.00	05900	CARDIAC CATHETERIZATION	247,750	0	91,444	67,378	7,659	59.00
60.00	06000	LABORATORY	990,146	0	268,214	85,345	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	410,237	0	62,685	13,026	2,220	65.00
66.00	06600	PHYSICAL THERAPY	232,097	0	168,656	0	6,712	66.00
66.01	03950	WOUND CARE	228,984	0	74,583	0	6,422	66.01
67.00	06700	OCCUPATIONAL THERAPY	39,817	0	9,201	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	33,348	0	5,439	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	135,694	0	68,759	6,738	3,547	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,429	0	18,108	0	636	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,117,921	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	916,287	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,742,970	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	903,475	0	301,981	190,454	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	16,108	0	156,305	177,877	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	04950	OCCUPATIONAL HEALTH	291,983	0	181,302	0	2,643	90.01
91.00	09100	EMERGENCY	818,463	0	231,568	527,342	105,052	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,371,244	0	5,551,041	1,857,824	562,743	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	25,970	0	0	0	0	190.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
194.00	07950	OTHER NRCC	592,278	0	597,889	95,227	16,056	194.00
194.01	07951	SISTERS RESIDENCE	20,800	0	196,237	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,010,292	0	6,345,167	1,953,051	578,799	202.00
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,701,263					9.00
10.00	01000	DIETARY	91,765	1,693,753				10.00
11.00	01100	CAFETERIA	0	0	944,247			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	28,303	0	16,605	0	1,524,791	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,913	0	12,856	0	0	14.00
14.01	01401	STERILE PROCESSING	26,388	0	15,481	0	0	14.01
15.00	01500	PHARMACY	51,565	0	30,252	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	66,491	0	39,008	0	96,550	16.00
17.00	01700	SOCIAL SERVICE	23,166	0	13,591	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	4,887	0	2,867	0	7,096	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	439,396	1,593,159	257,780	0	638,038	30.00
31.00	03100	INTENSIVE CARE UNIT	88,044	71,972	51,653	0	127,847	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	52,964	28,622	31,073	0	76,908	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77,698	0	45,583	0	112,019	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	55,766	0	32,716	0	80,977	51.00
51.01	05101	OP ONCOLOGY	27,680	0	16,239	0	40,193	51.01
52.02	05201	SUBSTANCE ABUSE	12,723	0	7,464	0	0	52.02
52.04	05202	DIABETES EDUCATION	2,855	0	1,675	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	10,452	0	6,132	0	15,177	52.06
53.00	05300	ANESTHESIOLOGY	2,785	0	1,634	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	142,035	0	83,328	0	0	54.00
56.00	05600	RADIOISOTOPE	6,530	0	3,831	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	20,058	0	11,767	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	52,408	0	30,746	0	0	65.00
66.00	06600	PHYSICAL THERAPY	33,824	0	19,844	0	0	66.00
66.01	03950	WOUND CARE	15,375	0	9,020	0	22,326	66.01
67.00	06700	OCCUPATIONAL THERAPY	5,925	0	3,476	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,418	0	2,005	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,711	0	9,804	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	437	0	256	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	83,999	0	49,280	0	121,974	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,969	0	3,502	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	04950	OCCUPATIONAL HEALTH	36,132	0	21,198	0	0	90.01
91.00	09100	EMERGENCY	127,876	0	75,021	0	185,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,635,538	1,693,753	905,687	0	1,524,791	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	9,130	0	5,357	0	0	190.00

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COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140155		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/23/2013 4:59 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
194.00	07950	OTHER NRCC	56,595	0	33,203	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,701,263	1,693,753	944,247	0	1,524,791	202.00
Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	915,109					14.00
14.01	01401	STERILE PROCESSING	58,547	1,378,541				14.01
15.00	01500	PHARMACY	22,386	0	2,739,129			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	39,826	0	0	3,283,362		16.00
17.00	01700	SOCIAL SERVICE	739	0	0	0	1,248,071	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-(SPECIFY)	15,176	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	107,393	33,635	0	2,528,517	944,450	30.00
31.00	03100	INTENSIVE CARE UNIT	10,166	0	0	356,573	133,158	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,190	0	0	234,104	87,488	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	166,307	1,235,114	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	6,609	0	0	0	0	51.00
51.01	05101	OP ONCOLOGY	9,845	0	0	0	0	51.01
52.02	05201	SUBSTANCE ABUSE	4,260	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	1,083	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	873	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	3,320	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,386	4,379	0	0	0	54.00
56.00	05600	RADIOISOTOPE	65	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	67,084	7,463	0	0	0	59.00
60.00	06000	LABORATORY	30,358	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	25,150	1,535	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,596	0	0	0	0	66.00
66.01	03950	WOUND CARE	4,565	66,987	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	993	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,331	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	12,373	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,942	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,739,129	0	0	73.00
74.00	07400	RENAL DIALYSIS	77,119	0	0	164,168	82,975	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	04950	OCCUPATIONAL HEALTH	21,611	2,403	0	0	0	90.01
91.00	09100	EMERGENCY	34,633	27,025	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	885,032	1,378,541	2,739,129	3,283,362	1,248,071	118.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140155		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/23/2013 4:59 pm	
Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
194.00	07950	OTHER NRCC	29,215	0	0	0	0	0194.00
194.01	07951	SISTERS RESIDENCE	862	0	0	0	0	0194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118-201)	915,109	1,378,541	2,739,129	3,283,362	1,248,071	0202.00
Cost Center Description			NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	STERILE PROCESSING						14.01
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	247,108				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	23,349	23,265,432	0	23,265,432	30.00
31.00	03100	INTENSIVE CARE UNIT	0	23,349	5,305,586	0	5,305,586	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	2,526,898	0	2,526,898	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	23,349	6,955,633	0	6,955,633	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	15,566	2,446,584	0	2,446,584	51.00
51.01	05101	OP ONCOLOGY	0	0	2,946,790	0	2,946,790	51.01
52.02	05201	SUBSTANCE ABUSE	0	0	593,335	0	593,335	52.02
52.04	05202	DIABETES EDUCATION	0	0	156,466	0	156,466	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	580,936	0	580,936	52.06
53.00	05300	ANESTHESIOLOGY	0	0	5,194,439	0	5,194,439	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,783	7,300,455	0	7,300,455	54.00
56.00	05600	RADIOISOTOPE	0	0	1,617,810	0	1,617,810	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,783	1,766,442	0	1,766,442	59.00
60.00	06000	LABORATORY	0	0	6,322,022	0	6,322,022	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	15,566	2,663,609	0	2,663,609	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,624,564	0	1,624,564	66.00
66.01	03950	WOUND CARE	0	0	1,572,542	0	1,572,542	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	258,388	0	258,388	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	210,865	0	210,865	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,783	932,457	0	932,457	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	184,028	0	184,028	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	6,716,771	0	6,716,771	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,507,099	0	5,507,099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	13,192,071	0	13,192,071	73.00
74.00	07400	RENAL DIALYSIS	0	7,783	6,498,056	-1,301,469	5,196,587	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	440,256	0	440,256	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	04950	OCCUPATIONAL HEALTH	0	0	2,016,368	0	2,016,368	90.01
91.00	09100	EMERGENCY	0	114,797	6,337,488	0	6,337,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS	PARAMEDICAL PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
		19.00	23.00	24.00	25.00	26.00			
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE					113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)		0	247,108	115,133,390	0	113,831,921	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN		0	0	170,232	0	170,232	190.00
194.00	07950	OTHER NRCC		0	0	4,380,195	0	4,380,195	194.00
194.01	07951	SISTERS RESIDENCE		0	0	321,841	0	321,841	194.01
200.00		Cross Foot Adjustments		0	0	0	0	0	200.00
201.00		Negative Cost Centers		0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)		0	247,108	120,005,658	0	118,704,189	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140155

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	45,814	1,625	47,439	47,439 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	170,752	282,187	452,939	4,199 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	1,039,576	697,503	1,737,079	989 7.00
7.01 00701	BIO MED	0	4,552	895	5,447	0 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	11,117	0	11,117	48 8.00
9.00 00900	HOUSEKEEPING	0	11,502	13,839	25,341	819 9.00
10.00 01000	DIETARY	0	76,969	42,187	119,156	484 10.00
11.00 01100	CAFETERIA	0	42,060	0	42,060	484 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	5,871	193,121	198,992	911 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	76,266	6,064	82,330	261 14.00
14.01 01401	STERILE PROCESSING	0	69,279	266,497	335,776	340 14.01
15.00 01500	PHARMACY	0	19,567	13,636	33,203	1,660 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	65,987	13,324	79,311	1,543 16.00
17.00 01700	SOCIAL SERVICE	0	2,887	0	2,887	769 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	1,925	1,587	3,512	218 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	474,200	345,127	819,327	10,084 30.00
31.00 03100	INTENSIVE CARE UNIT	0	70,078	54,951	125,029	2,287 31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	55,823	16,006	71,829	1,527 34.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	112,417	892,573	1,004,990	1,903 50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	0	41,646	6,455	48,101	1,564 51.00
51.01 05101	OP ONCOLOGY	0	280,435	2,648	283,083	1,086 51.01
52.02 05201	SUBSTANCE ABUSE	0	47,296	0	47,296	266 52.02
52.04 05202	DIABETES EDUCATION	0	9,788	0	9,788	81 52.04
52.05 05203	PODIATRY	0	0	0	0	0 52.05
52.06 05204	INFUSION CLINIC	0	22,772	6,703	29,475	344 52.06
53.00 05300	ANESTHESIOLOGY	0	2,984	65,630	68,614	37 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	138,990	1,213,554	1,352,544	3,184 54.00
56.00 05600	RADIOISOTOPE	0	17,324	437,529	454,853	575 56.00
59.00 05900	CARDIAC CATHETERIZATION	0	38,836	466,468	505,304	625 59.00
60.00 06000	LABORATORY	0	113,908	391,802	505,710	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	26,622	84,393	111,015	1,605 65.00
66.00 06600	PHYSICAL THERAPY	0	71,627	21,776	93,403	901 66.00
66.01 03950	WOUND CARE	0	31,675	1,268	32,943	121 66.01
67.00 06700	OCCUPATIONAL THERAPY	0	3,908	0	3,908	174 67.00
68.00 06800	SPEECH PATHOLOGY	0	2,310	150	2,460	151 68.00
69.00 06900	ELECTROCARDIOLOGY	0	29,201	69,478	98,679	430 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	7,690	5,319	13,009	11 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	582 73.00
74.00 07400	RENAL DIALYSIS	0	128,249	129,628	257,877	1,959 74.00
76.00 03951	OTHER	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	66,382	10,736	77,118	3 76.97
OUTPATIENT SERVICE COST CENTERS						
90.01 04950	OCCUPATIONAL HEALTH	0	76,998	4,228	81,226	1,101 90.01
91.00 09100	EMERGENCY	0	98,345	235,775	334,120	3,142 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,613,628	5,994,662	9,608,290	46,468 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	90 190.00
194.00 07950	OTHER NRCC	0	253,919	129,823	383,742	866 194.00
194.01 07951	SISTERS RESIDENCE	0	83,340	1,411	84,751	15 194.01
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	3,950,887	6,125,896	10,076,783	47,439 202.00

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ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 4:59 pm			
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	457,138					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	24,173	0	1,762,241			7.00
7.01	00701	BIO MED	7,400	0	2,977	15,824		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,105	0	7,270	0	20,540	8.00
9.00	00900	HOUSEKEEPING	6,378	0	7,521	0	0	9.00
10.00	01000	DIETARY	5,413	0	50,334	0	0	10.00
11.00	01100	CAFETERIA	3,220	0	27,505	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,501	0	3,839	178	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,670	0	49,875	0	0	14.00
14.01	01401	STERILE PROCESSING	3,495	0	45,305	1,601	0	14.01
15.00	01500	PHARMACY	9,863	0	12,796	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,995	0	43,153	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,586	0	1,888	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-(SPECIFY)	810	0	1,259	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,123	0	310,105	2,919	7,706	30.00
31.00	03100	INTENSIVE CARE UNIT	16,171	0	45,828	0	1,178	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,062	0	36,506	0	794	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,877	0	73,515	11	2,640	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	8,077	0	27,235	0	1,305	51.00
51.01	05101	OP ONCOLOGY	8,267	0	183,392	167	64	51.01
52.02	05201	SUBSTANCE ABUSE	1,743	0	30,929	0	0	52.02
52.04	05202	DIABETES EDUCATION	487	0	6,401	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	1,848	0	14,892	69	41	52.06
53.00	05300	ANESTHESIOLOGY	19,276	0	1,951	972	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,775	0	90,893	480	1,335	54.00
56.00	05600	RADIOISOTOPE	5,955	0	11,329	0	119	56.00
59.00	05900	CARDIAC CATHETERIZATION	5,660	0	25,397	546	272	59.00
60.00	06000	LABORATORY	22,622	0	74,491	691	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,373	0	17,410	106	79	65.00
66.00	06600	PHYSICAL THERAPY	5,303	0	46,841	0	238	66.00
66.01	03950	WOUND CARE	5,232	0	20,714	0	228	66.01
67.00	06700	OCCUPATIONAL THERAPY	910	0	2,555	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	762	0	1,511	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,100	0	19,096	55	126	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	627	0	5,029	0	23	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	25,541	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,935	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,822	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	20,642	0	83,869	1,543	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	368	0	43,411	1,441	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	04950	OCCUPATIONAL HEALTH	6,671	0	50,353	0	94	90.01
91.00	09100	EMERGENCY	18,700	0	64,313	4,273	3,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	442,538	0	1,541,688	15,052	19,970	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	593	0	0	0	0	190.00
194.00	07950	OTHER NRCC	13,532	0	166,052	772	570	194.00
194.01	07951	SISTERS RESIDENCE	475	0	54,501	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	457,138	0	1,762,241	15,824	20,540	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 4:59 pm		
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
7.01	00701					7.01
8.00	00800					8.00
9.00	00900	40,059				9.00
10.00	01000	2,161	177,548			10.00
11.00	01100	0	0	73,269		11.00
12.00	01200	0	0	0	0	12.00
13.00	01300	666	0	1,288	0	211,375
14.00	01400	516	0	998	0	0
14.01	01401	621	0	1,201	0	0
15.00	01500	1,214	0	2,347	0	0
16.00	01600	1,566	0	3,027	0	13,384
17.00	01700	545	0	1,055	0	0
19.00	01900	0	0	0	0	0
23.00	02300	115	0	222	0	984
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	10,347	167,004	20,001	0	88,448
31.00	03100	2,073	7,544	4,008	0	17,723
34.00	03400	1,247	3,000	2,411	0	10,661
43.00	04300	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	1,830	0	3,537	0	15,529
50.01	03330	0	0	0	0	0
51.00	05100	1,313	0	2,539	0	11,225
51.01	05101	652	0	1,260	0	5,572
52.02	05201	300	0	579	0	0
52.04	05202	67	0	130	0	0
52.05	05203	0	0	0	0	0
52.06	05204	246	0	476	0	2,104
53.00	05300	66	0	127	0	0
54.00	05400	3,344	0	6,466	0	0
56.00	05600	154	0	297	0	0
59.00	05900	472	0	913	0	0
60.00	06000	0	0	0	0	0
62.30	06250	0	0	0	0	0
65.00	06500	1,234	0	2,386	0	0
66.00	06600	796	0	1,540	0	0
66.01	03950	362	0	700	0	3,095
67.00	06700	140	0	270	0	0
68.00	06800	80	0	156	0	0
69.00	06900	393	0	761	0	0
70.00	07000	10	0	20	0	0
71.00	07100	0	0	0	0	0
72.00	07200	0	0	0	0	0
73.00	07300	0	0	0	0	0
74.00	07400	1,978	0	3,824	0	16,909
76.00	03951	0	0	0	0	0
76.97	07697	141	0	272	0	0
OUTPATIENT SERVICE COST CENTERS						
90.01	04950	851	0	1,645	0	0
91.00	09100	3,011	0	5,821	0	25,741
92.00	09200					
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300					
118.00		38,511	177,548	70,277	0	211,375
NONREIMBURSABLE COST CENTERS						
190.00	19000	215	0	416	0	0
194.00	07950	1,333	0	2,576	0	0
194.01	07951	0	0	0	0	0
200.00						
201.00		0	0	0	0	0
202.00		40,059	177,548	73,269	0	211,375

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 4:59 pm		
Cost Center Description		CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		14.00	14.01	15.00	16.00	17.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
7.01	00701					7.01
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400	136,650				14.00
14.01	01401	8,743	397,082			14.01
15.00	01500	3,343	0	64,426		15.00
16.00	01600	5,947	0	0	158,926	16.00
17.00	01700	110	0	0	0	17.00
19.00	01900	0	0	0	0	19.00
23.00	02300	2,266	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	16,037	9,689	0	122,390	8,960
31.00	03100	1,518	0	0	17,259	1,263
34.00	03400	1,223	0	0	11,331	830
43.00	04300	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	24,833	355,769	0	0	0
50.01	03330	0	0	0	0	0
51.00	05100	987	0	0	0	0
51.01	05101	1,470	0	0	0	0
52.02	05201	636	0	0	0	0
52.04	05202	162	0	0	0	0
52.05	05203	0	0	0	0	0
52.06	05204	130	0	0	0	0
53.00	05300	496	0	0	0	0
54.00	05400	20,217	1,261	0	0	0
56.00	05600	10	0	0	0	0
59.00	05900	10,017	2,150	0	0	0
60.00	06000	4,533	0	0	0	0
62.30	06250	0	0	0	0	0
65.00	06500	3,755	442	0	0	0
66.00	06600	537	0	0	0	0
66.01	03950	682	19,295	0	0	0
67.00	06700	148	0	0	0	0
68.00	06800	2	0	0	0	0
69.00	06900	796	0	0	0	0
70.00	07000	14	0	0	0	0
71.00	07100	1,848	0	0	0	0
72.00	07200	1,783	0	0	0	0
73.00	07300	0	0	64,426	0	0
74.00	07400	11,516	0	0	7,946	787
76.00	03951	0	0	0	0	0
76.97	07697	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.01	04950	3,227	692	0	0	0
91.00	09100	5,172	7,784	0	0	0
92.00	09200					
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300					
118.00		132,158	397,082	64,426	158,926	11,840
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	0
194.00	07950	4,363	0	0	0	0
194.01	07951	129	0	0	0	0
200.00						
201.00		0	0	0	0	0
202.00		136,650	397,082	64,426	158,926	11,840

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 4:59 pm		
Cost Center Description		NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		19.00	23.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
14.01	01401	STERILE PROCESSING				14.01
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0			19.00
23.00	02300	PARAMED PRGM-(SPECIFY)		9,386		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		1,650,140	0	30.00
31.00	03100	INTENSIVE CARE UNIT		241,881	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		148,421	0	34.00
43.00	04300	NURSERY		0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		1,503,434	0	50.00
50.01	03330	SPECIAL PROCEDURES		0	0	50.01
51.00	05100	RECOVERY ROOM		102,346	0	51.00
51.01	05101	OP ONCOLOGY		485,013	0	51.01
52.02	05201	SUBSTANCE ABUSE		81,749	0	52.02
52.04	05202	DIABETES EDUCATION		17,116	0	52.04
52.05	05203	PODIATRY		0	0	52.05
52.06	05204	INFUSION CLINIC		49,625	0	52.06
53.00	05300	ANESTHESIOLOGY		91,539	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,504,499	0	54.00
56.00	05600	RADIOISOTOPE		473,292	0	56.00
59.00	05900	CARDIAC CATHETERIZATION		551,356	0	59.00
60.00	06000	LABORATORY		608,047	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	62.30
65.00	06500	RESPIRATORY THERAPY		147,405	0	65.00
66.00	06600	PHYSICAL THERAPY		149,559	0	66.00
66.01	03950	WOUND CARE		83,372	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		8,105	0	67.00
68.00	06800	SPEECH PATHOLOGY		5,122	0	68.00
69.00	06900	ELECTROCARDIOLOGY		123,436	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		18,743	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		27,389	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		22,718	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		104,830	0	73.00
74.00	07400	RENAL DIALYSIS		408,850	0	74.00
76.00	03951	OTHER		0	0	76.00
76.97	07697	CARDIAC REHABILITATION		122,754	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.01	04950	OCCUPATIONAL HEALTH		145,860	0	90.01
91.00	09100	EMERGENCY		475,805	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)		0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES		0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	9,352,406	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN		1,314	0	190.00
194.00	07950	OTHER NRCC		573,806	0	194.00
194.01	07951	SISTERS RESIDENCE		139,871	0	194.01
200.00		Cross Foot Adjustments	0	9,386	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	9,386	10,076,783	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared: 5/23/2013 4:59 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	410,494				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		1,628,498			2.00
4.00 00400	EMPLOYEE BENEFITS	4,760	432	39,565,492		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	17,741	75,016	3,501,694	-20,010,292	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	108,011	185,423	825,184	0	7.00
7.01 00701	BIO MED	473	238	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	1,155	0	39,677	0	8.00
9.00 00900	HOUSEKEEPING	1,195	3,679	683,159	0	9.00
10.00 01000	DIETARY	7,997	11,215	403,542	0	10.00
11.00 01100	CAFETERIA	4,370	0	403,541	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	610	51,339	759,770	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,924	1,612	217,994	0	14.00
14.01 01401	STERILE PROCESSING	7,198	70,845	283,806	0	14.01
15.00 01500	PHARMACY	2,033	3,625	1,384,372	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,856	3,542	1,286,516	0	16.00
17.00 01700	SOCIAL SERVICE	300	0	641,141	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	200	422	181,951	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	49,269	91,748	8,411,978	0	30.00
31.00 03100	INTENSIVE CARE UNIT	7,281	14,608	1,907,539	0	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	5,800	4,255	1,273,515	0	34.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	11,680	237,280	1,586,788	0	50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	4,327	1,716	1,304,142	0	51.00
51.01 05101	OP ONCOLOGY	29,137	704	905,475	0	51.01
52.02 05201	SUBSTANCE ABUSE	4,914	0	221,452	0	52.02
52.04 05202	DIABETES EDUCATION	1,017	0	67,896	0	52.04
52.05 05203	PODIATRY	0	0	0	0	52.05
52.06 05204	INFUSION CLINIC	2,366	1,782	287,279	0	52.06
53.00 05300	ANESTHESIOLOGY	310	17,447	30,846	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,441	322,609	2,655,594	0	54.00
56.00 05600	RADIOISOTOPE	1,800	116,312	479,174	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	4,035	124,005	521,401	0	59.00
60.00 06000	LABORATORY	11,835	104,156	0	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	2,766	22,435	1,338,229	0	65.00
66.00 06600	PHYSICAL THERAPY	7,442	5,789	751,796	0	66.00
66.01 03950	WOUND CARE	3,291	337	100,589	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	406	0	145,061	0	67.00
68.00 06800	SPEECH PATHOLOGY	240	40	125,754	0	68.00
69.00 06900	ELECTROCARDIOLOGY	3,034	18,470	358,238	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	799	1,414	9,579	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	485,653	0	73.00
74.00 07400	RENAL DIALYSIS	13,325	34,460	1,633,748	0	74.00
76.00 03951	OTHER	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	6,897	2,854	2,845	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.01 04950	OCCUPATIONAL HEALTH	8,000	1,124	918,464	0	90.01
91.00 09100	EMERGENCY	10,218	62,678	2,620,300	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	375,453	1,593,611	38,755,682	-20,010,292	96,801,917
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	75,164	0	190.00
194.00 07950	OTHER NRCC	26,382	34,512	722,182	0	194.00
194.01 07951	SISTERS RESIDENCE	8,659	375	12,464	0	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1
Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	3,950,887	6,125,896	11,507,297	5A	20,010,292	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.624713	3.761685	0.290842		0.200112	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			47,439		457,138	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001199		0.004572	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet B-1 Date/Time Prepared: 5/23/2013 4:59 pm		
Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	6.00	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS	0				6.00
7.00 00700	OPERATION OF PLANT	0	279,982			7.00
7.01 00701	BIO MED	0	473	4,348		7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,155	0	788,553	8.00
9.00 00900	HOUSEKEEPING	0	1,195	0	0	1,191,946
10.00 01000	DIETARY	0	7,997	0	0	64,293
11.00 01100	CAFETERIA	0	4,370	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	610	49	0	19,830
14.00 01400	CENTRAL SERVICES & SUPPLY	0	7,924	0	0	15,353
14.01 01401	STERILE PROCESSING	0	7,198	440	0	18,488
15.00 01500	PHARMACY	0	2,033	0	0	36,128
16.00 01600	MEDICAL RECORDS & LIBRARY	0	6,856	0	0	46,585
17.00 01700	SOCIAL SERVICE	0	300	0	0	16,231
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	PARAMED PRGM-(SPECIFY)	0	200	0	0	3,424
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	49,269	802	295,887	307,851
31.00 03100	INTENSIVE CARE UNIT	0	7,281	0	45,207	61,686
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	5,800	0	30,496	37,108
43.00 04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	11,680	3	101,336	54,437
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00 05100	RECOVERY ROOM	0	4,327	0	50,104	39,071
51.01 05101	OP ONCOLOGY	0	29,137	46	2,448	19,393
52.02 05201	SUBSTANCE ABUSE	0	4,914	0	0	8,914
52.04 05202	DIABETES EDUCATION	0	1,017	0	0	2,000
52.05 05203	PODIATRY	0	0	0	0	0
52.06 05204	INFUSION CLINIC	0	2,366	19	1,578	7,323
53.00 05300	ANESTHESIOLOGY	0	310	267	0	1,951
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	14,441	132	51,269	99,513
56.00 05600	RADIOLOGY-SOTOPE	0	1,800	0	4,576	4,575
59.00 05900	CARDIAC CATHETERIZATION	0	4,035	150	10,435	14,053
60.00 06000	LABORATORY	0	11,835	190	0	0
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	2,766	29	3,025	36,718
66.00 06600	PHYSICAL THERAPY	0	7,442	0	9,145	23,698
66.01 03950	WOUND CARE	0	3,291	0	8,749	10,772
67.00 06700	OCCUPATIONAL THERAPY	0	406	0	0	4,151
68.00 06800	SPEECH PATHOLOGY	0	240	0	0	2,395
69.00 06900	ELECTROCARDIOLOGY	0	3,034	15	4,833	11,708
70.00 07000	ELECTROENCEPHALOGRAPHY	0	799	0	867	306
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	13,325	424	0	58,852
76.00 03951	OTHER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	6,897	396	0	4,182
OUTPATIENT SERVICE COST CENTERS						
90.01 04950	OCCUPATIONAL HEALTH	0	8,000	0	3,601	25,315
91.00 09100	EMERGENCY	0	10,218	1,174	143,122	89,593
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	244,941	4,136	766,678	1,145,897
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	6,397
194.00 07950	OTHER NRCC	0	26,382	212	21,875	39,652
194.01 07951	SISTERS RESIDENCE	0	8,659	0	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	0	6,345,167	1,953,051	578,799	1,701,263
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	22.662768	449.183763	0.734001	1.427299

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	8.00	9.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,762,241	15,824	20,540	40,059	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	6.294122	3.639374	0.026048	0.033608	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	85,215					10.00
11.00	01100	CAFETERIA	0	1,127,653				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	19,830	0	735,707		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,353	0	0	536,413	14.00
14.01	01401	STERILE PROCESSING	0	18,488	0	0	34,319	14.01
15.00	01500	PHARMACY	0	36,128	0	0	13,122	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,585	0	46,585	23,345	16.00
17.00	01700	SOCIAL SERVICE	0	16,231	0	0	433	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	3,424	0	3,424	8,896	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,154	307,851	0	307,851	62,951	30.00
31.00	03100	INTENSIVE CARE UNIT	3,621	61,686	0	61,686	5,959	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,440	37,108	0	37,108	4,801	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	54,437	0	54,049	97,484	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	39,071	0	39,071	3,874	51.00
51.01	05101	OP ONCOLOGY	0	19,393	0	19,393	5,771	51.01
52.02	05201	SUBSTANCE ABUSE	0	8,914	0	0	2,497	52.02
52.04	05202	DIABETES EDUCATION	0	2,000	0	0	635	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	7,323	0	7,323	512	52.06
53.00	05300	ANESTHESIOLOGY	0	1,951	0	0	1,946	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	99,513	0	0	79,360	54.00
56.00	05600	RADIOISOTOPE	0	4,575	0	0	38	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,053	0	0	39,323	59.00
60.00	06000	LABORATORY	0	0	0	0	17,795	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	36,718	0	0	14,742	65.00
66.00	06600	PHYSICAL THERAPY	0	23,698	0	0	2,108	66.00
66.01	03950	WOUND CARE	0	10,772	0	10,772	2,676	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	4,151	0	0	582	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,395	0	0	6	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,708	0	0	3,125	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	306	0	0	56	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	7,253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	58,852	0	58,852	45,205	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	4,182	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	04950	OCCUPATIONAL HEALTH	0	25,315	0	0	12,668	90.01
91.00	09100	EMERGENCY	0	89,593	0	89,593	20,301	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	85,215	1,081,604	0	735,707	518,783	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	6,397	0	0	0	190.00
194.00	07950	OTHER NRCC	0	39,652	0	0	17,125	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	505	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,693,753	944,247	0	1,524,791	915,109	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	19.876231	0.837356	0.000000	2.072552	1.705978	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	177,548	73,269	0	211,375	136,650	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.083530	0.064975	0.000000	0.287309	0.254748	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description		STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.01	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	BIO MED					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
14.01	01401	STERILE PROCESSING	96,970				14.01
15.00	01500	PHARMACY	0	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	10,000		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	9,401	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,366	0	7,701	7,114	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,086	1,003	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	713	659	34.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	86,881	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	51.01
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	308	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	525	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	108	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	03950	WOUND CARE	4,712	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	500	625	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.01	04950	OCCUPATIONAL HEALTH	169	0	0	0	90.01
91.00	09100	EMERGENCY	1,901	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,970	100	10,000	9,401	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	0	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,378,541	2,739,129	3,283,362	1,248,071	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.216160	27,391.290000	328.336200	132.759387	0.000000

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description		STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.01	15.00	16.00	17.00	19.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	397,082	64,426	158,926	11,840	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.094895	644.260000	15.892600	1.259440	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet B-1 Date/Time Prepared: 5/23/2013 4:59 pm
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Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		23.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	9,386	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.105862	205.00

Provider CCN: 140155

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

Worksheet B-2

Date/Time Prepared:
5/23/2013 4:59 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	-1,301,469	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140155

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 4:59 pm

		Title XVII			Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	23,265,432		23,265,432	3,369	23,268,801	38,624,423	30.00
31.00	03100	INTENSIVE CARE UNIT	5,305,586		5,305,586	0	5,305,586	22,496,767	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,526,898		2,526,898	0	2,526,898	15,143,793	34.00
43.00	04300	NURSERY	0		0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,955,633		6,955,633	0	6,955,633	11,985,210	50.00
50.01	03330	SPECIAL PROCEDURES	0		0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,446,584		2,446,584	0	2,446,584	2,421,508	51.00
51.01	05101	OP ONCOLOGY	2,946,790		2,946,790	4,267	2,951,057	121,970	51.01
52.02	05201	SUBSTANCE ABUSE	593,335		593,335	758	594,093	73,027	52.02
52.04	05202	DIABETES EDUCATION	156,466		156,466	0	156,466	1,787,119	52.04
52.05	05203	PODIATRY	0		0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	580,936		580,936	0	580,936	449,349	52.06
53.00	05300	ANESTHESIOLOGY	5,194,439		5,194,439	0	5,194,439	2,737,629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,300,455		7,300,455	0	7,300,455	30,131,393	54.00
56.00	05600	RADIOISOTOPE	1,617,810		1,617,810	0	1,617,810	2,156,125	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,766,442		1,766,442	6,253	1,772,695	8,465,670	59.00
60.00	06000	LABORATORY	6,322,022		6,322,022	6,475	6,328,497	34,673,068	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,663,609	0	2,663,609	2,278	2,665,887	9,119,184	65.00
66.00	06600	PHYSICAL THERAPY	1,624,564	0	1,624,564	0	1,624,564	2,202,545	66.00
66.01	03950	WOUND CARE	1,572,542	0	1,572,542	0	1,572,542	225,636	66.01
67.00	06700	OCCUPATIONAL THERAPY	258,388	0	258,388	0	258,388	868,839	67.00
68.00	06800	SPEECH PATHOLOGY	210,865	0	210,865	0	210,865	206,131	68.00
69.00	06900	ELECTROCARDIOLOGY	932,457		932,457	0	932,457	6,727,982	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	184,028		184,028	0	184,028	301,776	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,716,771		6,716,771	0	6,716,771	35,372,612	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,507,099		5,507,099	0	5,507,099	10,066,822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,192,071		13,192,071	0	13,192,071	46,101,863	73.00
74.00	07400	RENAL DIALYSIS	5,196,587		5,196,587	71,871	5,268,458	1,428,740	74.00
76.00	03951	OTHER	0		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	440,256		440,256	0	440,256	5,416	76.97
OUTPATIENT SERVICE COST CENTERS									
90.01	04950	OCCUPATIONAL HEALTH	2,016,368		2,016,368	0	2,016,368	0	90.01
91.00	09100	EMERGENCY	6,337,488		6,337,488	41,749	6,379,237	15,388,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,572,148		1,572,148	0	1,572,148	513,226	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	115,404,069	0	115,404,069	137,020	115,541,089	299,796,712	200.00
201.00		Less Observation Beds	1,572,148		1,572,148		1,572,148		201.00
202.00		Total (see instructions)	113,831,921	0	113,831,921	137,020	113,968,941	299,796,712	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140155

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		38,624,423				30.00
31.00	03100	INTENSIVE CARE UNIT		22,496,767				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		15,143,793				34.00
43.00	04300	NURSERY		0				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,473,268	41,458,478	0.167773	0.000000	0.167773	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	6,858,081	9,279,589	0.263652	0.000000	0.263652	51.00
51.01	05101	OP ONCOLOGY	3,772,201	3,894,171	0.756718	0.000000	0.757814	51.01
52.02	05201	SUBSTANCE ABUSE	611,145	684,172	0.867231	0.000000	0.868339	52.02
52.04	05202	DIABETES EDUCATION	269,256	2,056,375	0.076088	0.000000	0.076088	52.04
52.05	05203	PODIATRY	0	0	0.000000	0.000000	0.000000	52.05
52.06	05204	INFUSION CLINIC	2,887,815	3,337,164	0.174081	0.000000	0.174081	52.06
53.00	05300	ANESTHESIOLOGY	6,915,975	9,653,604	0.538083	0.000000	0.538083	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	72,459,175	102,590,568	0.071161	0.000000	0.071161	54.00
56.00	05600	RADIOISOTOPE	9,289,307	11,445,432	0.141350	0.000000	0.141350	56.00
59.00	05900	CARDIAC CATHETERIZATION	7,817,815	16,283,485	0.108481	0.000000	0.108865	59.00
60.00	06000	LABORATORY	38,930,043	73,603,111	0.085893	0.000000	0.085981	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	4,272,797	13,391,981	0.198896	0.000000	0.199066	65.00
66.00	06600	PHYSICAL THERAPY	4,288,803	6,491,348	0.250266	0.000000	0.250266	66.00
66.01	03950	WOUND CARE	5,385,082	5,610,718	0.280275	0.000000	0.280275	66.01
67.00	06700	OCCUPATIONAL THERAPY	629,833	1,498,672	0.172411	0.000000	0.172411	67.00
68.00	06800	SPEECH PATHOLOGY	153,263	359,394	0.586724	0.000000	0.586724	68.00
69.00	06900	ELECTROCARDIOLOGY	6,338,148	13,066,130	0.071364	0.000000	0.071364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	301,155	602,931	0.305222	0.000000	0.305222	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	22,675,045	58,047,657	0.115711	0.000000	0.115711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,447,303	16,514,125	0.333478	0.000000	0.333478	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,849,663	76,951,526	0.171434	0.000000	0.171434	73.00
74.00	07400	RENAL DIALYSIS	33,303,489	34,732,229	0.149619	0.000000	0.151688	74.00
76.00	03951	OTHER	0	0	0.000000	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	332,589	338,005	1.302513	0.000000	1.302513	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	04950	OCCUPATIONAL HEALTH	1,408,572	1,408,572	1.431498	0.000000	1.431498	90.01
91.00	09100	EMERGENCY	40,909,848	56,298,737	0.112569	0.000000	0.113310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	4,553,260	5,066,486	0.310303	0.000000	0.310303	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	341,132,931	640,929,643				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	341,132,931	640,929,643				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140155

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 4:59 pm

		Title XIX		Hospital		Cost			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	23,265,432		23,265,432	0	0	38,624,423	30.00
31.00	03100	INTENSIVE CARE UNIT	5,305,586		5,305,586	0	0	22,496,767	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,526,898		2,526,898	0	0	15,143,793	34.00
43.00	04300	NURSERY	0		0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,955,633		6,955,633	0	0	11,985,210	50.00
50.01	03330	SPECIAL PROCEDURES	0		0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,446,584		2,446,584	0	0	2,421,508	51.00
51.01	05101	OP ONCOLOGY	2,946,790		2,946,790	0	0	121,970	51.01
52.02	05201	SUBSTANCE ABUSE	593,335		593,335	0	0	73,027	52.02
52.04	05202	DIABETES EDUCATION	156,466		156,466	0	0	1,787,119	52.04
52.05	05203	PODIATRY	0		0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	580,936		580,936	0	0	449,349	52.06
53.00	05300	ANESTHESIOLOGY	5,194,439		5,194,439	0	0	2,737,629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,300,455		7,300,455	0	0	30,131,393	54.00
56.00	05600	RADIOISOTOPE	1,617,810		1,617,810	0	0	2,156,125	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,766,442		1,766,442	0	0	8,465,670	59.00
60.00	06000	LABORATORY	6,322,022		6,322,022	0	0	34,673,068	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,663,609	0	2,663,609	0	0	9,119,184	65.00
66.00	06600	PHYSICAL THERAPY	1,624,564	0	1,624,564	0	0	2,202,545	66.00
66.01	03950	WOUND CARE	1,572,542	0	1,572,542	0	0	225,636	66.01
67.00	06700	OCCUPATIONAL THERAPY	258,388	0	258,388	0	0	868,839	67.00
68.00	06800	SPEECH PATHOLOGY	210,865	0	210,865	0	0	206,131	68.00
69.00	06900	ELECTROCARDIOLOGY	932,457		932,457	0	0	6,727,982	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	184,028		184,028	0	0	301,776	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,716,771		6,716,771	0	0	35,372,612	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,507,099		5,507,099	0	0	10,066,822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,192,071		13,192,071	0	0	46,101,863	73.00
74.00	07400	RENAL DIALYSIS	5,196,587		5,196,587	0	0	1,428,740	74.00
76.00	03951	OTHER	0		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	440,256		440,256	0	0	5,416	76.97
OUTPATIENT SERVICE COST CENTERS									
90.01	04950	OCCUPATIONAL HEALTH	2,016,368		2,016,368	0	0	0	90.01
91.00	09100	EMERGENCY	6,337,488		6,337,488	0	0	15,388,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,572,148		1,572,148	0	0	513,226	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	115,404,069	0	115,404,069	0	0	299,796,712	200.00
201.00		Less Observation Beds	1,572,148		1,572,148		0		201.00
202.00		Total (see instructions)	113,831,921	0	113,831,921	0	0	299,796,712	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140155

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

Worksheet C
Part I
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Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital Cost	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		38,624,423				30.00
31.00	03100	INTENSIVE CARE UNIT		22,496,767				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		15,143,793				34.00
43.00	04300	NURSERY		0				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,473,268	41,458,478	0.167773	0.000000	0.000000	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	6,858,081	9,279,589	0.263652	0.000000	0.000000	51.00
51.01	05101	OP ONCOLOGY	3,772,201	3,894,171	0.756718	0.000000	0.000000	51.01
52.02	05201	SUBSTANCE ABUSE	611,145	684,172	0.867231	0.000000	0.000000	52.02
52.04	05202	DIABETES EDUCATION	269,256	2,056,375	0.076088	0.000000	0.000000	52.04
52.05	05203	PODIATRY	0	0	0.000000	0.000000	0.000000	52.05
52.06	05204	INFUSION CLINIC	2,887,815	3,337,164	0.174081	0.000000	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	6,915,975	9,653,604	0.538083	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	72,459,175	102,590,568	0.071161	0.000000	0.000000	54.00
56.00	05600	RADIOISOTOPE	9,289,307	11,445,432	0.141350	0.000000	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	7,817,815	16,283,485	0.108481	0.000000	0.000000	59.00
60.00	06000	LABORATORY	38,930,043	73,603,111	0.085893	0.000000	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	4,272,797	13,391,981	0.198896	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,288,803	6,491,348	0.250266	0.000000	0.000000	66.00
66.01	03950	WOUND CARE	5,385,082	5,610,718	0.280275	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	629,833	1,498,672	0.172411	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	153,263	359,394	0.586724	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,338,148	13,066,130	0.071364	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	301,155	602,931	0.305222	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	22,675,045	58,047,657	0.115711	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,447,303	16,514,125	0.333478	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,849,663	76,951,526	0.171434	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	33,303,489	34,732,229	0.149619	0.000000	0.000000	74.00
76.00	03951	OTHER	0	0	0.000000	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	332,589	338,005	1.302513	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	04950	OCCUPATIONAL HEALTH	1,408,572	1,408,572	1.431498	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	40,909,848	56,298,737	0.112569	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	4,553,260	5,066,486	0.310303	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	341,132,931	640,929,643				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	341,132,931	640,929,643				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140155		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/23/2013 4:59 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,650,140	0	1,650,140	28,654	57.59	30.00
31.00	INTENSIVE CARE UNIT	241,881		241,881	1,207	200.40	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	148,421		148,421	480	309.21	34.00
43.00	NURSERY	0		0	1,135	0.00	43.00
200.00	Total (Lines 30-199)	2,040,442		2,040,442	31,476		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	15,237	877,499				
31.00	INTENSIVE CARE UNIT	688	137,875				
34.00	SURGICAL INTENSIVE CARE UNIT	201	62,151				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	16,126	1,077,525				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/23/2013 4:59 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,503,434	41,458,478	0.036264	8,353,938	302,947	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	102,346	9,279,589	0.011029	1,223,830	13,498	51.00
51.01	05101	OP ONCOLOGY	485,013	3,894,171	0.124548	121,970	15,191	51.01
52.02	05201	SUBSTANCE ABUSE	81,749	684,172	0.119486	23,348	2,790	52.02
52.04	05202	DIABETES EDUCATION	17,116	2,056,375	0.008323	0	0	52.04
52.05	05203	PODIATRY	0	0	0.000000	0	0	52.05
52.06	05204	INFUSION CLINIC	49,625	3,337,164	0.014870	359,976	5,353	52.06
53.00	05300	ANESTHESIOLOGY	91,539	9,653,604	0.009482	1,262,414	11,970	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,504,499	102,590,568	0.014665	17,397,076	255,128	54.00
56.00	05600	RADIOISOTOPE	473,292	11,445,432	0.041352	1,425,766	58,958	56.00
59.00	05900	CARDIAC CATHETERIZATION	551,356	16,283,485	0.033860	5,557,060	188,162	59.00
60.00	06000	LABORATORY	608,047	73,603,111	0.008261	20,864,152	172,359	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	147,405	13,391,981	0.011007	5,768,229	63,491	65.00
66.00	06600	PHYSICAL THERAPY	149,559	6,491,348	0.023040	1,480,406	34,109	66.00
66.01	03950	WOUND CARE	83,372	5,610,718	0.014859	225,636	3,353	66.01
67.00	06700	OCCUPATIONAL THERAPY	8,105	1,498,672	0.005408	546,839	2,957	67.00
68.00	06800	SPEECH PATHOLOGY	5,122	359,394	0.014252	155,990	2,223	68.00
69.00	06900	ELECTROCARDIOLOGY	123,436	13,066,130	0.009447	4,196,662	39,646	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,743	602,931	0.031086	169,090	5,256	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	27,389	58,047,657	0.000472	15,595,442	7,361	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,718	16,514,125	0.001376	4,366,614	6,008	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,830	76,951,526	0.001362	29,356,366	39,983	73.00
74.00	07400	RENAL DIALYSIS	408,850	34,732,229	0.011771	1,174,708	13,827	74.00
76.00	03951	OTHER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	122,754	338,005	0.363172	2,057	747	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	04950	OCCUPATIONAL HEALTH	145,860	1,408,572	0.103552	0	0	90.01
91.00	09100	EMERGENCY	475,805	56,298,737	0.008451	8,076,079	68,251	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	111,490	5,066,486	0.022005	277,742	6,112	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	7,423,454	564,664,660		127,981,390	1,319,680	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140155		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/23/2013 4:59 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	23,349	0	0	23,349	30.00
31.00	03100	INTENSIVE CARE UNIT	0	23,349	0	0	23,349	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	46,698	0	0	46,698	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,654	0.81	15,237	12,342		30.00
31.00	03100	INTENSIVE CARE UNIT	1,207	19.34	688	13,306		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	480	0.00	201	0		34.00
43.00	04300	NURSERY	1,135	0.00	0	0		43.00
200.00		Total (lines 30-199)	31,476		16,126	25,648		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140155

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description			Title XVIII				Hospital	
			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	23,349	0	23,349	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	15,566	0	15,566	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	7,783	0	7,783	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	7,783	0	7,783	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	15,566	0	15,566	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	03950	WOUND CARE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	7,783	0	7,783	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	7,783	0	7,783	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	04950	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	114,797	0	114,797	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	1,577	0	1,577	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	201,987	0	201,987	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 4:59 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	23,349	41,458,478	0.000563	0.000563	8,353,938	50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	15,566	9,279,589	0.001677	0.001677	1,223,830	51.00
51.01	05101 OP ONCOLOGY	0	3,894,171	0.000000	0.000000	121,970	51.01
52.02	05201 SUBSTANCE ABUSE	0	684,172	0.000000	0.000000	23,348	52.02
52.04	05202 DIABETES EDUCATION	0	2,056,375	0.000000	0.000000	0	52.04
52.05	05203 PODIATRY	0	0	0.000000	0.000000	0	52.05
52.06	05204 INFUSION CLINIC	0	3,337,164	0.000000	0.000000	359,976	52.06
53.00	05300 ANESTHESIOLOGY	0	9,653,604	0.000000	0.000000	1,262,414	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,783	102,590,568	0.000076	0.000076	17,397,076	54.00
56.00	05600 RADIOISOTOPE	0	11,445,432	0.000000	0.000000	1,425,766	56.00
59.00	05900 CARDIAC CATHETERIZATION	7,783	16,283,485	0.000478	0.000478	5,557,060	59.00
60.00	06000 LABORATORY	0	73,603,111	0.000000	0.000000	20,864,152	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	15,566	13,391,981	0.001162	0.001162	5,768,229	65.00
66.00	06600 PHYSICAL THERAPY	0	6,491,348	0.000000	0.000000	1,480,406	66.00
66.01	03950 WOUND CARE	0	5,610,718	0.000000	0.000000	225,636	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	1,498,672	0.000000	0.000000	546,839	67.00
68.00	06800 SPEECH PATHOLOGY	0	359,394	0.000000	0.000000	155,990	68.00
69.00	06900 ELECTROCARDIOLOGY	7,783	13,066,130	0.000596	0.000596	4,196,662	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	602,931	0.000000	0.000000	169,090	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	58,047,657	0.000000	0.000000	15,595,442	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,514,125	0.000000	0.000000	4,366,614	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	76,951,526	0.000000	0.000000	29,356,366	73.00
74.00	07400 RENAL DIALYSIS	7,783	34,732,229	0.000224	0.000224	1,174,708	74.00
76.00	03951 OTHER	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	338,005	0.000000	0.000000	2,057	76.97
OUTPATIENT SERVICE COST CENTERS							
90.01	04950 OCCUPATIONAL HEALTH	0	1,408,572	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	114,797	56,298,737	0.002039	0.002039	8,076,079	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	1,577	5,066,486	0.000311	0.000311	277,742	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	201,987	564,664,660			127,981,390	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140155

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	4,703	8,022,748	4,517	50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100 RECOVERY ROOM	2,052	2,251,243	3,775	51.00
51.01	05101 OP ONCOLOGY	0	1,849,336	0	51.01
52.02	05201 SUBSTANCE ABUSE	0	68,147	0	52.02
52.04	05202 DIABETES EDUCATION	0	0	0	52.04
52.05	05203 PODIATRY	0	0	0	52.05
52.06	05204 INFUSION CLINIC	0	1,633,060	0	52.06
53.00	05300 ANESTHESIOLOGY	0	1,581,438	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,322	19,574,474	1,488	54.00
56.00	05600 RADIOISOTOPE	0	5,393,134	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	2,656	3,927,616	1,877	59.00
60.00	06000 LABORATORY	0	664,385	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	6,703	1,166,502	1,355	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	03950 WOUND CARE	0	2,059,336	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,501	1,787,089	1,065	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	53,400	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	6,305,809	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,234,731	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,672,062	0	73.00
74.00	07400 RENAL DIALYSIS	263	947,488	212	74.00
76.00	03951 OTHER	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	175,198	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.01	04950 OCCUPATIONAL HEALTH	0	0	0	90.01
91.00	09100 EMERGENCY	16,467	6,045,458	12,327	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	86	1,789,436	557	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	36,753	82,202,090	27,173	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 4:59 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.167773	8,022,748	0	0	1,346,001	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.263652	2,251,243	0	0	593,545	51.00
51.01	05101	OP ONCOLOGY	0.756718	1,849,336	0	0	1,399,426	51.01
52.02	05201	SUBSTANCE ABUSE	0.867231	68,147	0	0	59,099	52.02
52.04	05202	DIABETES EDUCATION	0.076088	0	0	0	0	52.04
52.05	05203	PODIATRY	0.000000	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0.174081	1,633,060	0	0	284,285	52.06
53.00	05300	ANESTHESIOLOGY	0.538083	1,581,438	0	0	850,945	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.071161	19,574,474	0	0	1,392,939	54.00
56.00	05600	RADIO SOTOPE	0.141350	5,393,134	0	0	762,319	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.108481	3,927,616	0	0	426,072	59.00
60.00	06000	LABORATORY	0.085893	664,385	0	0	57,066	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.198896	1,166,502	0	0	232,013	65.00
66.00	06600	PHYSICAL THERAPY	0.250266	0	0	0	0	66.00
66.01	03950	WOUND CARE	0.280275	2,059,336	0	0	577,180	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.172411	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.586724	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071364	1,787,089	0	0	127,534	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.305222	53,400	0	0	16,299	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.115711	6,305,809	98	0	729,651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.333478	3,234,731	0	0	1,078,712	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171434	13,672,062	0	170,313	2,343,856	73.00
74.00	07400	RENAL DIALYSIS	0.149619	947,488	0	0	141,762	74.00
76.00	03951	OTHER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.302513	175,198	0	0	228,198	76.97
OUTPATIENT SERVICE COST CENTERS								
90.01	04950	OCCUPATIONAL HEALTH	1.431498	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.112569	6,045,458	0	0	680,531	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.310303	1,789,436	0	0	555,267	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		82,202,090	98	170,313	13,882,700	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		82,202,090	98	170,313	13,882,700	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 4:59 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
51.01	05101	OP ONCOLOGY	0	0	51.01
52.02	05201	SUBSTANCE ABUSE	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	52.04
52.05	05203	PODIATRY	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	03950	WOUND CARE	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	11	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,197	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	OTHER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.01	04950	OCCUPATIONAL HEALTH	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	11	29,197	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	11	29,197	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2013 4:59 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		28,654	1.00
2.00	Total inpatient days (including private room days, excluding swing-bed and newborn days)		28,654	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		26,718	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		15,237	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		23,268,801	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		23,268,801	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		42,468,562	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		42,468,562	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.547906	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,589.51	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		23,268,801	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		812.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,373,358	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		12,373,358	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140155		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1		
		Title XVIII		Hospital		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	5,305,586	1,207	4,395.68	688	3,024,228	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	2,526,898	480	5,264.37	201	1,058,138	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						18,011,763	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						34,467,487	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,103,173	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,356,433	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						2,459,606	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						32,007,881	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						1,936	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						812.06	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,572,148	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140155		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 4:59 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,650,140	23,268,801	0.070916	1,572,148	111,490	90.00
91.00	Nursing School cost	0	23,268,801	0.000000	1,572,148	0	91.00
92.00	Allied health cost	23,349	23,268,801	0.001003	1,572,148	1,577	92.00
93.00	All other Medical Education	0	23,268,801	0.000000	1,572,148	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/23/2013 4:59 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		18,974,668	30.00
31.00	03100	INTENSIVE CARE UNIT		13,631,982	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		9,533,774	34.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.167773	8,353,938	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.263652	1,223,830	51.00
51.01	05101	OP ONCOLOGY	0.757814	121,970	51.01
52.02	05201	SUBSTANCE ABUSE	0.868339	23,348	52.02
52.04	05202	DIABETES EDUCATION	0.076088	0	52.04
52.05	05203	PODIATRY	0.000000	0	52.05
52.06	05204	INFUSION CLINIC	0.174081	359,976	52.06
53.00	05300	ANESTHESIOLOGY	0.538083	1,262,414	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.071161	17,397,076	54.00
56.00	05600	RADIOISOTOPE	0.141350	1,425,766	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.108865	5,557,060	59.00
60.00	06000	LABORATORY	0.085981	20,864,152	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.199066	5,768,229	65.00
66.00	06600	PHYSICAL THERAPY	0.250266	1,480,406	66.00
66.01	03950	WOUND CARE	0.280275	225,636	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.172411	546,839	67.00
68.00	06800	SPEECH PATHOLOGY	0.586724	155,990	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071364	4,196,662	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.305222	169,090	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.115711	15,595,442	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.333478	4,366,614	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171434	29,356,366	73.00
74.00	07400	RENAL DIALYSIS	0.151688	1,174,708	74.00
76.00	03951	OTHER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.302513	2,057	76.97
OUTPATIENT SERVICE COST CENTERS					
90.01	04950	OCCUPATIONAL HEALTH	1.431498	0	90.01
91.00	09100	EMERGENCY	0.113310	8,076,079	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.310303	277,742	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		127,981,390	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		127,981,390	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 4:59 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		24,391,242	1.00
2.00	Outlier payments for discharges. (see instructions)		1,251,468	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		176.71	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.40	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		17.98	31.00
32.00	Sum of lines 30 and 31		25.38	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.15	33.00
34.00	Disproportionate share adjustment (see instructions)		2,475,711	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		28,118,421	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		28,118,421	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,179,211	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 4:59 pm
		Title XVII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			25,648 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			36,753 58.00
59.00	Total (sum of amounts on lines 49 through 58)			30,360,033 59.00
60.00	Primary payer payments			11,219 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			30,348,814 61.00
62.00	Deductibles billed to program beneficiaries			2,429,096 62.00
63.00	Coinurance billed to program beneficiaries			110,657 63.00
64.00	Allowable bad debts (see instructions)			392,295 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			274,607 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			317,754 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			28,083,668 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			-4,603 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-46,490 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			28,032,575 71.00
72.00	Interim payments			28,700,088 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			-667,513 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			31,107 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/23/2013 4:59 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		29,208	1.00
2.00	Medical and other services reimbursed under OPPIs (see instructions)		13,855,527	2.00
3.00	PPS payments		11,178,916	3.00
4.00	Outlier payment (see instructions)		144,933	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		27,173	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		29,208	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		170,411	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		170,411	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		170,411	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		141,203	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		29,208	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		11,351,022	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		20	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,450,084	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		8,930,126	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		8,930,126	30.00
31.00	Primary payer payments		10,704	31.00
32.00	Subtotal (line 30 minus line 31)		8,919,422	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		335,680	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		234,976	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		288,027	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		9,154,398	37.00
38.00	MSP-LCC reconciliation amount from PS&R		824	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		9,153,574	40.00
41.00	Interim payments		9,195,828	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		-42,254	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140155		Period: From 01/01/2012 To 12/31/2012		Worksheet E-1 Part I Date/Time Prepared: 5/23/2013 4:59 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		28,573,544		9,179,131	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/30/2012	126,544	08/30/2012	16,697		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		126,544		16,697		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		28,700,088		9,195,828		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0		6.01
6.02	SETTLEMENT TO PROGRAM		667,513		42,254		6.02
7.00	Total Medicare program liability (see instructions)		28,032,575		9,153,574		7.00
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

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

Provider CCN: 140155

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

Worksheet G

Date/Time Prepared:
5/23/2013 4:59 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	7,155,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	27,288,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,381,000	0	0	0	7.00
8.00	Prepaid expenses	1,193,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	703,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	39,720,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,113,245	0	0	0	12.00
13.00	Land improvements	1,933,152	0	0	0	13.00
14.00	Accumulated depreciation	-1,703,255	0	0	0	14.00
15.00	Buildings	86,962,834	0	0	0	15.00
16.00	Accumulated depreciation	-52,380,557	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	42,055,704	0	0	0	23.00
24.00	Accumulated depreciation	-28,924,167	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	53,056,956	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,147,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,147,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	94,923,956	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,706,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	1,690,000	0	0	0	43.00
44.00	Other current liabilities	9,686,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,082,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,264,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,264,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	23,346,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	71,577,956				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	71,577,956	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	94,923,956	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140155

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

Worksheet G-1

Date/Time Prepared:
5/23/2013 4:59 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		69,086,333		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,822,530				2.00
3.00	Total (sum of line 1 and line 2)		73,908,863		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		73,908,863		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00	NET ASSET TRANSFER	2,330,907		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,330,907		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		71,577,956		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00	NET ASSET TRANSFER		0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140155

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2013 4:59 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	42,468,562		42,468,562	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	42,468,562		42,468,562	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,571,277		23,571,277	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	15,299,142		15,299,142	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	38,870,419		38,870,419	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	81,338,981		81,338,981	17.00
18.00	Ancillary services	222,803,411	335,378,678	558,182,089	18.00
19.00	Outpatient services	0	1,408,572	1,408,572	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	290,173	290,173	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	304,142,392	337,077,423	641,219,815	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		125,775,085		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	RECONCILING ITEM	0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	37			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		37		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		125,775,048		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140155

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

Worksheet G-3

Date/Time Prepared:
5/23/2013 4:59 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	641,219,815	1.00
2.00	Less contractual allowances and discounts on patients' accounts	514,207,016	2.00
3.00	Net patient revenues (line 1 minus line 2)	127,012,799	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	125,775,048	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,237,751	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	639,389	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,011,790	22.00
23.00	Governmental appropriations	0	23.00
24.00	NET ASSETS RELEASED FROM RESTRICTION	1,933,600	24.00
25.00	Total other income (sum of lines 6-24)	3,584,779	25.00
26.00	Total (line 5 plus line 25)	4,822,530	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,822,530	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140155

Period:

Worksheet I-1

Component CCN: 142318

From 01/01/2012
To 12/31/2012

Date/Time Prepared:
5/23/2013 4:59 pm

Renal Dialysis

		Total Costs	Bas is	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	955,277	Hours of Service	25,158.00	12.10	1.00
2.00	Licensed Practical Nurses	73,609	Hours of Service	3,326.00	1.60	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	111,231	Hours of Service	4,160.00	2.00	4.00
5.00	Social Workers	318,971	Hours of Service	19,320.00	9.29	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	176,661	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	1,635,749				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	0	Requisitions			14.00
15.00	Drugs	1,301,469	Requisitions			15.00
16.00	Other	844,590	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	3,781,808				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	128,249	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	129,628	Percentage of Time			19.00
20.00	Employee Benefits	475,163	Salary			20.00
21.00	Administrative & General	903,475	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	576,434	Square Feet			22.00
23.00	Medical Education Program Costs	7,783				23.00
24.00	Central Service & Supplies	77,119	Requisitions			24.00
25.00	Pharmacy	-1,301,469	Requisitions			25.00
26.00	Other Allocated Costs	418,397	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	5,196,587				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	5,196,587				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.
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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140155

Period: From 01/01/2012

Worksheet 1-2

Component CCN: 142318

To 12/31/2012

Date/Time Prepared: 5/23/2013 4:59 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	Drugs	
		Builing	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	704,683	129,628	955,277	503,811	475,163	0	1.00
MAINTENANCE								
2.00	Hemodialysis	388,066	71,383	526,057	277,442	263,979	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	2,591	476	3,495	1,852	0	0	6.00
7.00	CCDP	1,269	233	1,714	905	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	53,413	9,829	72,435	38,191	39,597	0	10.00
11.00	CCDP	232,532	42,773	315,223	166,243	158,388	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	26,812	4,934	36,353	19,178	13,199	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						1,301,469	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	704,683	129,628	955,277	503,811	475,163	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	77,119	0	2,845,681	2,343,123	5,188,804		1.00
MAINTENANCE								
2.00	Hemodialysis	42,469	0	1,569,396	1,292,235	2,861,631		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	283	0	8,697	7,161	15,858		6.00
7.00	CCDP	138	0	4,259	3,507	7,766		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	5,847	0	219,312	180,581	399,893		10.00
11.00	CCDP	25,447	0	940,606	774,491	1,715,097		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	2,935	0	103,411	85,148	188,559		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	77,119	0	2,845,681	2,343,123	5,188,804		17.00
18.00	Medical Educational Program Costs					7,783		18.00
19.00	Total Renal Costs (line 17 + line 18)					5,196,587		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155
Component CCN: 142318

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

Worksheet I-3
Date/Time Prepared:
5/23/2013 4:59 pm

		Capital Related Costs		Direct Patient Care Salary				
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits (Salary)		
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		704,683	129,628	955,277	503,811	475,163	1.00
MAINTENANCE								
2.00	Hemodialysis		7,338	199,137.00	23,327.00	13,483.00	20	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		49	1,327.00	155.00	90.00	0	6.00
7.00	CCDP		24	650.00	76.00	44.00	0	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		1,010	27,419.00	3,212.00	1,856.00	3	10.00
11.00	CCDP		4,397	119,324.00	13,978.00	8,079.00	12	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	185,935	507	13,765.00	1,612.00	932.00	1	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		13,325	361,622.00	42,360.00	24,484.00	36	17.00
18.00	Unit Cost Multiplier (line 1 + line 17)		52.884278	0.358463	22.551393	20.577152	13,198.972222	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	77,119	0	2,845,681	2,343,123		1.00
MAINTENANCE								
2.00	Hemodialysis	0	551,657	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	3,675	0				6.00
7.00	CCDP	0	1,799	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	75,959	0				10.00
11.00	CCDP	0	330,558	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	38,132	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	1,301,469						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	1,301,469	1,001,780	0		2,845,681		17.00
18.00	Unit Cost Multiplier (line 1 + line 17)	0.000000	0.076982	0.000000		0.823396		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140155
Component CCN: 142318

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

Worksheet 1-4
Date/Time Prepared:
5/23/2013 4:59 pm

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	15,149	2,861,631	188.90	12,912	2,439,077	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	83	15,858	191.06	51	9,744	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	25	7,766	310.64	16	4,970	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	1,220	399,893	327.78	806	264,191	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	7,897	1,715,097	217.18	6,160	1,337,829	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	15,257	5,000,245		12,979	4,055,811	11.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	3,476,807	269.27		1.00		
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00		
3.00	Training - Hemodialysis	0	0.00		3.00		
4.00	Training - Peritoneal Dialysis	0	0.00		4.00		
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	17,115	335.59		5.00		
6.00	Training - Continuous Cycling Peritoneal Dialysis	5,036	314.75		6.00		
7.00	Home Program - Hemodialysis	0	0.00		7.00		
8.00	Home Program - Peritoneal Dialysis	0	0.00		8.00		
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	92,964	115.34		9.00		
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	660,129	107.16		10.00		
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	4,252,051			11.00		

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet I-5 Date/Time Prepared: 5/23/2013 4:59 pm
				1.00
1.00	Total expenses related to care of program beneficiaries (see instructions)			4,055,811 1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)			4,252,051 2.00
3.00	Deductibles billed to Medicare (Part B) patients			5,497 3.00
4.00	Coinsurance billed to Medicare (Part B) patients			849,310 4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries			3,178 5.00
6.00				6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			3,178 7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)			851,629 8.00
9.00	Program payment (line 2 less line 3, times 80 percent)			3,397,243 9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)			0 10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)			0 11.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140155	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/23/2013 4:59 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,963,737	1.00
2.00	Capital DRG outlier payments		111,985	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		77.61	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.40	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		17.98	8.00
9.00	Sum of lines 7 and 8		25.38	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.27	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		103,489	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,179,211	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

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