

Presence Mercy Medical Center

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: 140174 Period: From 01/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/23/2013 6:57 pm

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/23/2013 Time: 6:57 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 number of times reopened = 0-9.
 (3) Settled with Audit 9. Final Report for this Provider CCN
 (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 MERCY MEDICAL CENTER (140174) 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: 6:57 pm
 bs7h5DcS6T.mDSqUvosHurh6l SPqt0
 qCckH0gV7gWq3HHLNUtrcWR0nl bAVX
 7x041qW0vH0pT: 9e
PI: Date: 5/23/2013 Time: 6:57 pm
 TtMFc5uDi: FRPfr4dNWJl rA1S5gr70
 bh8M70PHwOcpWOAPAJrcPz6BEXux74
 Uw0x0WBrTs0o9xl a

(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	-755,645	-64,686	0	0 1.00
2.00	Subprovider - IPF	0	234,976	-73	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	-520,669	-64,759	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: 140174		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 6:57 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1325 NORTH HIGHLAND AVENUE			PO Box:						1.00	
2.00	City: AURORA			State: IL		Zip Code: 60506		County: KANE		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		PRESENCE MERCY MEDICAL CENTER	140174	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		PRESENCE PSYCH UNIT	14S174	16974	4	07/01/1985	N	P	0	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						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	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.	4,491	3,207	0	5	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	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
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.					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)	N				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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	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

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		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.	Y				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)	N		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
				1.00	2.00	3.00
				Respiratory		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

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0		0
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
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: PROVENA HEALTH	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131	
142.00	Street: 9223 W. ST FRANCIS ROAD	PO Box:			
143.00	City: FRANKFORT	State: IL		Zip Code: 60423	
				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.			Y	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
		Part A	Part B	Title V	Title XIX
		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: 140174			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 6:57 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: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 6:57 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	05/31/2012
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.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		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.			Y	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		N
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	03/31/2013	Y
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		N
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		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 6:57 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.	JENNIFER		HANES		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) 806-2333		JENNIFER.HANES@PRESENCEHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 6:57 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)	03/31/2013		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: 140174

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2013 6:57 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	200	73,200	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		200	73,200	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						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		216	79,056	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	77	28,182		0	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)		293				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	11,450	5,867	28,855			1.00
2.00 HMO	2,513	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)	11,450	5,867	28,855			7.00
8.00 INTENSIVE CARE UNIT	1,649	212	4,156			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		0	0			13.00
14.00 Total (see instructions)	13,099	6,079	33,011	0.00	819.27	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	4,726	3,463	13,047	0.00	83.28	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: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part I Date/Time Prepared: 5/23/2013 6:57 pm
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Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
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	902.55	27.00
28.00	Observation Bed Days		732	4,728			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)		196	262			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	2,835	1,935	7,810	1.00
2.00	HMO			607			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	2,835	1,935	7,810	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	582	761	2,101	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: 140174		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/23/2013 6:57 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	57,100,232	-1,970,735	55,129,497	1,899,509.00	29.02	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		5,904,735	-118,627	5,786,108	196,128.00	29.50	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		2,751,691	0	2,751,691	73,067.00	37.66	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		324,314	0	324,314	2,545.00	127.43	13.00
14.00	Home office salaries & wage-related costs		10,525,154	0	10,525,154	166,671.00	63.15	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		12,604,909	0	12,604,909			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		1,462,715	0	1,462,715			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	690,087	-601,175	88,912	3,492.00	25.46	26.00
27.00	Administrative & General	5.00	7,321,569	-1,136,472	6,185,097	197,009.00	31.39	27.00
28.00	Administrative & General under contract (see inst.)		101,863	0	101,863	1,440.00	70.74	28.00
29.00	Maintenance & Repairs	6.00	475,538	0	475,538	17,902.00	26.56	29.00
30.00	Operation of Plant	7.00	1,082,516	0	1,082,516	43,026.00	25.16	30.00
31.00	Laundry & Linen Service	8.00	43,363	0	43,363	2,964.00	14.63	31.00
32.00	Housekeeping	9.00	1,423,501	0	1,423,501	99,614.00	14.29	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,023,007	-477,949	545,058	42,252.00	12.90	34.00
35.00	Dietary under contract (see instructions)		538,247	0	538,247	15,636.00	34.42	35.00
36.00	Cafeteria	11.00	0	477,949	477,949	37,050.00	12.90	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,309,538	0	2,309,538	51,212.00	45.10	38.00
39.00	Central Services and Supply	14.00	875,387	-233,088	642,299	36,562.00	17.57	39.00
40.00	Pharmacy	15.00	1,864,667	0	1,864,667	43,262.00	43.10	40.00

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HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140174

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2013 6:57 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 Rel ated 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	1,136,982	0	1,136,982	47,671.00	23.85	41.00		
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00		
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140174

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

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2013 6:57 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)	57,740,342	-1,970,735	55,769,607	1,916,585.00	29.10	1.00
2.00	Excluded area salaries (see instructions)	5,904,735	-118,627	5,786,108	196,128.00	29.50	2.00
3.00	Subtotal salaries (line 1 minus line 2)	51,835,607	-1,852,108	49,983,499	1,720,457.00	29.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,601,159	0	13,601,159	242,283.00	56.14	4.00
5.00	Subtotal wage-related costs (see inst.)	12,604,909	0	12,604,909	0.00	25.22	5.00
6.00	Total (sum of lines 3 thru 5)	78,041,675	-1,852,108	76,189,567	1,962,740.00	38.82	6.00
7.00	Total overhead cost (see instructions)	18,886,265	-1,970,735	16,915,530	639,092.00	26.47	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2013 6:57 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,055,273 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			298,048 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)			5,657,836 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			288,013 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			40,771 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)			137,911 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			18,566 14.00
15.00	'Workers' Compensation Insurance			996,881 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			3,937,594 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			397,532 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))			45,413 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			193,785 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			14,067,623 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: 140174

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

Worksheet S-3
Part V
Date/Time Prepared:
5/23/2013 6:57 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	2,751,691	0	1.00
2.00	Hospital	2,751,691	0	2.00
3.00	Subprovider - IPF	0	0	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 UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/23/2013 6:57 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)		0.190769	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		28,932,699	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		147,841,606	6.00	
7.00	Medicaid cost (line 1 times line 6)		28,203,595	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		7,500	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	34,456,755	889,272	35,346,027	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,573,281	169,646	6,742,927	21.00
22.00	Partial payment by patients approved for charity care	141,561	253,277	394,838	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,431,720	-83,631	6,348,089	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)		24,423,545	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		744,559	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		23,678,986	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,517,216	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		10,865,305	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		10,865,305	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140174		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,353,408		7,445,032	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	3,915,877	3,915,877	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	690,087	14,951,020	15,641,107	15,641,087	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,321,569	23,569,650	30,891,219	30,890,063	5.00
6.00	00600	MAINTENANCE & REPAIRS	475,538	2,956,045	3,431,583	3,431,186	6.00
7.00	00700	OPERATION OF PLANT	1,082,516	2,910,087	3,992,603	3,992,522	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	43,363	509,701	553,064	553,064	8.00
9.00	00900	HOUSEKEEPING	1,423,501	419,566	1,843,067	1,842,191	9.00
10.00	01000	DIETARY	1,023,007	1,536,009	2,559,016	1,363,237	10.00
11.00	01100	CAFETERIA	0	0	0	1,195,572	11.00
13.00	01300	NURSING ADMINISTRATION	2,309,538	173,293	2,482,831	2,482,815	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	875,387	948,862	1,824,249	1,352,307	14.00
15.00	01500	PHARMACY	1,864,667	4,535,352	6,400,019	2,268,260	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,136,982	1,406,302	2,543,284	2,543,238	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,245,817	1,115,250	11,361,067	10,791,551	30.00
31.00	03100	INTENSIVE CARE UNIT	2,828,556	1,176,436	4,004,992	3,852,999	31.00
40.00	04000	SUBPROVIDER - I/PF	5,089,247	186,217	5,275,464	5,094,973	40.00
43.00	04300	NURSERY	459,020	338,401	797,421	777,189	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,832,272	6,387,832	8,220,104	2,857,969	50.00
51.00	05100	RECOVERY ROOM	1,260,821	170,084	1,430,905	1,357,315	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,078,651	151,431	2,230,082	2,165,515	52.00
53.00	05300	ANESTHESIOLOGY	78,941	1,385,415	1,464,356	1,326,132	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,919,065	1,177,487	3,096,552	2,748,963	54.00
54.02	03630	ULTRASOUND	544,123	163,814	707,937	689,627	54.02
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	548,406	169,750	718,156	596,957	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	319,435	56,784	376,219	330,029	58.00
59.00	05900	CARDIAC CATHETERIZATION	960,511	4,778,849	5,739,360	1,237,733	59.00
60.00	06000	LABORATORY	36,003	4,669,827	4,705,830	4,587,461	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,014,975	1,014,975	1,014,975	63.00
65.00	06500	RESPIRATORY THERAPY	933,882	143,329	1,077,211	1,012,425	65.00
66.00	06600	PHYSICAL THERAPY	681,268	169,097	850,365	846,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	192,502	37,969	230,471	227,826	67.00
68.00	06800	SPEECH PATHOLOGY	299,382	50,002	349,384	346,601	68.00
69.00	06900	ELECTROCARDIOLOGY	442,513	153,936	596,449	587,136	69.00
70.01	03320	ECT	35,525	2,491	38,016	43,397	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	6,119,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,779,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,127,168	73.00
74.00	07400	RENAL DIALYSIS	0	588,190	588,190	588,190	74.00
75.01	03550	PSYCHOLOGY	588,311	8,120	596,431	721,732	75.01
76.00	03950	OCCUPATIONAL HEALTH	499,395	917,382	1,416,777	1,383,338	76.00
76.97	07697	CARDIAC REHABILITATION	243,300	12,709	256,009	250,659	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	595,146	328,562	923,708	909,186	90.00
90.01	09001	OUTPATIENT PROCEDURES	12,451	106,111	118,562	246,755	90.01
90.02	09002	PRCC	2,041,816	32,378,839	34,420,655	33,936,633	90.02
91.00	09100	EMERGENCY	3,272,230	2,008,060	5,280,290	4,793,538	91.00
92.00	09200	OBSERVATION BEDS					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		3,878,511	3,878,511	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	56,284,744	124,995,155	181,279,899	181,265,263	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,388	78,711	85,099	85,084	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	638	638	638	192.01
193.01	19301	MASSAGE THERAPY	32,735	1,071	33,806	33,452	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	70,664	0	70,664	85,805	193.03
193.04	19304	FOUNDATION	219,612	185,845	405,457	405,341	193.04
193.05	19305	LEASED BLDG	0	0	0	0	193.05
193.07	19307	PARI SH NURSING	258,021	1,544	259,565	259,555	193.07
194.00	07950	OP PHARMACY	228,068	876,989	1,105,057	1,105,047	194.00
200.00		TOTAL (SUM OF LINES 118-199)	57,100,232	126,139,953	183,240,185	183,240,185	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140174

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

Worksheet A
Date/Time Prepared:
5/23/2013 6:57 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	459,856	7,904,888	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,915,877	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	159,819	15,800,906	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,146,697	29,743,366	5.00
6.00	00600	MAINTENANCE & REPAIRS	-462	3,430,724	6.00
7.00	00700	OPERATION OF PLANT	-6,910	3,985,612	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	553,064	8.00
9.00	00900	HOUSEKEEPING	0	1,842,191	9.00
10.00	01000	DIETARY	-675,555	687,682	10.00
11.00	01100	CAFETERIA	0	1,195,572	11.00
13.00	01300	NURSING ADMINISTRATION	-17,547	2,465,268	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-159,379	1,192,928	14.00
15.00	01500	PHARMACY	-1,900	2,266,360	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-9,902	2,533,336	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-25,433	10,766,118	30.00
31.00	03100	INTENSIVE CARE UNIT	-539,489	3,313,510	31.00
40.00	04000	SUBPROVIDER - IPF	-207,818	4,887,155	40.00
43.00	04300	NURSERY	-315,000	462,189	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,592	2,851,377	50.00
51.00	05100	RECOVERY ROOM	0	1,357,315	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-20,561	2,144,954	52.00
53.00	05300	ANESTHESIOLOGY	-1,187,988	138,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-77,398	2,671,565	54.00
54.02	03630	ULTRASOUND	-449	689,178	54.02
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-1,679	595,278	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-5,571	324,458	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,237,733	59.00
60.00	06000	LABORATORY	188,687	4,776,148	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,014,975	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,012,425	65.00
66.00	06600	PHYSICAL THERAPY	0	846,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	227,826	67.00
68.00	06800	SPEECH PATHOLOGY	0	346,601	68.00
69.00	06900	ELECTROCARDIOLOGY	-12,758	574,378	69.00
70.01	03320	ECT	0	43,397	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	6,119,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,779,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,127,168	73.00
74.00	07400	RENAL DIALYSIS	0	588,190	74.00
75.01	03550	PSYCHOLOGY	-3,300	718,432	75.01
76.00	03950	OCCUPATIONAL HEALTH	-494,467	888,871	76.00
76.97	07697	CARDIAC REHABILITATION	-78	250,581	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-8,140	901,046	90.00
90.01	09001	OUTPATIENT PROCEDURES	-88,295	158,460	90.01
90.02	09002	PRCC	-7,307,399	26,629,234	90.02
91.00	09100	EMERGENCY	-682,344	4,111,194	91.00
92.00	09200	OBSERVATION BEDS			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,194,749	169,070,514	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	85,084	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	638	192.01
193.01	19301	MASSAGE THERAPY	0	33,452	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	193.02
193.03	19303	ADOL SCHOOL	-99,917	-14,112	193.03
193.04	19304	FOUNDATION	-64,866	340,475	193.04
193.05	19305	LEASED BLDG	0	0	193.05
193.07	19307	PARISH NURSING	-31,772	227,783	193.07
194.00	07950	OP PHARMACY	0	1,105,047	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-12,391,304	170,848,881	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	6,119,054	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	6,779,606	2.00
3.00	LABORATORY	60.00	0	10,621	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
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
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
TOTALS			0	12,909,281	
B - PHARMACY					
1.00		0.00	0	0	1.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,127,168	3.00
TOTALS			0	4,127,168	
C - INTEREST					
1.00		0.00	0	0	1.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,878,511	3.00
TOTALS			0	3,878,511	
D - PSYCH ADMIN RECLASS					
1.00		0.00	0	0	1.00
3.00		0.00	0	0	3.00
4.00	ECT	70.01	6,755	856	4.00
5.00	PSYCHOLOGY	75.01	111,872	14,183	5.00
6.00	ADOL SCHOOL	193.03	13,437	1,704	6.00
TOTALS			132,064	16,743	
E - DEFERRED COMP					
1.00		0.00	0	0	1.00
3.00	EMPLOYEE BENEFITS	4.00	0	42,035	3.00
TOTALS			0	42,035	
F - CAFETERIA					
1.00		0.00	0	0	1.00
3.00	CAFETERIA	11.00	477,949	717,623	3.00
TOTALS			477,949	717,623	
G - OP PROCEDURES					
1.00		0.00	0	0	1.00
3.00	OUTPATIENT PROCEDURES	90.01	117,098	11,267	3.00
TOTALS			117,098	11,267	

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
H - RECLASS ACCT 704880					
1.00		0.00	0	0	1.00
3.00	EMPLOYEE BENEFITS	4.00	0	559,140	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	1,136,472	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	233,088	5.00
	TOTALS		0	1,928,700	
I - EQUIP DEPR					
1.00		0.00	0	0	1.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,786,887	3.00
	TOTALS		0	3,786,887	
J - LAB EQUIPMENT					
1.00		0.00	0	0	1.00
4.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	128,990	4.00
	TOTALS		0	128,990	
500.00	Grand Total: Increases		727,111	27,547,205	500.00

RECLASSIFICATIONS

Provider CCN: 140174

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

Worksheet A-6
Date/Time Prepared:
5/23/2013 6:57 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RECLASS SUPPLY COSTS							
1.00	EMPLOYEE BENEFITS	4.00	0	20	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,156	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	397	0		3.00
4.00	OPERATION OF PLANT	7.00	0	81	0		4.00
5.00	HOUSEKEEPING	9.00	0	876	0		5.00
6.00	DIETARY	10.00	0	207	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	16	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	471,942	0		8.00
9.00	PHARMACY	15.00	0	4,591	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	46	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	441,151	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	151,993	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	31,684	0		13.00
14.00	NURSERY	43.00	0	20,232	0		14.00
15.00	OPERATING ROOM	50.00	0	5,362,135	0		15.00
16.00	RECOVERY ROOM	51.00	0	73,590	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	64,567	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	138,224	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	347,589	0		19.00
20.00	ULTRASOUND	54.02	0	18,310	0		20.00
21.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	121,199	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	46,190	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	4,501,627	0		23.00
25.00	RESPIRATORY THERAPY	65.00	0	64,786	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	4,185	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	2,645	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	2,783	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	9,313	0		29.00
30.00	ECT	70.01	0	2,230	0		30.00
31.00	PSYCHOLOGY	75.01	0	754	0		31.00
32.00	OCCUPATIONAL HEALTH	76.00	0	33,439	0		32.00
33.00	CARDIAC REHABILITATION	76.97	0	5,350	0		33.00
34.00	CLINIC	90.00	0	14,522	0		34.00
35.00	OUTPATIENT PROCEDURES	90.01	0	172	0		35.00
36.00	PRCC	90.02	0	484,022	0		36.00
37.00	EMERGENCY	91.00	0	486,752	0		37.00
38.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	15	0		38.00
39.00	MASSAGE THERAPY	193.01	0	354	0		39.00
40.00	FOUNDATION	193.04	0	116	0		40.00
41.00	PARI SH NURSING	193.07	0	10	0		41.00
42.00	OP PHARMACY	194.00	0	10	0		42.00
TOTALS			0	12,909,281			
B - PHARMACY							
1.00		0.00	0	0	0		1.00
3.00	PHARMACY	15.00	0	4,127,168	0		3.00
TOTALS			0	4,127,168			
C - INTEREST							
1.00		0.00	0	0	0		1.00
3.00	INTEREST EXPENSE	113.00	0	3,878,511	11		3.00
TOTALS			0	3,878,511			
D - PSYCH ADMIN RECLASS							
1.00		0.00	0	0	0		1.00
3.00	SUBPROVIDER - IPF	40.00	132,064	16,743	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
TOTALS			132,064	16,743			
E - DEFERRED COMP							
1.00		0.00	0	0	0		1.00
3.00	EMPLOYEE BENEFITS	4.00	42,035	0	0		3.00
TOTALS			42,035	0			
F - CAFETERIA							
1.00		0.00	0	0	0		1.00
3.00	DIETARY	10.00	477,949	717,623	0		3.00
TOTALS			477,949	717,623			
G - OP PROCEDURES							
1.00		0.00	0	0	0		1.00
3.00	ADULTS & PEDIATRICS	30.00	117,098	11,267	0		3.00
TOTALS			117,098	11,267			

Provider CCN: 140174

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
H - RECLASS ACCT 704880						
1.00	0.00	0	0	0		1.00
3.00	4.00	559,140	0	0		3.00
4.00	5.00	1,136,472	0	0		4.00
5.00	14.00	233,088	0	0		5.00
TOTALS		1,928,700	0			
I - EQUIP DEPR						
1.00	0.00	0	0	0		1.00
3.00	1.00	0	3,786,887	9		3.00
TOTALS		0	3,786,887			
J - LAB EQUIPMENT						
1.00	0.00	0	0	0		1.00
4.00	60.00	0	128,990	9		4.00
TOTALS		0	128,990			
500.00	Grand Total: Decreases		2,697,846	25,576,470		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140174

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

Worksheet A-7
Part I
Date/Time Prepared:
5/23/2013 6:57 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	4,545,766	0	0	0	1.00
2.00	Land Improvements	4,377,849	3,252	0	3,252	2.00
3.00	Buildings and Fixtures	105,238,377	8,964,743	0	8,964,743	3.00
4.00	Building Improvements	896,639	0	0	0	4.00
5.00	Fixed Equipment	7,412,340	0	0	0	5.00
6.00	Movable Equipment	45,216,009	85,368	0	85,368	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	167,686,980	9,053,363	0	9,053,363	8.00
9.00	Reconciling Items	7,292,597	0	0	0	9.00
10.00	Total (line 8 minus line 9)	160,394,383	9,053,363	0	9,053,363	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,545,766	0			1.00
2.00	Land Improvements	4,381,101	0			2.00
3.00	Buildings and Fixtures	114,203,120	0			3.00
4.00	Building Improvements	896,639	0			4.00
5.00	Fixed Equipment	5,035,008	0			5.00
6.00	Movable Equipment	45,301,377	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	174,363,011	0			8.00
9.00	Reconciling Items	7,292,597	0			9.00
10.00	Total (line 8 minus line 9)	167,070,414	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140174

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

Worksheet A-7
Part II
Date/Time Prepared:
5/23/2013 6:57 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	7,353,408	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)	7,353,408	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	7,353,408				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,353,408				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140174

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

Worksheet A-7
Part III
Date/Time Prepared:
5/23/2013 6:57 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	123,129,987	0	123,129,987	0.731040	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	45,301,377	0	45,301,377	0.268960	0	2.00
3.00	Total (sum of lines 1-2)	168,431,364	0	168,431,364	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	6,307,681	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,915,877	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,223,558	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,323,081	0	0	-725,874	7,904,888	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,915,877	2.00
3.00	Total (sum of lines 1-2)	2,323,081	0	0	-725,874	11,820,765	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	-178,367	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)	B	-2,663	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-120	ADMINISTRATIVE & GENERAL	5.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-148,200	ADMINISTRATIVE & GENERAL	5.00	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	-10,664,569			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-462	MAINTENANCE & REPAIRS	6.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	649,122			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-7,892	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		0		0.00	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	*** Cost Center Deleted ***	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

Provider CCN: 140174

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

Worksheet A-8
Date/Time Prepared:
5/23/2013 6:57 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
33.00 MISC MEDICAL STAFF INCOME	B	-32,500	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00		0		0.00	0	34.00
35.00 MISC A&G INCOME OFFSET	B	-61,849	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00		0		0.00	11	36.00
37.00 MISC OPERATION OF PLANT INCOME	B	-6,910	OPERATION OF PLANT	7.00	0	37.00
38.00 CAFETERIA AND VENDING SALES	B	-651,622	DIETARY	10.00	0	38.00
38.01 MEALS ON WHEELS INCOME OFFSET	B	-23,933	DIETARY	10.00	0	38.01
38.02		0		0.00	0	38.02
40.00 MISC INCOME SUBPROVIDER	B	-66,450	SUBPROVIDER - IPF	40.00	0	40.00
41.00 MISC RADIOLOGY INCOME	B	-30,752	RADIOLOGY-DIAGNOSTIC	54.00	0	41.00
42.00 MISC INCOME DELIVERY	B	-530	DELIVERY ROOM & LABOR ROOM	52.00	0	42.00
43.00 MISC INCOME - EKG	B	-3,418	ELECTROCARDIOLOGY	69.00	0	43.00
44.00		0		0.00	0	44.00
44.02 ADOL SCHOOL MISC REVENUE	B	-99,917	ADOL SCHOOL	193.03	0	44.02
44.03 MISC INCOME PSYCHOLOGY	B	-1,850	PSYCHOLOGY	75.01	0	44.03
44.04 MISC INCOME CLINIC	B	-8,140	CLINIC	90.00	0	44.04
44.05 MISC INCOME NURSING ADMIN	B	-17,547	NURSING ADMINISTRATION	13.00	0	44.05
44.06 MISC INCOME MATERIALS MGMT	B	-18	CENTRAL SERVICES & SUPPLY	14.00	0	44.06
45.00		0		0.00	0	45.00
45.03 FAITH COM NURSING MISC INCOME	B	-31,772	PARI SH NURSING	193.07	0	45.03
45.04		0		0.00	0	45.04
45.06 NON-ALLOW DONATIONS, SPONSORSHI	A	-64,866	FOUNDATION	193.04	0	45.06
45.07 NON-ALLOW DONATIONS, SPONSORSHI	A	-52,674	ADMINISTRATIVE & GENERAL	5.00	0	45.07
45.08		0		0.00	0	45.08
45.09 REMOVE 50% OF MARKETING COST	A	-119,987	ADMINISTRATIVE & GENERAL	5.00	0	45.09
45.10 REMOVE PHYSICIAN LOAN AMORTIZAT	A	-724,449	CAP REL COSTS-BLDG & FIXT	1.00	14	45.10
45.13 MISC PHARMACY REVENUE	B	-1,900	PHARMACY	15.00	0	45.13
45.14 MISC INCOME MED RECORDS	B	-2,010	MEDICAL RECORDS & LIBRARY	16.00	0	45.14
45.16 MISC ER INCOME	B	-1,794	EMERGENCY	91.00	0	45.16
45.18 NON ALLOWABLE LOBBYING DUES	A	-31,762	ADMINISTRATIVE & GENERAL	5.00	0	45.18
45.19 OFFSET UNUSED BUILDING DEPR	A	-1,425	CAP REL COSTS-BLDG & FIXT	1.00	14	45.19
45.20		0		0.00	0	45.20
46.00 PMMC CARDIO PULM REHAB MISC INCOME	B	-78	CARDIAC REHABILITATION	76.97	0	46.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,391,304				50.00

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

Provider CCN: 140174

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2013 6:57 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 CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL	2,741,160	0
2.00	4.00	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	2,421,656	2,261,837
3.00	5.00	ADMINISTRATIVE & GENERAL	A&G	11,638,681	12,325,950
4.00	15.00	PHARMACY	EMM	72,216	72,216
4.01	31.00	INTENSIVE CARE UNIT	EICU	347,868	524,556
4.02	54.00	RADIOLOGY-DIAGNOSTIC	PACS/CPACS	614,376	659,868
4.03	69.00	ELECTROCARDIOLOGY	CPACS	126,140	135,480
4.04	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	2,491,977	3,869,040
4.05	14.00	CENTRAL SERVICES & SUPPLY	MATERIALS MANAGEMENT	257,855	417,216
4.06	60.00	LABORATORY	LAB	4,490,149	4,286,793
5.00	0		0	25,202,078	24,552,956

* 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 MERCY CENTER	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.

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

Provider CCN: 140174

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2013 6:57 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,741,160	9		1.00
2.00	159,819	0		2.00
3.00	-687,269	0		3.00
4.00	0	0		4.00
4.01	-176,688	0		4.01
4.02	-45,492	0		4.02
4.03	-9,340	0		4.03
4.04	-1,377,063	11		4.04
4.05	-159,361	0		4.05
4.06	203,356	0		4.06
5.00	649,122			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. 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	HEALTHCARE CHAIN		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140174

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2013 6:57 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	13,970	5,084	8,886	154,100	58	1.00
2.00	31.00 INTENSIVE CARE UNIT	364,931	361,938	2,993	177,200	25	2.00
3.00	30.00 ADULTS & PEDIATRICS	54,030	0	54,030	154,100	386	3.00
4.00	40.00 SUBPROVIDER - IPF	178,411	113,398	65,013	154,100	500	4.00
5.00	43.00 NURSERY	315,000	315,000	0	0	0	5.00
6.00	52.00 DELIVERY ROOM & LABOR ROOM	20,031	20,031	0	0	0	6.00
7.00	53.00 ANESTHESIOLOGY	1,187,988	1,187,988	0	0	0	7.00
8.00	54.00 RADIOLOGY-DIAGNOSTIC	1,154	1,154	0	0	0	8.00
9.00	54.02 ULTRASOUND	449	449	0	0	0	9.00
10.00	57.00 COMPUTED TOMOGRAPHY (CT) SCAN	1,679	1,679	0	0	0	10.00
11.00	58.00 MAGNETIC RESONANCE IMAGING (MRI)	5,571	5,571	0	0	0	11.00
12.00	76.00 OCCUPATIONAL HEALTH	494,467	494,467	0	0	0	12.00
13.00	90.01 OUTPATIENT PROCEDURES	88,295	88,295	0	0	0	13.00
14.00	90.02 PRCC	7,307,399	7,307,399	0	0	0	14.00
15.00	91.00 EMERGENCY	757,734	641,980	115,754	177,200	906	15.00
16.00	50.00 OPERATING ROOM	10,000	0	10,000	177,200	40	16.00
17.00	60.00 LABORATORY	129,571	0	129,571	215,700	1,108	17.00
18.00	75.01 PSYCHOLOGY	3,080	0	3,080	154,100	22	18.00
200.00		10,933,760	10,544,433	389,327		3,045	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	4,297	215	0	0	0	1.00
2.00	31.00 INTENSIVE CARE UNIT	2,130	107	0	0	0	2.00
3.00	30.00 ADULTS & PEDIATRICS	28,597	1,430	0	0	0	3.00
4.00	40.00 SUBPROVIDER - IPF	37,043	1,852	0	0	0	4.00
5.00	43.00 NURSERY	0	0	0	0	0	5.00
6.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	54.02 ULTRASOUND	0	0	0	0	0	9.00
10.00	57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	10.00
11.00	58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	11.00
12.00	76.00 OCCUPATIONAL HEALTH	0	0	0	0	0	12.00
13.00	90.01 OUTPATIENT PROCEDURES	0	0	0	0	0	13.00
14.00	90.02 PRCC	0	0	0	0	0	14.00
15.00	91.00 EMERGENCY	77,184	3,859	0	0	0	15.00
16.00	50.00 OPERATING ROOM	3,408	170	0	0	0	16.00
17.00	60.00 LABORATORY	114,902	5,745	0	0	0	17.00
18.00	75.01 PSYCHOLOGY	1,630	82	0	0	0	18.00
200.00		269,191	13,460	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	4,297	4,589	9,673		1.00
2.00	31.00 INTENSIVE CARE UNIT	0	2,130	863	362,801		2.00
3.00	30.00 ADULTS & PEDIATRICS	0	28,597	25,433	25,433		3.00
4.00	40.00 SUBPROVIDER - IPF	0	37,043	27,970	141,368		4.00
5.00	43.00 NURSERY	0	0	0	315,000		5.00
6.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	20,031		6.00
7.00	53.00 ANESTHESIOLOGY	0	0	0	1,187,988		7.00
8.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	1,154		8.00
9.00	54.02 ULTRASOUND	0	0	0	449		9.00
10.00	57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	1,679		10.00
11.00	58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	5,571		11.00
12.00	76.00 OCCUPATIONAL HEALTH	0	0	0	494,467		12.00
13.00	90.01 OUTPATIENT PROCEDURES	0	0	0	88,295		13.00
14.00	90.02 PRCC	0	0	0	7,307,399		14.00
15.00	91.00 EMERGENCY	0	77,184	38,570	680,550		15.00
16.00	50.00 OPERATING ROOM	0	3,408	6,592	6,592		16.00
17.00	60.00 LABORATORY	0	114,902	14,669	14,669		17.00
18.00	75.01 PSYCHOLOGY	0	1,630	1,450	1,450		18.00
200.00		0	269,191	120,136	10,664,569		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/23/2013 6:57 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	7,904,888	7,904,888		1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,915,877		3,915,877	2.00
4.00 00400	EMPLOYEE BENEFITS	15,800,906	73,761	36,539	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	29,743,366	1,437,074	711,890	5.00
6.00 00600	MAINTENANCE & REPAIRS	3,430,724	1,124,831	557,212	6.00
7.00 00700	OPERATION OF PLANT	3,985,612	343,647	170,234	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	553,064	11,419	5,657	8.00
9.00 00900	HOUSEKEEPING	1,842,191	127,116	62,970	9.00
10.00 01000	DIETARY	687,682	290,863	144,086	10.00
11.00 01100	CAFETERIA	1,195,572	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,465,268	84,075	41,648	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,192,928	271,322	134,406	14.00
15.00 01500	PHARMACY	2,266,360	197,672	97,922	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,533,336	135,864	67,303	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	10,766,118	1,037,626	514,013	30.00
31.00 03100	INTENSIVE CARE UNIT	3,313,510	367,884	182,240	31.00
40.00 04000	SUBPROVIDER - IPF	4,887,155	0	0	40.00
43.00 04300	NURSERY	462,189	21,419	10,611	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	2,851,377	530,305	262,699	50.00
51.00 05100	RECOVERY ROOM	1,357,315	417,131	206,636	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,144,954	339,319	168,090	52.00
53.00 05300	ANESTHESIOLOGY	138,144	11,658	5,775	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,671,565	230,068	113,970	54.00
54.02 03630	ULTRASOUND	689,178	52,618	26,066	54.02
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	595,278	26,024	12,891	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	324,458	47,056	23,310	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,237,733	60,850	30,144	59.00
60.00 06000	LABORATORY	4,776,148	12,119	6,003	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,014,975	9,927	4,918	63.00
65.00 06500	RESPIRATORY THERAPY	1,012,425	19,283	9,552	65.00
66.00 06600	PHYSICAL THERAPY	846,180	66,947	33,164	66.00
67.00 06700	OCCUPATIONAL THERAPY	227,826	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	346,601	5,691	2,819	68.00
69.00 06900	ELECTROCARDIOLOGY	574,378	59,764	29,605	69.00
70.01 03320	ECT	43,397	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	6,119,054	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	6,779,606	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,127,168	0	0	73.00
74.00 07400	RENAL DIALYSIS	588,190	9,651	4,781	74.00
75.01 03550	PSYCHOLOGY	718,432	90,926	45,042	75.01
76.00 03950	OCCUPATIONAL HEALTH	888,871	7,514	3,722	76.00
76.97 07697	CARDIAC REHABILITATION	250,581	51,881	25,701	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	901,046	14,715	7,290	90.00
90.01 09001	OUTPATIENT PROCEDURES	158,460	0	0	90.01
90.02 09002	PRCC	26,629,234	0	0	90.02
91.00 09100	EMERGENCY	4,111,194	298,782	148,009	91.00
92.00 09200	OBSERVATION BEDS				92.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	169,070,514	7,886,802	3,906,918	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	85,084	0	0	190.00
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	638	0	0	192.01
193.01 19301	MASSAGE THERAPY	33,452	0	0	193.01
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	193.02
193.03 19303	ADOL SCHOOL	-14,112	0	0	193.03
193.04 19304	FOUNDATION	340,475	12,837	6,359	193.04
193.05 19305	LEASED BLDG	0	0	0	193.05
193.07 19307	PARISH NURSING	227,783	5,249	2,600	193.07
194.00 07950	OP PHARMACY	1,105,047	0	0	194.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	TOTAL (sum lines 118-201)	170,848,881	7,904,888	3,915,877	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140174

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

Worksheet B Part I Date/Time Prepared: 5/23/2013 6:57 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	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	33,680,324				5.00
6.00	00600	MAINTENANCE & REPAIRS	1,289,143	6,539,379			6.00
7.00	00700	OPERATION OF PLANT	1,181,644	426,484	6,420,556		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	143,070	14,171	14,884	754,800	8.00
9.00	00900	HOUSEKEEPING	600,047	157,757	165,697	0	3,367,285
10.00	01000	DIETARY	314,340	360,976	379,144	11,334	204,598
11.00	01100	CAFETERIA	327,486	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	800,125	104,341	109,592	0	59,139
14.00	01400	CENTRAL SERVICES & SUPPLY	438,125	336,725	353,673	0	190,853
15.00	01500	PHARMACY	761,418	245,321	257,668	0	139,046
16.00	01600	MEDICAL RECORDS & LIBRARY	752,625	168,614	177,100	0	95,569
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,743,452	1,287,748	1,352,562	351,179	729,883
31.00	03100	INTENSIVE CARE UNIT	1,149,450	456,563	479,542	38,039	258,776
40.00	04000	SUBPROVIDER - I/PF	1,551,857	0	0	48,608	0
43.00	04300	NURSERY	153,932	26,582	27,920	0	15,067
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,024,898	658,137	691,261	38,115	373,026
51.00	05100	RECOVERY ROOM	575,929	517,682	543,737	58,394	293,417
52.00	05200	DELIVERY ROOM & LABOR ROOM	798,806	421,112	442,307	62,938	238,683
53.00	05300	ANESTHESIOLOGY	43,804	14,468	15,196	0	8,201
54.00	05400	RADIOLOGY-DIAGNOSTIC	876,668	285,526	299,897	26,539	161,834
54.02	03630	ULTRASOUND	227,163	65,302	68,588	12,670	37,012
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	194,646	32,297	33,922	0	18,305
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,619	58,399	61,338	4,968	33,100
59.00	05900	CARDIAC CATHETERIZATION	394,433	75,519	79,319	7,648	42,803
60.00	06000	LABORATORY	1,179,741	15,040	15,797	0	8,524
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	252,862	12,320	12,940	0	6,983
65.00	06500	RESPIRATORY THERAPY	321,959	23,931	25,135	0	13,564
66.00	06600	PHYSICAL THERAPY	280,709	83,084	87,266	1,311	47,091
67.00	06700	OCCUPATIONAL THERAPY	69,604	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	108,444	7,063	7,418	0	4,003
69.00	06900	ELECTROCARDIOLOGY	194,386	74,170	77,903	0	42,039
70.01	03320	ECT	13,657	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,502,473	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,664,664	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,013,385	0	0	0	0
74.00	07400	RENAL DIALYSIS	147,968	11,977	12,580	0	6,788
75.01	03550	PSYCHOLOGY	259,489	112,844	118,523	0	63,959
76.00	03950	OCCUPATIONAL HEALTH	256,460	9,326	9,795	0	5,286
76.97	07697	CARDIAC REHABILITATION	97,847	64,387	67,628	0	36,494
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	268,890	18,263	19,182	0	10,351
90.01	09001	OUTPATIENT PROCEDURES	48,104	0	0	0	0
90.02	09002	PRCC	6,683,428	0	0	0	0
91.00	09100	EMERGENCY	1,351,434	370,805	389,467	93,057	210,169
92.00	09200	OBSERVATION BEDS					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,178,184	6,516,934	6,396,981	754,800	3,354,563
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	21,345	0	0	0	0
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	157	0	0	0	0
193.01	19301	MASSAGE THERAPY	10,537	0	0	0	0
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0
193.03	19303	ADOL SCHOOL	2,505	0	0	0	0
193.04	19304	FOUNDATION	103,902	15,931	16,733	0	9,030
193.05	19305	LEASED BLDG	0	0	0	0	0
193.07	19307	PARI SH NURSING	76,172	6,514	6,842	0	3,692
194.00	07950	OP PHARMACY	287,522	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	33,680,324	6,539,379	6,420,556	754,800	3,367,285

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140174

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 6:57 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
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	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000	2,550,589					10.00	
11.00	01100	0	1,661,224				11.00	
13.00	01300	0	0	4,331,832			13.00	
14.00	01400	0	0	154,108	3,257,816		14.00	
15.00	01500	0	0	0	180	4,504,627	15.00	
16.00	01600	0	0	0	11,093	0	16.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	1,509,609	983,223	1,617,922	144,822	19,889	30.00	
31.00	03100	148,767	96,894	339,082	43,909	5,295	31.00	
40.00	04000	746,921	486,477	730,169	15,390	106	40.00	
43.00	04300	0	0	47,191	4,741	288	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	43	28	211,352	1,216,565	6,460	50.00	
51.00	05100	36,638	23,863	140,485	25,376	10,083	51.00	
52.00	05200	83,440	54,345	226,753	20,584	2,142	52.00	
53.00	05300	0	0	16,919	33,017	1,658	53.00	
54.00	05400	0	0	0	78,086	600	54.00	
54.02	03630	0	0	0	4,202	0	54.02	
57.00	05700	0	0	0	28,452	55	57.00	
58.00	05800	0	0	0	10,569	197	58.00	
59.00	05900	0	0	0	976,476	1,200	59.00	
60.00	06000	0	0	0	0	0	60.00	
63.00	06300	0	0	0	229,085	0	63.00	
65.00	06500	0	0	130,732	21,841	0	65.00	
66.00	06600	0	0	0	2,218	0	66.00	
67.00	06700	0	0	0	710	0	67.00	
68.00	06800	0	0	0	2,017	0	68.00	
69.00	06900	0	0	63,149	3,102	284	69.00	
70.01	03320	0	0	4,417	562	0	70.01	
71.00	07100	0	0	0	86,896	0	71.00	
72.00	07200	0	0	0	0	0	72.00	
73.00	07300	0	0	0	0	928,224	73.00	
74.00	07400	0	0	0	0	0	74.00	
75.01	03550	0	0	74,356	1,048	0	75.01	
76.00	03950	0	0	0	12,027	2,552	76.00	
76.97	07697	0	0	29,884	1,582	22	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	0	80,388	8,137	1,443	90.00	
90.01	09001	0	0	1,429	39	0	90.01	
90.02	09002	0	0	0	136,731	3,503,699	90.02	
91.00	09100	25,171	16,394	463,496	134,232	20,430	91.00	
92.00	09200	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		2,550,589	1,661,224	4,331,832	3,253,689	4,504,627	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	1,194	0	190.00	
192.01	19201	0	0	0	0	0	192.01	
193.01	19301	0	0	0	139	0	193.01	
193.02	19302	0	0	0	0	0	193.02	
193.03	19303	0	0	0	0	0	193.03	
193.04	19304	0	0	0	2,678	0	193.04	
193.05	19305	0	0	0	0	0	193.05	
193.07	19307	0	0	0	116	0	193.07	
194.00	07950	0	0	0	0	0	194.00	
200.00	Cross Foot Adjustments		0	0	0	0	200.00	
201.00	Negative Cost Centers		0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)		2,550,589	1,661,224	4,331,832	3,257,816	4,504,627	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140174

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 6:57 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	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
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
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,270,184			16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	372,216	27,358,299	0	27,358,299
31.00	03100	INTENSIVE CARE UNIT	91,586	7,789,219	0	7,789,219
40.00	04000	SUBPROVIDER - IPF	112,611	10,012,321	0	10,012,321
43.00	04300	NURSERY	5,649	908,283	0	908,283
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	481,904	8,875,845	0	8,875,845
51.00	05100	RECOVERY ROOM	137,763	4,708,928	0	4,708,928
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,833	5,639,205	0	5,639,205
53.00	05300	ANESTHESIOLOGY	49,679	361,339	0	361,339
54.00	05400	RADIOLOGY-DIAGNOSTIC	131,795	5,431,313	0	5,431,313
54.02	03630	ULTRASOUND	67,001	1,407,096	0	1,407,096
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	238,547	1,338,951	0	1,338,951
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	60,765	836,122	0	836,122
59.00	05900	CARDIAC CATHETERIZATION	199,735	3,383,525	0	3,383,525
60.00	06000	LABORATORY	325,823	6,349,603	0	6,349,603
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,988	1,558,998	0	1,558,998
65.00	06500	RESPIRATORY THERAPY	50,055	1,898,445	0	1,898,445
66.00	06600	PHYSICAL THERAPY	26,405	1,671,317	0	1,671,317
67.00	06700	OCCUPATIONAL THERAPY	7,282	361,071	0	361,071
68.00	06800	SPEECH PATHOLOGY	6,442	577,044	0	577,044
69.00	06900	ELECTROCARDIOLOGY	97,988	1,344,690	0	1,344,690
70.01	03320	ECT	3,099	77,354	0	77,354
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	240,753	7,949,176	0	7,949,176
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	96,873	8,541,143	0	8,541,143
73.00	07300	DRUGS CHARGED TO PATIENTS	398,347	6,467,124	0	6,467,124
74.00	07400	RENAL DIALYSIS	20,826	802,761	0	802,761
75.01	03550	PSYCHOLOGY	20,482	1,707,511	0	1,707,511
76.00	03950	OCCUPATIONAL HEALTH	7,140	1,347,059	0	1,347,059
76.97	07697	CARDIAC REHABILITATION	7,421	703,761	0	703,761
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,753	1,513,503	0	1,513,503
90.01	09001	OUTPATIENT PROCEDURES	5,673	251,155	0	251,155
90.02	09002	PRCC	530,640	38,073,982	0	38,073,982
91.00	09100	EMERGENCY	414,110	8,992,690	0	8,992,690
92.00	09200	OBSERVATION BEDS			0	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,270,184	168,238,833	0	168,238,833
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	109,470	0	109,470
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	795	0	795
193.01	19301	MASSAGE THERAPY	0	53,591	0	53,591
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0
193.03	19303	ADOL SCHOOL	0	12,705	0	12,705
193.04	19304	FOUNDATION	0	571,431	0	571,431
193.05	19305	LEASED BLDG	0	0	0	0
193.07	19307	PARI SH NURSING	0	403,557	0	403,557
194.00	07950	OP PHARMACY	0	1,458,499	0	1,458,499
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	4,270,184	170,848,881	0	170,848,881

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 6:57 pm				
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00			2.00	2A	4.00
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	73,761	36,539	110,300	110,300	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,437,074	711,890	2,148,964	12,395	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,124,831	557,212	1,682,043	953	6.00
7.00	00700	OPERATION OF PLANT	0	343,647	170,234	513,881	2,169	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	11,419	5,657	17,076	87	8.00
9.00	00900	HOUSEKEEPING	0	127,116	62,970	190,086	2,853	9.00
10.00	01000	DIETARY	0	290,863	144,086	434,949	1,092	10.00
11.00	01100	CAFETERIA	0	0	0	0	958	11.00
13.00	01300	NURSING ADMINISTRATION	0	84,075	41,648	125,723	4,628	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	271,322	134,406	405,728	1,287	14.00
15.00	01500	PHARMACY	0	197,672	97,922	295,594	3,737	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	135,864	67,303	203,167	2,279	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,037,626	514,013	1,551,639	20,294	30.00
31.00	03100	INTENSIVE CARE UNIT	0	367,884	182,240	550,124	5,668	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	9,934	40.00
43.00	04300	NURSERY	0	21,419	10,611	32,030	920	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	530,305	262,699	793,004	3,672	50.00
51.00	05100	RECOVERY ROOM	0	417,131	206,636	623,767	2,527	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	339,319	168,090	507,409	4,166	52.00
53.00	05300	ANESTHESIOLOGY	0	11,658	5,775	17,433	158	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	230,068	113,970	344,038	3,846	54.00
54.02	03630	ULTRASOUND	0	52,618	26,066	78,684	1,090	54.02
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	26,024	12,891	38,915	1,099	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	47,056	23,310	70,366	640	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	60,850	30,144	90,994	1,925	59.00
60.00	06000	LABORATORY	0	12,119	6,003	18,122	72	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,927	4,918	14,845	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	19,283	9,552	28,835	1,871	65.00
66.00	06600	PHYSICAL THERAPY	0	66,947	33,164	100,111	1,365	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	386	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,691	2,819	8,510	600	68.00
69.00	06900	ELECTROCARDIOLOGY	0	59,764	29,605	89,369	887	69.00
70.01	03320	ECT	0	0	0	0	85	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	9,651	4,781	14,432	0	74.00
75.01	03550	PSYCHOLOGY	0	90,926	45,042	135,968	1,403	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	7,514	3,722	11,236	1,001	76.00
76.97	07697	CARDIAC REHABILITATION	0	51,881	25,701	77,582	488	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	14,715	7,290	22,005	1,193	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	260	90.01
90.02	09002	PRCC	0	0	0	0	4,092	90.02
91.00	09100	EMERGENCY	0	298,782	148,009	446,791	6,558	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,886,802	3,906,918	11,793,720	108,638	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	13	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	66	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	169	193.03
193.04	19304	FOUNDATION	0	12,837	6,359	19,196	440	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARI SH NURSING	0	5,249	2,600	7,849	517	193.07
194.00	07950	OP PHARMACY	0	0	0	0	457	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	0	7,904,888	3,915,877	11,820,765	110,300	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 6:57 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	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	2,161,359			5.00		
6.00	00600	MAINTENANCE & REPAIRS	82,728	1,765,724		6.00		
7.00	00700	OPERATION OF PLANT	75,829	115,157	707,036	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	9,181	3,826	1,639	31,809	8.00	
9.00	00900	HOUSEKEEPING	38,507	42,597	18,247	0	292,290	9.00
10.00	01000	DIETARY	20,172	97,469	41,752	478	17,760	10.00
11.00	01100	CAFETERIA	21,016	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	51,346	28,174	12,068	0	5,133	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,116	90,921	38,947	0	16,567	14.00
15.00	01500	PHARMACY	48,862	66,240	28,375	0	12,070	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	48,298	45,528	19,502	0	8,296	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	240,228	347,708	148,943	14,801	63,357	30.00
31.00	03100	INTENSIVE CARE UNIT	73,763	123,278	52,807	1,603	22,462	31.00
40.00	04000	SUBPROVIDER - I/PF	99,587	0	0	2,048	0	40.00
43.00	04300	NURSERY	9,878	7,178	3,075	0	1,308	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	65,771	177,706	76,122	1,606	32,380	50.00
51.00	05100	RECOVERY ROOM	36,959	139,781	59,877	2,461	25,469	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,262	113,706	48,707	2,652	20,718	52.00
53.00	05300	ANESTHESIOLOGY	2,811	3,907	1,673	0	712	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,258	77,096	33,025	1,118	14,048	54.00
54.02	03630	ULTRASOUND	14,578	17,632	7,553	534	3,213	54.02
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	12,491	8,721	3,736	0	1,589	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,676	15,769	6,755	209	2,873	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,312	20,391	8,735	322	3,715	59.00
60.00	06000	LABORATORY	75,707	4,061	1,740	0	740	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,227	3,327	1,425	0	606	63.00
65.00	06500	RESPIRATORY THERAPY	20,661	6,462	2,768	0	1,177	65.00
66.00	06600	PHYSICAL THERAPY	18,014	22,434	9,610	55	4,088	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,467	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,959	1,907	817	0	347	68.00
69.00	06900	ELECTROCARDIOLOGY	12,474	20,027	8,579	0	3,649	69.00
70.01	03320	ECT	876	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	96,418	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	106,826	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	65,032	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,496	3,234	1,385	0	589	74.00
75.01	03550	PSYCHOLOGY	16,652	30,469	13,052	0	5,552	75.01
76.00	03950	OCCUPATIONAL HEALTH	16,458	2,518	1,079	0	459	76.00
76.97	07697	CARDIAC REHABILITATION	6,279	17,386	7,447	0	3,168	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	17,255	4,931	2,112	0	898	90.00
90.01	09001	OUTPATIENT PROCEDURES	3,087	0	0	0	0	90.01
90.02	09002	PRCC	428,893	0	0	0	0	90.02
91.00	09100	EMERGENCY	86,725	100,122	42,888	3,922	18,243	91.00
92.00	09200	OBSERVATION BEDS						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,129,135	1,759,663	704,440	31,809	291,186	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,370	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	10	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	676	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	161	0	0	0	0	193.03
193.04	19304	FOUNDATION	6,668	4,302	1,843	0	784	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARI SH NURSING	4,888	1,759	753	0	320	193.07
194.00	07950	OP PHARMACY	18,451	0	0	0	0	194.00
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)	2,161,359	1,765,724	707,036	31,809	292,290	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 6:57 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
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	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000	613,672					10.00	
11.00	01100	0	21,974				11.00	
13.00	01300	0	0	227,072			13.00	
14.00	01400	0	0	8,078	589,644		14.00	
15.00	01500	0	0	0	33	454,911	15.00	
16.00	01600	0	0	0	2,008	0	16.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	363,213	13,005	84,809	26,212	2,009	30.00	
31.00	03100	35,793	1,282	17,775	7,947	535	31.00	
40.00	04000	179,709	6,435	38,275	2,785	11	40.00	
43.00	04300	0	0	2,474	858	29	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	10	0	11,079	220,190	652	50.00	
51.00	05100	8,815	316	7,364	4,593	1,018	51.00	
52.00	05200	20,076	719	11,886	3,726	216	52.00	
53.00	05300	0	0	887	5,976	167	53.00	
54.00	05400	0	0	0	14,133	61	54.00	
54.02	03630	0	0	0	761	0	54.02	
57.00	05700	0	0	0	5,150	6	57.00	
58.00	05800	0	0	0	1,913	20	58.00	
59.00	05900	0	0	0	176,735	121	59.00	
60.00	06000	0	0	0	0	0	60.00	
63.00	06300	0	0	0	41,463	0	63.00	
65.00	06500	0	0	6,853	3,953	0	65.00	
66.00	06600	0	0	0	402	0	66.00	
67.00	06700	0	0	0	128	0	67.00	
68.00	06800	0	0	0	365	0	68.00	
69.00	06900	0	0	3,310	561	29	69.00	
70.01	03320	0	0	232	102	0	70.01	
71.00	07100	0	0	0	15,728	0	71.00	
72.00	07200	0	0	0	0	0	72.00	
73.00	07300	0	0	0	0	93,738	73.00	
74.00	07400	0	0	0	0	0	74.00	
75.01	03550	0	0	3,898	190	0	75.01	
76.00	03950	0	0	0	2,177	258	76.00	
76.97	07697	0	0	1,567	286	2	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	0	4,214	1,473	146	90.00	
90.01	09001	0	0	75	7	0	90.01	
90.02	09002	0	0	0	24,747	353,830	90.02	
91.00	09100	6,056	217	24,296	24,295	2,063	91.00	
92.00	09200	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		613,672	21,974	227,072	588,897	454,911	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	216	0	190.00	
192.01	19201	0	0	0	0	0	192.01	
193.01	19301	0	0	0	25	0	193.01	
193.02	19302	0	0	0	0	0	193.02	
193.03	19303	0	0	0	0	0	193.03	
193.04	19304	0	0	0	485	0	193.04	
193.05	19305	0	0	0	0	0	193.05	
193.07	19307	0	0	0	21	0	193.07	
194.00	07950	0	0	0	0	0	194.00	
200.00	Cross Foot Adjustments		0	0	0	0	200.00	
201.00	Negative Cost Centers		0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)		613,672	21,974	227,072	589,644	454,911	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 6:57 pm
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Cost Center Description		MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	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
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
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	329,078			16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	28,673	2,904,891	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,055	900,092	0	31.00
40.00	04000	SUBPROVIDER - IPF	8,675	347,459	0	40.00
43.00	04300	NURSERY	435	58,185	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,123	1,419,315	0	50.00
51.00	05100	RECOVERY ROOM	10,612	923,559	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,683	787,926	0	52.00
53.00	05300	ANESTHESIOLOGY	3,827	37,551	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,153	553,776	0	54.00
54.02	03630	ULTRASOUND	5,161	129,206	0	54.02
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	18,376	90,083	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,681	110,902	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,386	343,636	0	59.00
60.00	06000	LABORATORY	25,100	125,542	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,155	79,048	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,856	76,436	0	65.00
66.00	06600	PHYSICAL THERAPY	2,034	158,113	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	561	5,542	0	67.00
68.00	06800	SPEECH PATHOLOGY	496	20,001	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,548	146,433	0	69.00
70.01	03320	ECT	239	1,534	0	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	18,546	130,692	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,463	114,289	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,686	189,456	0	73.00
74.00	07400	RENAL DIALYSIS	1,604	30,740	0	74.00
75.01	03550	PSYCHOLOGY	1,578	208,762	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	550	35,736	0	76.00
76.97	07697	CARDIAC REHABILITATION	572	114,777	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	905	55,132	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	437	3,866	0	90.01
90.02	09002	PRCC	41,007	852,569	0	90.02
91.00	09100	EMERGENCY	31,901	794,077	0	91.00
92.00	09200	OBSERVATION BEDS			0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	329,078	11,749,326	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,599	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	10	0	192.01
193.01	19301	MASSAGE THERAPY	0	767	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	330	0	193.03
193.04	19304	FOUNDATION	0	33,718	0	193.04
193.05	19305	LEASED BLDG	0	0	0	193.05
193.07	19307	PARI SH NURSING	0	16,107	0	193.07
194.00	07950	OP PHARMACY	0	18,908	0	194.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	329,078	11,820,765	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1
Date/Time Prepared: 5/23/2013 6:57 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	429,212				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		429,212			2.00
4.00 00400	EMPLOYEE BENEFITS	4,005	4,005	55,040,585		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	78,029	78,029	6,185,097	-33,680,324	5.00
6.00 00600	MAINTENANCE & REPAIRS	61,075	61,075	475,538	0	6.00
7.00 00700	OPERATION OF PLANT	18,659	18,659	1,082,516	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	620	620	43,363	0	8.00
9.00 00900	HOUSEKEEPING	6,902	6,902	1,423,501	0	9.00
10.00 01000	DIETARY	15,793	15,793	545,058	0	10.00
11.00 01100	CAFETERIA	0	0	477,949	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,565	4,565	2,309,538	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	14,732	14,732	642,299	0	14.00
15.00 01500	PHARMACY	10,733	10,733	1,864,667	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,377	7,377	1,136,982	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	56,340	56,340	10,128,719	0	30.00
31.00 03100	INTENSIVE CARE UNIT	19,975	19,975	2,828,556	0	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	4,957,183	0	40.00
43.00 04300	NURSERY	1,163	1,163	459,020	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,794	28,794	1,832,272	0	50.00
51.00 05100	RECOVERY ROOM	22,649	22,649	1,260,821	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	18,424	18,424	2,078,651	0	52.00
53.00 05300	ANESTHESIOLOGY	633	633	78,941	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,492	12,492	1,919,065	0	54.00
54.02 03630	ULTRASOUND	2,857	2,857	544,123	0	54.02
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,413	1,413	548,406	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,555	2,555	319,435	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,304	3,304	960,511	0	59.00
60.00 06000	LABORATORY	658	658	36,003	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	539	539	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,047	1,047	933,882	0	65.00
66.00 06600	PHYSICAL THERAPY	3,635	3,635	681,268	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	192,502	0	67.00
68.00 06800	SPEECH PATHOLOGY	309	309	299,382	0	68.00
69.00 06900	ELECTROCARDIOLOGY	3,245	3,245	442,513	0	69.00
70.01 03320	ECT	0	0	42,280	0	70.01
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	524	524	0	0	74.00
75.01 03550	PSYCHOLOGY	4,937	4,937	700,183	0	75.01
76.00 03950	OCCUPATIONAL HEALTH	408	408	499,395	0	76.00
76.97 07697	CARDIAC REHABILITATION	2,817	2,817	243,300	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	799	799	595,146	0	90.00
90.01 09001	OUTPATIENT PROCEDURES	0	0	129,549	0	90.01
90.02 09002	PRCC	0	0	2,041,816	0	90.02
91.00 09100	EMERGENCY	16,223	16,223	3,272,230	0	91.00
92.00 09200	OBSERVATION BEDS					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	428,230	428,230	54,211,660	-33,680,324	135,123,518
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	6,388	0	190.00
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	192.01
193.01 19301	MASSAGE THERAPY	0	0	32,735	0	193.01
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03 19303	ADOL SCHOOL	0	0	84,101	0	193.03
193.04 19304	FOUNDATION	697	697	219,612	0	193.04
193.05 19305	LEASED BLDG	0	0	0	0	193.05
193.07 19307	PARI SH NURSING	285	285	258,021	0	193.07
194.00 07950	OP PHARMACY	0	0	228,068	0	194.00
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)	7,904,888	3,915,877	15,911,206		33,680,324
203.00	Unit cost multiplier (Wkst. B, Part I)	18.417211	9.123410	0.289081		0.245540

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 6:57 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
204.00	Cost to be allocated (per Wkst. B, Part II)		110,300	5A	2,161,359	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.002004		0.015757	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140174		Period: From 01/01/2012 To 12/31/2012		Worksheet B-1	
Date/Time Prepared: 5/23/2013 6:57 pm							
Cost Center	Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
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	286,103				6.00
7.00	00700	OPERATION OF PLANT	18,659	267,444			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	620	620	1,217,335		8.00
9.00	00900	HOUSEKEEPING	6,902	6,902	0	259,922	9.00
10.00	01000	DIETARY	15,793	15,793	18,280	15,793	117,442
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,565	4,565	0	4,565	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,732	14,732	0	14,732	14.00
15.00	01500	PHARMACY	10,733	10,733	0	10,733	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,377	7,377	0	7,377	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	56,340	56,340	566,378	56,340	69,510
31.00	03100	INTENSIVE CARE UNIT	19,975	19,975	61,349	19,975	6,850
40.00	04000	SUBPROVIDER - IPF	0	0	78,395	0	34,392
43.00	04300	NURSERY	1,163	1,163	0	1,163	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,794	28,794	61,472	28,794	2
51.00	05100	RECOVERY ROOM	22,649	22,649	94,177	22,649	1,687
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,424	18,424	101,506	18,424	3,842
53.00	05300	ANESTHESIOLOGY	633	633	0	633	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,492	12,492	42,802	12,492	0
54.02	03630	ULTRASOUND	2,857	2,857	20,434	2,857	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,413	1,413	0	1,413	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,555	2,555	8,013	2,555	0
59.00	05900	CARDIAC CATHETERIZATION	3,304	3,304	12,334	3,304	0
60.00	06000	LABORATORY	658	658	0	658	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	539	539	0	539	0
65.00	06500	RESPIRATORY THERAPY	1,047	1,047	0	1,047	0
66.00	06600	PHYSICAL THERAPY	3,635	3,635	2,114	3,635	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	309	309	0	309	0
69.00	06900	ELECTROCARDIOLOGY	3,245	3,245	0	3,245	0
70.01	03320	ECT	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	524	524	0	524	0
75.01	03550	PSYCHOLOGY	4,937	4,937	0	4,937	0
76.00	03950	OCCUPATIONAL HEALTH	408	408	0	408	0
76.97	07697	CARDIAC REHABILITATION	2,817	2,817	0	2,817	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	799	799	0	799	0
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0
90.02	09002	PRCC	0	0	0	0	0
91.00	09100	EMERGENCY	16,223	16,223	150,081	16,223	1,159
92.00	09200	OBSERVATION BEDS					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	285,121	266,462	1,217,335	258,940	117,442
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0
193.01	19301	MASSAGE THERAPY	0	0	0	0	0
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0
193.03	19303	ADOL SCHOOL	0	0	0	0	0
193.04	19304	FOUNDATION	697	697	0	697	0
193.05	19305	LEASED BLDG	0	0	0	0	0
193.07	19307	PARISH NURSING	285	285	0	285	0
194.00	07950	OP PHARMACY	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	6,539,379	6,420,556	754,800	3,367,285	2,550,589
203.00		Unit cost multiplier (Wkst. B, Part I)	22.856730	24.007104	0.620043	12.954983	21.717861
204.00		Cost to be allocated (per Wkst. B, Part II)	1,765,724	707,036	31,809	292,290	613,672

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 140174		Period: From 01/01/2012 To 12/31/2012	Worksheet B-1 Date/Time Prepared: 5/23/2013 6:57 pm	
Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)
205.00	Unit cost multiplier (Wkst. B, Part II)		6.00 6.171637	7.00 2.643679	8.00 0.026130	9.00 1.124530	10.00 5.225320
							205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1

Date/Time Prepared: 5/23/2013 6:57 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
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
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	117,442					11.00
13.00	01300	0	1,027,723				13.00
14.00	01400	0	36,562	14,433,963			14.00
15.00	01500	0	0	798	21,054,642		15.00
16.00	01600	0	0	49,148	0	881,898,316	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	69,510	383,850	641,643	92,962	76,872,314	30.00
31.00	03100	6,850	80,447	194,541	24,750	18,914,885	31.00
40.00	04000	34,392	173,232	68,185	497	23,257,218	40.00
43.00	04300	0	11,196	21,006	1,346	1,166,611	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2	50,143	5,390,069	30,196	99,525,857	50.00
51.00	05100	1,687	33,330	112,430	47,127	28,451,629	51.00
52.00	05200	3,842	53,797	91,199	10,011	7,193,958	52.00
53.00	05300	0	4,014	146,286	7,750	10,259,996	53.00
54.00	05400	0	0	345,965	2,804	27,219,057	54.00
54.02	03630	0	0	18,619	0	13,837,439	54.02
57.00	05700	0	0	126,059	259	49,266,230	57.00
58.00	05800	0	0	46,827	921	12,549,533	58.00
59.00	05900	0	0	4,326,339	5,608	41,250,564	59.00
60.00	06000	0	0	0	0	67,291,046	60.00
63.00	06300	0	0	1,014,975	0	3,095,415	63.00
65.00	06500	0	31,016	96,766	0	10,337,663	65.00
66.00	06600	0	0	9,829	0	5,453,306	66.00
67.00	06700	0	0	3,144	0	1,504,021	67.00
68.00	06800	0	0	8,936	0	1,330,371	68.00
69.00	06900	0	14,982	13,742	1,328	20,237,105	69.00
70.01	03320	0	1,048	2,490	0	639,969	70.01
71.00	07100	0	0	384,999	0	49,721,802	71.00
72.00	07200	0	0	0	0	20,006,914	72.00
73.00	07300	0	0	0	4,338,530	82,269,076	73.00
74.00	07400	0	0	0	0	4,301,018	74.00
75.01	03550	0	17,641	4,645	0	4,230,086	75.01
76.00	03950	0	0	53,288	11,929	1,474,562	76.00
76.97	07697	0	7,090	7,009	104	1,532,638	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	19,072	36,050	6,745	2,427,220	90.00
90.01	09001	0	339	172	0	1,171,593	90.01
90.02	09002	0	0	605,794	16,376,286	109,584,693	90.02
91.00	09100	1,159	109,964	594,724	95,489	85,524,527	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		117,442	1,027,723	14,415,677	21,054,642	881,898,316	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	5,292	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	0	0	614	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
193.04	19304	0	0	11,867	0	0	193.04
193.05	19305	0	0	0	0	0	193.05
193.07	19307	0	0	513	0	0	193.07
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		1,661,224	4,331,832	3,257,816	4,504,627	4,270,184	202.00
203.00		14.145059	4.214980	0.225705	0.213949	0.004842	203.00
204.00		21,974	227,072	589,644	454,911	329,078	204.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 6:57 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.187105	0.220947	0.040851	0.021606	0.000373	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/23/2013 6:57 pm				
			Title XVIII	Hospital	PPS				
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	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	27,358,299		27,358,299	25,433	27,383,732	64,477,797	30.00
31.00	03100	INTENSIVE CARE UNIT	7,789,219		7,789,219	863	7,790,082	18,914,885	31.00
40.00	04000	SUBPROVIDER - IPF	10,012,321		10,012,321	27,970	10,040,291	23,257,218	40.00
43.00	04300	NURSERY	908,283		908,283	0	908,283	1,166,611	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,875,845		8,875,845	6,592	8,882,437	68,235,751	50.00
51.00	05100	RECOVERY ROOM	4,708,928		4,708,928	0	4,708,928	12,174,190	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,639,205		5,639,205	0	5,639,205	6,402,358	52.00
53.00	05300	ANESTHESIOLOGY	361,339		361,339	0	361,339	4,259,694	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,431,313		5,431,313	0	5,431,313	8,157,517	54.00
54.02	03630	ULTRASOUND	1,407,096		1,407,096	0	1,407,096	3,555,848	54.02
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,338,951		1,338,951	0	1,338,951	13,423,571	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	836,122		836,122	0	836,122	3,306,112	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,383,525		3,383,525	0	3,383,525	21,289,765	59.00
60.00	06000	LABORATORY	6,349,603		6,349,603	14,669	6,364,272	35,345,156	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,558,998		1,558,998	0	1,558,998	2,447,161	63.00
65.00	06500	RESPIRATORY THERAPY	1,898,445	0	1,898,445	0	1,898,445	8,715,700	65.00
66.00	06600	PHYSICAL THERAPY	1,671,317	0	1,671,317	0	1,671,317	2,892,177	66.00
67.00	06700	OCCUPATIONAL THERAPY	361,071	0	361,071	0	361,071	826,523	67.00
68.00	06800	SPEECH PATHOLOGY	577,044	0	577,044	0	577,044	518,047	68.00
69.00	06900	ELECTROCARDIOLOGY	1,344,690		1,344,690	0	1,344,690	9,239,875	69.00
70.01	03320	ECT	77,354		77,354	0	77,354	292,198	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	7,949,176		7,949,176	0	7,949,176	19,725,375	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,541,143		8,541,143	0	8,541,143	7,334,149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,467,124		6,467,124	0	6,467,124	40,232,453	73.00
74.00	07400	RENAL DIALYSIS	802,761		802,761	0	802,761	4,149,105	74.00
75.01	03550	PSYCHOLOGY	1,707,511		1,707,511	1,450	1,708,961	20,551	75.01
76.00	03950	OCCUPATIONAL HEALTH	1,347,059		1,347,059	0	1,347,059	3,311	76.00
76.97	07697	CARDIAC REHABILITATION	703,761		703,761	0	703,761	3,096	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,513,503		1,513,503	0	1,513,503	22,544	90.00
90.01	09001	OUTPATIENT PROCEDURES	251,155		251,155	0	251,155	8,950	90.01
90.02	09002	PRCC	38,073,982		38,073,982	0	38,073,982	0	90.02
91.00	09100	EMERGENCY	8,992,690		8,992,690	38,570	9,031,260	20,110,150	91.00
92.00	09200	OBSERVATION BEDS	3,855,211		3,855,211	0	3,855,211	9,380,697	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	172,094,044	0	172,094,044	115,547	172,209,591	409,888,535	200.00
201.00		Less Observation Beds	3,855,211		3,855,211		3,855,211		201.00
202.00		Total (see instructions)	168,238,833	0	168,238,833	115,547	168,354,380	409,888,535	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	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		64,477,797					30.00
31.00	03100	INTENSIVE CARE UNIT		18,914,885					31.00
40.00	04000	SUBPROVIDER - IPF		23,257,218					40.00
43.00	04300	NURSERY		1,166,611					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	31,290,106	99,525,857	0.089181	0.000000	0.089248		50.00
51.00	05100	RECOVERY ROOM	16,277,439	28,451,629	0.165506	0.000000	0.165506		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	791,600	7,193,958	0.783881	0.000000	0.783881		52.00
53.00	05300	ANESTHESIOLOGY	6,000,302	10,259,996	0.035218	0.000000	0.035218		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,061,540	27,219,057	0.199541	0.000000	0.199541		54.00
54.02	03630	ULTRASOUND	10,281,591	13,837,439	0.101688	0.000000	0.101688		54.02
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	35,842,659	49,266,230	0.027178	0.000000	0.027178		57.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140174

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

Worksheet C
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Date/Time Prepared:
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			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
Cost Center Description			Outpatient	Total (col. 6 + col. 7)				9.00	10.00
			7.00	8.00	9.00	10.00	11.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,243,421	12,549,533	0.066626	0.000000	0.066626		58.00
59.00	05900	CARDIAC CATHETERIZATION	19,960,799	41,250,564	0.082024	0.000000	0.082024		59.00
60.00	06000	LABORATORY	31,945,890	67,291,046	0.094360	0.000000	0.094578		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	648,254	3,095,415	0.503647	0.000000	0.503647		63.00
65.00	06500	RESPIRATORY THERAPY	1,621,963	10,337,663	0.183644	0.000000	0.183644		65.00
66.00	06600	PHYSICAL THERAPY	2,561,129	5,453,306	0.306478	0.000000	0.306478		66.00
67.00	06700	OCCUPATIONAL THERAPY	677,498	1,504,021	0.240070	0.000000	0.240070		67.00
68.00	06800	SPEECH PATHOLOGY	812,324	1,330,371	0.433747	0.000000	0.433747		68.00
69.00	06900	ELECTROCARDIOLOGY	10,997,230	20,237,105	0.066447	0.000000	0.066447		69.00
70.01	03320	ECT	347,771	639,969	0.120871	0.000000	0.120871		70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	29,996,427	49,721,802	0.159873	0.000000	0.159873		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,672,765	20,006,914	0.426910	0.000000	0.426910		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,036,623	82,269,076	0.078609	0.000000	0.078609		73.00
74.00	07400	RENAL DIALYSIS	151,913	4,301,018	0.186644	0.000000	0.186644		74.00
75.01	03550	PSYCHOLOGY	4,209,535	4,230,086	0.403659	0.000000	0.404001		75.01
76.00	03950	OCCUPATIONAL HEALTH	1,471,251	1,474,562	0.913532	0.000000	0.913532		76.00
76.97	07697	CARDIAC REHABILITATION	1,529,542	1,532,638	0.459183	0.000000	0.459183		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,404,676	2,427,220	0.623554	0.000000	0.623554		90.00
90.01	09001	OUTPATIENT PROCEDURES	1,162,643	1,171,593	0.214371	0.000000	0.214371		90.01
90.02	09002	PRCC	109,584,693	109,584,693	0.347439	0.000000	0.347439		90.02
91.00	09100	EMERGENCY	65,414,377	85,524,527	0.105147	0.000000	0.105598		91.00
92.00	09200	OBSERVATION BEDS	3,013,820	12,394,517	0.311042	0.000000	0.311042		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	472,009,781	881,898,316					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	472,009,781	881,898,316					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140174

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

Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	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	27,358,299		27,358,299	0	0	64,477,797	30.00
31.00	03100	INTENSIVE CARE UNIT	7,789,219		7,789,219	0	0	18,914,885	31.00
40.00	04000	SUBPROVIDER - IPF	10,012,321		10,012,321	0	0	23,257,218	40.00
43.00	04300	NURSERY	908,283		908,283	0	0	1,166,611	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,875,845		8,875,845	0	0	68,235,751	50.00
51.00	05100	RECOVERY ROOM	4,708,928		4,708,928	0	0	12,174,190	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,639,205		5,639,205	0	0	6,402,358	52.00
53.00	05300	ANESTHESIOLOGY	361,339		361,339	0	0	4,259,694	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,431,313		5,431,313	0	0	8,157,517	54.00
54.02	03630	ULTRASOUND	1,407,096		1,407,096	0	0	3,555,848	54.02
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,338,951		1,338,951	0	0	13,423,571	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	836,122		836,122	0	0	3,306,112	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,383,525		3,383,525	0	0	21,289,765	59.00
60.00	06000	LABORATORY	6,349,603		6,349,603	0	0	35,345,156	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,558,998		1,558,998	0	0	2,447,161	63.00
65.00	06500	RESPIRATORY THERAPY	1,898,445	0	1,898,445	0	0	8,715,700	65.00
66.00	06600	PHYSICAL THERAPY	1,671,317	0	1,671,317	0	0	2,892,177	66.00
67.00	06700	OCCUPATIONAL THERAPY	361,071	0	361,071	0	0	826,523	67.00
68.00	06800	SPEECH PATHOLOGY	577,044	0	577,044	0	0	518,047	68.00
69.00	06900	ELECTROCARDIOLOGY	1,344,690		1,344,690	0	0	9,239,875	69.00
70.01	03320	ECT	77,354		77,354	0	0	292,198	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	7,949,176		7,949,176	0	0	19,725,375	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,541,143		8,541,143	0	0	7,334,149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,467,124		6,467,124	0	0	40,232,453	73.00
74.00	07400	RENAL DIALYSIS	802,761		802,761	0	0	4,149,105	74.00
75.01	03550	PSYCHOLOGY	1,707,511		1,707,511	0	0	20,551	75.01
76.00	03950	OCCUPATIONAL HEALTH	1,347,059		1,347,059	0	0	3,311	76.00
76.97	07697	CARDIAC REHABILITATION	703,761		703,761	0	0	3,096	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,513,503		1,513,503	0	0	22,544	90.00
90.01	09001	OUTPATIENT PROCEDURES	251,155		251,155	0	0	8,950	90.01
90.02	09002	PRCC	38,073,982		38,073,982	0	0	0	90.02
91.00	09100	EMERGENCY	8,992,690		8,992,690	0	0	20,110,150	91.00
92.00	09200	OBSERVATION BEDS	3,855,211		3,855,211	0	0	9,380,697	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	172,094,044	0	172,094,044	0	0	409,888,535	200.00
201.00		Less Observation Beds	3,855,211		3,855,211		0		201.00
202.00		Total (see instructions)	168,238,833	0	168,238,833	0	0	409,888,535	202.00
Charges									
Cost Center Description	Outpatient		Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	7.00	8.00					9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		64,477,797					30.00
31.00	03100	INTENSIVE CARE UNIT		18,914,885					31.00
40.00	04000	SUBPROVIDER - IPF		23,257,218					40.00
43.00	04300	NURSERY		1,166,611					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	31,290,106	99,525,857	0.089181	0.000000	0.000000		50.00
51.00	05100	RECOVERY ROOM	16,277,439	28,451,629	0.165506	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	791,600	7,193,958	0.783881	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	6,000,302	10,259,996	0.035218	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,061,540	27,219,057	0.199541	0.000000	0.000000		54.00
54.02	03630	ULTRASOUND	10,281,591	13,837,439	0.101688	0.000000	0.000000		54.02
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	35,842,659	49,266,230	0.027178	0.000000	0.000000		57.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140174

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 6:57 pm

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
Cost Center Description			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00	9.00	10.00	11.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,243,421	12,549,533	0.066626	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,960,799	41,250,564	0.082024	0.000000	0.000000	59.00
60.00	06000	LABORATORY	31,945,890	67,291,046	0.094360	0.000000	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	648,254	3,095,415	0.503647	0.000000	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	1,621,963	10,337,663	0.183644	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,561,129	5,453,306	0.306478	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	677,498	1,504,021	0.240070	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	812,324	1,330,371	0.433747	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,997,230	20,237,105	0.066447	0.000000	0.000000	69.00
70.01	03320	ECT	347,771	639,969	0.120871	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	29,996,427	49,721,802	0.159873	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,672,765	20,006,914	0.426910	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,036,623	82,269,076	0.078609	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	151,913	4,301,018	0.186644	0.000000	0.000000	74.00
75.01	03550	PSYCHOLOGY	4,209,535	4,230,086	0.403659	0.000000	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	1,471,251	1,474,562	0.913532	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,529,542	1,532,638	0.459183	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,404,676	2,427,220	0.623554	0.000000	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	1,162,643	1,171,593	0.214371	0.000000	0.000000	90.01
90.02	09002	PRCC	109,584,693	109,584,693	0.347439	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	65,414,377	85,524,527	0.105147	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS	3,013,820	12,394,517	0.311042	0.000000	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	472,009,781	881,898,316				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	472,009,781	881,898,316				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140174		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/23/2013 6:57 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	2,904,891	0	2,904,891	33,583	86.50	30.00	
31.00	INTENSIVE CARE UNIT	900,092		900,092	4,156	216.58	31.00	
40.00	SUBPROVIDER - IPF	347,459	0	347,459	13,047	26.63	40.00	
43.00	NURSERY	58,185		58,185	0	0.00	43.00	
200.00	Total (Lines 30-199)	4,210,627		4,210,627	50,786		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	11,450	990,425					30.00
31.00	INTENSIVE CARE UNIT	1,649	357,140					31.00
40.00	SUBPROVIDER - IPF	4,726	125,853					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	17,825	1,473,418					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/23/2013 6:57 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)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,419,315	99,525,857	0.014261	24,022,399	342,583	50.00
51.00	05100 RECOVERY ROOM	923,559	28,451,629	0.032461	5,167,843	167,753	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	787,926	7,193,958	0.109526	13,337	1,461	52.00
53.00	05300 ANESTHESIOLOGY	37,551	10,259,996	0.003660	1,629,598	5,964	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	553,776	27,219,057	0.020345	4,551,599	92,602	54.00
54.02	03630 ULTRASOUND	129,206	13,837,439	0.009337	1,729,885	16,152	54.02
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	90,083	49,266,230	0.001828	7,343,228	13,423	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	110,902	12,549,533	0.008837	1,439,167	12,718	58.00
59.00	05900 CARDIAC CATHETERIZATION	343,636	41,250,564	0.008330	8,771,839	73,069	59.00
60.00	06000 LABORATORY	125,542	67,291,046	0.001866	15,465,498	28,859	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	79,048	3,095,415	0.025537	1,221,184	31,185	63.00
65.00	06500 RESPIRATORY THERAPY	76,436	10,337,663	0.007394	4,700,980	34,759	65.00
66.00	06600 PHYSICAL THERAPY	158,113	5,453,306	0.028994	1,703,608	49,394	66.00
67.00	06700 OCCUPATIONAL THERAPY	5,542	1,504,021	0.003685	506,751	1,867	67.00
68.00	06800 SPEECH PATHOLOGY	20,001	1,330,371	0.015034	336,892	5,065	68.00
69.00	06900 ELECTROCARDIOLOGY	146,433	20,237,105	0.007236	4,884,106	35,341	69.00
70.01	03320 ECT	1,534	639,969	0.002397	1,571	4	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	130,692	49,721,802	0.002628	14,218,913	37,367	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	114,289	20,006,914	0.005712	5,648,555	32,265	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	189,456	82,269,076	0.002303	25,467,120	58,651	73.00
74.00	07400 RENAL DIALYSIS	30,740	4,301,018	0.007147	2,601,391	18,592	74.00
75.01	03550 PSYCHOLOGY	208,762	4,230,086	0.049352	0	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	35,736	1,474,562	0.024235	2,604	63	76.00
76.97	07697 CARDIAC REHABILITATION	114,777	1,532,638	0.074889	732	55	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	55,132	2,427,220	0.022714	12,659	288	90.00
90.01	09001 OUTPATIENT PROCEDURES	3,866	1,171,593	0.003300	31	0	90.01
90.02	09002 PRCC	852,569	109,584,693	0.007780	0	0	90.02
91.00	09100 EMERGENCY	794,077	85,524,527	0.009285	9,596,711	89,105	91.00
92.00	09200 OBSERVATION BEDS	408,965	12,394,517	0.032996	1,516,858	50,050	92.00
200.00	Total (lines 50-199)	7,947,664	774,081,805		142,555,059	1,198,635	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140174		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/23/2013 6:57 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	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,583	0.00	11,450	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,156	0.00	1,649	0		31.00
40.00	04000	SUBPROVIDER - IPF	13,047	0.00	4,726	0		40.00
43.00	04300	NURSERY	0	0.00	0	0		43.00
200.00		Total (lines 30-199)	50,786		17,825	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140174

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2013 6:57 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.02	03630	ULTRASOUND	0	0	0	0	0	54.02	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
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	0	0	0	69.00	
70.01	03320	ECT	0	0	0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.01	03550	PSYCHOLOGY	0	0	0	0	0	75.01	
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01	
90.02	09002	PRCC	0	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 6:57 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)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	99,525,857	0.000000	0.000000	24,022,399	50.00
51.00	05100 RECOVERY ROOM	0	28,451,629	0.000000	0.000000	5,167,843	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,193,958	0.000000	0.000000	13,337	52.00
53.00	05300 ANESTHESIOLOGY	0	10,259,996	0.000000	0.000000	1,629,598	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,219,057	0.000000	0.000000	4,551,599	54.00
54.02	03630 ULTRASOUND	0	13,837,439	0.000000	0.000000	1,729,885	54.02
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	49,266,230	0.000000	0.000000	7,343,228	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,549,533	0.000000	0.000000	1,439,167	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	41,250,564	0.000000	0.000000	8,771,839	59.00
60.00	06000 LABORATORY	0	67,291,046	0.000000	0.000000	15,465,498	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	3,095,415	0.000000	0.000000	1,221,184	63.00
65.00	06500 RESPIRATORY THERAPY	0	10,337,663	0.000000	0.000000	4,700,980	65.00
66.00	06600 PHYSICAL THERAPY	0	5,453,306	0.000000	0.000000	1,703,608	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,504,021	0.000000	0.000000	506,751	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,330,371	0.000000	0.000000	336,892	68.00
69.00	06900 ELECTROCARDIOLOGY	0	20,237,105	0.000000	0.000000	4,884,106	69.00
70.01	03320 ECT	0	639,969	0.000000	0.000000	1,571	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	49,721,802	0.000000	0.000000	14,218,913	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	20,006,914	0.000000	0.000000	5,648,555	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	82,269,076	0.000000	0.000000	25,467,120	73.00
74.00	07400 RENAL DIALYSIS	0	4,301,018	0.000000	0.000000	2,601,391	74.00
75.01	03550 PSYCHOLOGY	0	4,230,086	0.000000	0.000000	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0	1,474,562	0.000000	0.000000	2,604	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,532,638	0.000000	0.000000	732	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	2,427,220	0.000000	0.000000	12,659	90.00
90.01	09001 OUTPATIENT PROCEDURES	0	1,171,593	0.000000	0.000000	31	90.01
90.02	09002 PRCC	0	109,584,693	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	85,524,527	0.000000	0.000000	9,596,711	91.00
92.00	09200 OBSERVATION BEDS	0	12,394,517	0.000000	0.000000	1,516,858	92.00
200.00	Total (lines 50-199)	0	774,081,805			142,555,059	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 6:57 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	8,831,319	0	50.00
51.00	05100 RECOVERY ROOM	0	3,739,458	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	527	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,297,459	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,789,780	0	54.00
54.02	03630 ULTRASOUND	0	1,399,075	0	54.02
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	7,292,653	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,926,308	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,351,198	0	59.00
60.00	06000 LABORATORY	0	970,735	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	72,626	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	146,529	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,486,557	0	69.00
70.01	03320 ECT	0	261,370	0	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	4,610,037	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,865,133	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	41,848,115	0	73.00
74.00	07400 RENAL DIALYSIS	0	71,872	0	74.00
75.01	03550 PSYCHOLOGY	0	128,417	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0	4,879	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	553,714	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	580,406	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	0	12,566	0	90.01
90.02	09002 PRCC	0	18,711,698	0	90.02
91.00	09100 EMERGENCY	0	9,025,031	0	91.00
92.00	09200 OBSERVATION BEDS	0	2,821,573	0	92.00
200.00	Total (lines 50-199)	0	120,799,035	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 6:57 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	0.089181	8,831,319	0	0	787,586	50.00
51.00	05100	RECOVERY ROOM	0.165506	3,739,458	0	0	618,903	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.783881	527	0	0	413	52.00
53.00	05300	ANESTHESIOLOGY	0.035218	1,297,459	0	0	45,694	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.199541	3,789,780	0	0	756,216	54.00
54.02	03630	ULTRASOUND	0.101688	1,399,075	0	0	142,269	54.02
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.027178	7,292,653	0	0	198,200	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066626	1,926,308	0	0	128,342	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082024	7,351,198	0	0	602,975	59.00
60.00	06000	LABORATORY	0.094360	970,735	0	0	91,599	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.503647	72,626	0	0	36,578	63.00
65.00	06500	RESPIRATORY THERAPY	0.183644	146,529	0	0	26,909	65.00
66.00	06600	PHYSICAL THERAPY	0.306478	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.240070	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.433747	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066447	2,486,557	0	0	165,224	69.00
70.01	03320	ECT	0.120871	261,370	0	0	31,592	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.159873	4,610,037	2,028	0	737,020	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.426910	2,865,133	0	0	1,223,154	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.078609	41,848,115	0	186,173	3,289,638	73.00
74.00	07400	RENAL DIALYSIS	0.186644	71,872	0	0	13,414	74.00
75.01	03550	PSYCHOLOGY	0.403659	128,417	0	0	51,837	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.913532	4,879	0	0	4,457	76.00
76.97	07697	CARDIAC REHABILITATION	0.459183	553,714	0	0	254,256	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.623554	580,406	0	0	361,914	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.214371	12,566	0	0	2,694	90.01
90.02	09002	PRCC	0.347439	18,711,698	0	0	6,501,174	90.02
91.00	09100	EMERGENCY	0.105147	9,025,031	0	0	948,955	91.00
92.00	09200	OBSERVATION BEDS	0.311042	2,821,573	0	0	877,628	92.00
200.00		Subtotal (see instructions)		120,799,035	2,028	186,173	17,898,641	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		120,799,035	2,028	186,173	17,898,641	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 6:57 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
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.02 03630	ULTRASOUND	0	0	54.02
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
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
70.01 03320	ECT	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	324	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	14,635	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
75.01 03550	PSYCHOLOGY	0	0	75.01
76.00 03950	OCCUPATIONAL HEALTH	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	0	90.00
90.01 09001	OUTPATIENT PROCEDURES	0	0	90.01
90.02 09002	PRCC	0	0	90.02
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS	0	0	92.00
200.00	Subtotal (see instructions)	324	14,635	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	324	14,635	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140174 Component CCN: 14S174		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/23/2013 6:57 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,419,315	99,525,857	0.014261	9,688	138	50.00
51.00	05100 RECOVERY ROOM	923,559	28,451,629	0.032461	1,371	45	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	787,926	7,193,958	0.109526	0	0	52.00
53.00	05300 ANESTHESIOLOGY	37,551	10,259,996	0.003660	2,619	10	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	553,776	27,219,057	0.020345	48,624	989	54.00
54.02	03630 ULTRASOUND	129,206	13,837,439	0.009337	8,618	80	54.02
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	90,083	49,266,230	0.001828	107,245	196	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	110,902	12,549,533	0.008837	21,393	189	58.00
59.00	05900 CARDIAC CATHETERIZATION	343,636	41,250,564	0.008330	6,263	52	59.00
60.00	06000 LABORATORY	125,542	67,291,046	0.001866	845,193	1,577	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	79,048	3,095,415	0.025537	15,001	383	63.00
65.00	06500 RESPIRATORY THERAPY	76,436	10,337,663	0.007394	60,729	449	65.00
66.00	06600 PHYSICAL THERAPY	158,113	5,453,306	0.028994	66,855	1,938	66.00
67.00	06700 OCCUPATIONAL THERAPY	5,542	1,504,021	0.003685	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	20,001	1,330,371	0.015034	4,779	72	68.00
69.00	06900 ELECTROCARDIOLOGY	146,433	20,237,105	0.007236	37,671	273	69.00
70.01	03320 ECT	1,534	639,969	0.002397	127,172	305	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	130,692	49,721,802	0.002628	7,928	21	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	114,289	20,006,914	0.005712	426	2	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	189,456	82,269,076	0.002303	2,717,270	6,258	73.00
74.00	07400 RENAL DIALYSIS	30,740	4,301,018	0.007147	22,440	160	74.00
75.01	03550 PSYCHOLOGY	208,762	4,230,086	0.049352	988	49	75.01
76.00	03950 OCCUPATIONAL HEALTH	35,736	1,474,562	0.024235	42	1	76.00
76.97	07697 CARDIAC REHABILITATION	114,777	1,532,638	0.074889	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	55,132	2,427,220	0.022714	154	3	90.00
90.01	09001 OUTPATIENT PROCEDURES	3,866	1,171,593	0.003300	0	0	90.01
90.02	09002 PRCC	852,569	109,584,693	0.007780	0	0	90.02
91.00	09100 EMERGENCY	794,077	85,524,527	0.009285	318,998	2,962	91.00
92.00	09200 OBSERVATION BEDS	0	12,394,517	0.000000	0	0	92.00
200.00	Total (lines 50-199)	7,538,699	774,081,805		4,431,467	16,152	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 6:57 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02 03630 ULTRASOUND	0	0	0	0	0	54.02
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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	0	0	0	69.00
70.01 03320 ECT	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.01 03550 PSYCHOLOGY	0	0	0	0	0	75.01
76.00 03950 OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02 09002 PRCC	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 6:57 pm
Title XVII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 ÷ col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	99,525,857	0.000000	0.000000	9,688	50.00
51.00 05100 RECOVERY ROOM	0	28,451,629	0.000000	0.000000	1,371	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	7,193,958	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	10,259,996	0.000000	0.000000	2,619	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	27,219,057	0.000000	0.000000	48,624	54.00
54.02 03630 ULTRASOUND	0	13,837,439	0.000000	0.000000	8,618	54.02
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	49,266,230	0.000000	0.000000	107,245	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,549,533	0.000000	0.000000	21,393	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	41,250,564	0.000000	0.000000	6,263	59.00
60.00 06000 LABORATORY	0	67,291,046	0.000000	0.000000	845,193	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,095,415	0.000000	0.000000	15,001	63.00
65.00 06500 RESPIRATORY THERAPY	0	10,337,663	0.000000	0.000000	60,729	65.00
66.00 06600 PHYSICAL THERAPY	0	5,453,306	0.000000	0.000000	66,855	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,504,021	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,330,371	0.000000	0.000000	4,779	68.00
69.00 06900 ELECTROCARDIOLOGY	0	20,237,105	0.000000	0.000000	37,671	69.00
70.01 03320 ECT	0	639,969	0.000000	0.000000	127,172	70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	49,721,802	0.000000	0.000000	7,928	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	20,006,914	0.000000	0.000000	426	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	82,269,076	0.000000	0.000000	2,717,270	73.00
74.00 07400 RENAL DIALYSIS	0	4,301,018	0.000000	0.000000	22,440	74.00
75.01 03550 PSYCHOLOGY	0	4,230,086	0.000000	0.000000	988	75.01
76.00 03950 OCCUPATIONAL HEALTH	0	1,474,562	0.000000	0.000000	42	76.00
76.97 07697 CARDIAC REHABILITATION	0	1,532,638	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	2,427,220	0.000000	0.000000	154	90.00
90.01 09001 OUTPATIENT PROCEDURES	0	1,171,593	0.000000	0.000000	0	90.01
90.02 09002 PRCC	0	109,584,693	0.000000	0.000000	0	90.02
91.00 09100 EMERGENCY	0	85,524,527	0.000000	0.000000	318,998	91.00
92.00 09200 OBSERVATION BEDS	0	12,394,517	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	774,081,805			4,431,467	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 6:57 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,336	0	54.00
54.02 03630 ULTRASOUND	0	1,672	0	54.02
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	8,705	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	171	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	666	0	69.00
70.01 03320 ECT	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	44	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.01 03550 PSYCHOLOGY	0	0	0	75.01
76.00 03950 OCCUPATIONAL HEALTH	0	2	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 OUTPATIENT PROCEDURES	0	11	0	90.01
90.02 09002 PRCC	0	1,992	0	90.02
91.00 09100 EMERGENCY	0	724	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	92.00
200.00 Total (lines 50-199)	0	15,323	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 6:57 pm
	Title XVIII	Subprovider - IPF	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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.089181	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.165506	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.783881	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.035218	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.199541	1,336	0	0	267	54.00
54.02 03630 ULTRASOUND	0.101688	1,672	0	0	170	54.02
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.027178	8,705	0	0	237	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.066626	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.082024	171	0	0	14	59.00
60.00 06000 LABORATORY	0.094360	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.503647	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.183644	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.306478	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.240070	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.433747	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.066447	666	0	0	44	69.00
70.01 03320 ECT	0.120871	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.159873	44	0	0	7	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.426910	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.078609	0	0	2,335	0	73.00
74.00 07400 RENAL DIALYSIS	0.186644	0	0	0	0	74.00
75.01 03550 PSYCHOLOGY	0.403659	0	0	0	0	75.01
76.00 03950 OCCUPATIONAL HEALTH	0.913532	2	0	0	2	76.00
76.97 07697 CARDIAC REHABILITATION	0.459183	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.623554	0	0	0	0	90.00
90.01 09001 OUTPATIENT PROCEDURES	0.214371	11	0	0	2	90.01
90.02 09002 PRCC	0.347439	1,992	0	0	692	90.02
91.00 09100 EMERGENCY	0.105147	724	0	0	76	91.00
92.00 09200 OBSERVATION BEDS	0.311042	0	0	0	0	92.00
200.00	Subtotal (see instructions)	15,323	0	2,335	1,511	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		15,323	0	2,335	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 6:57 pm
	Title XVII I	Subprovider - IPF	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
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02 03630 ULTRASOUND	0	0		54.02
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
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
70.01 03320 ECT	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	184		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.01 03550 PSYCHOLOGY	0	0		75.01
76.00 03950 OCCUPATIONAL HEALTH	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PROCEDURES	0	0		90.01
90.02 09002 PRCC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
200.00	Subtotal (see instructions)	0	184	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	184	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2013 6:57 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)		33,583	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,583	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)		28,855	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)		11,450	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)		27,383,732	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)		27,383,732	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		78,732,504	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		78,732,504	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.347807	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)		2,728.56	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)		27,383,732	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)		815.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,336,330	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)		9,336,330	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174		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	7,790,082	4,156	1,874.42	1,649	3,090,919	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,889,820	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,317,069	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)					1,347,565	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,198,635	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,546,200	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,770,869	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)					4,728	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					815.40	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,855,211	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 6:57 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	2,904,891	27,383,732	0.106081	3,855,211	408,965	90.00
91.00	Nursing School cost	0	27,383,732	0.000000	3,855,211	0	91.00
92.00	Allied health cost	0	27,383,732	0.000000	3,855,211	0	92.00
93.00	All other Medical Education	0	27,383,732	0.000000	3,855,211	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14S174		Date/Time Prepared: 5/23/2013 6:57 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,047	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,047	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		13,047	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)		4,726	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)		10,040,291	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		10,040,291	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		23,257,218	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		23,257,218	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.431706	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)		1,782.57	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,040,291	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)		769.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,636,893	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)		3,636,893	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174 Component CCN: 14S174		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 6:57 pm	
		Title XVIII		Subprovider - IPF		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	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	
44.00	CORONARY CARE UNIT						
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					409,156	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,046,049	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					125,853	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,152	
52.00	Total Program excludable cost (sum of lines 50 and 51)					142,005	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,904,044	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)					0	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	
58.00	Bonus payment (see instructions)					0	
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	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	
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	
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	
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	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	
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	
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	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	
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)					0	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174 Component CCN: 14S174		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 6:57 pm	
		Title XVIII		Subprovider - IPF		PPS	
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	347,459	10,040,291	0.034606	0	0	90.00
91.00	Nursing School cost	0	10,040,291	0.000000	0	0	91.00
92.00	Allied health cost	0	10,040,291	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,040,291	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/23/2013 6:57 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		27,463,997	30.00
31.00	03100	INTENSIVE CARE UNIT		9,046,340	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.089248	24,022,399	2,143,951 50.00
51.00	05100	RECOVERY ROOM	0.165506	5,167,843	855,309 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.783881	13,337	10,455 52.00
53.00	05300	ANESTHESIOLOGY	0.035218	1,629,598	57,391 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.199541	4,551,599	908,231 54.00
54.02	03630	ULTRASOUND	0.101688	1,729,885	175,909 54.02
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.027178	7,343,228	199,574 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066626	1,439,167	95,886 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082024	8,771,839	719,501 59.00
60.00	06000	LABORATORY	0.094578	15,465,498	1,462,696 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.503647	1,221,184	615,046 63.00
65.00	06500	RESPIRATORY THERAPY	0.183644	4,700,980	863,307 65.00
66.00	06600	PHYSICAL THERAPY	0.306478	1,703,608	522,118 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.240070	506,751	121,656 67.00
68.00	06800	SPEECH PATHOLOGY	0.433747	336,892	146,126 68.00
69.00	06900	ELECTROCARDIOLOGY	0.066447	4,884,106	324,534 69.00
70.01	03320	ECT	0.120871	1,571	190 70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.159873	14,218,913	2,273,220 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.426910	5,648,555	2,411,425 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.078609	25,467,120	2,001,945 73.00
74.00	07400	RENAL DIALYSIS	0.186644	2,601,391	485,534 74.00
75.01	03550	PSYCHOLOGY	0.404001	0	0 75.01
76.00	03950	OCCUPATIONAL HEALTH	0.913532	2,604	2,379 76.00
76.97	07697	CARDIAC REHABILITATION	0.459183	732	336 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.623554	12,659	7,894 90.00
90.01	09001	OUTPATIENT PROCEDURES	0.214371	31	7 90.01
90.02	09002	PRCC	0.347439	0	0 90.02
91.00	09100	EMERGENCY	0.105598	9,596,711	1,013,393 91.00
92.00	09200	OBSERVATION BEDS	0.311042	1,516,858	471,807 92.00
200.00		Total (sum of lines 50-94 and 96-98)		142,555,059	17,889,820 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		142,555,059	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/23/2013 6:57 pm
		Title XVIIII	Subprovider - IPF	PPS
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		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		8,371,546	40.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.089248	9,688	865 50.00
51.00	05100 RECOVERY ROOM	0.165506	1,371	227 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.783881	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.035218	2,619	92 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.199541	48,624	9,702 54.00
54.02	03630 ULTRASOUND	0.101688	8,618	876 54.02
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.027178	107,245	2,915 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.066626	21,393	1,425 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082024	6,263	514 59.00
60.00	06000 LABORATORY	0.094578	845,193	79,937 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.503647	15,001	7,555 63.00
65.00	06500 RESPIRATORY THERAPY	0.183644	60,729	11,153 65.00
66.00	06600 PHYSICAL THERAPY	0.306478	66,855	20,490 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.240070	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.433747	4,779	2,073 68.00
69.00	06900 ELECTROCARDIOLOGY	0.066447	37,671	2,503 69.00
70.01	03320 ECT	0.120871	127,172	15,371 70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.159873	7,928	1,267 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.426910	426	182 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.078609	2,717,270	213,602 73.00
74.00	07400 RENAL DIALYSIS	0.186644	22,440	4,188 74.00
75.01	03550 PSYCHOLOGY	0.404001	988	399 75.01
76.00	03950 OCCUPATIONAL HEALTH	0.913532	42	38 76.00
76.97	07697 CARDIAC REHABILITATION	0.459183	0	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.623554	154	96 90.00
90.01	09001 OUTPATIENT PROCEDURES	0.214371	0	0 90.01
90.02	09002 PRCC	0.347439	0	0 90.02
91.00	09100 EMERGENCY	0.105598	318,998	33,686 91.00
92.00	09200 OBSERVATION BEDS	0.311042	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,431,467	409,156 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		4,431,467	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 6:57 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		23,770,685	1.00
2.00	Outlier payments for discharges. (see instructions)		606,232	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)		203.08	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)		4.16	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		23.15	31.00
32.00	Sum of lines 30 and 31		27.31	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.75	33.00
34.00	Disproportionate share adjustment (see instructions)		2,793,055	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)		27,169,972	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)		27,169,972	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,085,567	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

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CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 6:57 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).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			29,255,539 59.00
60.00	Primary payer payments			16,946 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			29,238,593 61.00
62.00	Deductibles billed to program beneficiaries			2,157,676 62.00
63.00	Coinurance billed to program beneficiaries			144,789 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)			265,992 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			27,210,735 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)			-24,989 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-42,650 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)			27,143,096 71.00
72.00	Interim payments			27,898,741 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)			-755,645 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			66,011 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: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/23/2013 6:57 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,959	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		17,898,641	2.00
3.00	PPS payments		23,213,943	3.00
4.00	Outlier payment (see instructions)		77,980	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,959	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		188,201	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)		188,201	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)		188,201	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		173,242	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)		14,959	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)		23,291,923	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		406	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,513,072	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)		18,793,404	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)		18,793,404	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		18,793,404	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)		274,720	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		19,028,380	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		19,028,380	40.00
41.00	Interim payments		19,093,066	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)		-64,686	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/23/2013 6:57 pm
		Title XVII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		184	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,511	2.00
3.00	PPS payments		1,723	3.00
4.00	Outlier payment (see instructions)		0	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		184	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,335	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)		2,335	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 chargebasis 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)		2,335	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,151	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)		184	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)		1,723	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		371	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)		1,536	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)		1,536	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,536	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		1,536	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		1,536	40.00
41.00	Interim payments		1,609	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)		-73	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: 140174

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2013 6:57 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		27,840,223		19,094,936	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	04/13/2012	58,518		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0	04/13/2012	1,870	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)		58,518		-1,870	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)		27,898,741		19,093,066	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		755,645		64,686	6.02
7.00	Total Medicare program liability (see instructions)		27,143,096		19,028,380	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140174
Component CCN: 14S174

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2013 6:57 pm

Title XVIII

Subprovider -
IPF

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					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		3,585,644		1,609	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,585,644		1,609	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		234,976		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		73	6.02
7.00	Total Medicare program liability (see instructions)		3,820,620		1,536	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/23/2013 6:57 pm
		Component CCN: 14S174	Title XVII I	Subprovider - IPF PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		3,946,825	1.00
2.00	Net IPF PPS Outlier Payments		59,905	2.00
3.00	Net IPF PPS ECT Payments		25,406	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		35.647541	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		4,032,136	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		4,032,136	16.00
17.00	Primary payer payments		2,244	17.00
18.00	Subtotal (line 16 less line 17).		4,029,892	18.00
19.00	Deductibles		392,824	19.00
20.00	Subtotal (line 18 minus line 19)		3,637,068	20.00
21.00	Coinsurance		51,424	21.00
22.00	Subtotal (line 20 minus line 21)		3,585,644	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		335,680	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		234,976	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		102,996	25.00
26.00	Subtotal (sum of lines 22 and 24)		3,820,620	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		3,820,620	31.00
32.00	Interim payments		3,585,644	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		234,976	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		59,905	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 140174

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

Worksheet G
Date/Time Prepared:
5/23/2013 6:57 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	3,239,000	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	34,223,000	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	4,044,000	0	0	0	7.00
8.00	Prepaid expenses	1,376,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	370,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	43,252,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,545,766	0	0	0	12.00
13.00	Land improvements	4,381,101	0	0	0	13.00
14.00	Accumulated depreciation	-2,924,208	0	0	0	14.00
15.00	Buildings	114,203,120	0	0	0	15.00
16.00	Accumulated depreciation	-65,430,570	0	0	0	16.00
17.00	Leasehold improvements	896,639	0	0	0	17.00
18.00	Accumulated depreciation	-535,860	0	0	0	18.00
19.00	Fixed equipment	5,035,008	0	0	0	19.00
20.00	Accumulated depreciation	-3,176,893	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	45,301,377	0	0	0	23.00
24.00	Accumulated depreciation	-35,929,209	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)	66,366,271	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	7,786,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,786,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	117,404,271	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,616,000	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	222,000	0	0	0	43.00
44.00	Other current liabilities	15,389,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,227,000	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	4,126,271	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,126,271	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	33,353,271	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	84,051,000				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)	84,051,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	117,404,271	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140174

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

Worksheet G-1

Date/Time Prepared:
5/23/2013 6:57 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		75,747,209		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		9,063,570				2.00
3.00	Total (sum of line 1 and line 2)		84,810,779		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)		84,810,779		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00	NET ASSET TRANSFER	759,779		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		759,779		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		84,051,000		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	NET ASSET TRANSFER		0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140174

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2013 6:57 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	78,732,504		78,732,504	1.00
2.00	SUBPROVIDER - IPF	23,257,218		23,257,218	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)	101,989,722		101,989,722	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	20,118,491		20,118,491	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	20,118,491		20,118,491	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	122,108,213		122,108,213	17.00
18.00	Ancillary services	317,718,743	439,361,934	757,080,677	18.00
19.00	Outpatient services	31,494	2,677,933	2,709,427	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	439,858,450	442,039,867	881,898,317	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		183,240,185		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	RECONCILING ITEM	1			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)		1		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		183,240,186		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140174

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

Worksheet G-3

Date/Time Prepared:
5/23/2013 6:57 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	881,898,317	1.00
2.00	Less contractual allowances and discounts on patients' accounts	698,133,561	2.00
3.00	Net patient revenues (line 1 minus line 2)	183,764,756	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	183,240,186	4.00
5.00	Net income from service to patients (line 3 minus line 4)	524,570	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	299,000	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	8,240,000	24.00
25.00	Total other income (sum of lines 6-24)	8,539,000	25.00
26.00	Total (line 5 plus line 25)	9,063,570	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)	9,063,570	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140174	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/23/2013 6:57 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,913,195	1.00
2.00	Capital DRG outlier payments		63,511	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		90.19	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)		4.16	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		23.15	8.00
9.00	Sum of lines 7 and 8		27.31	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.69	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		108,861	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,085,567	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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