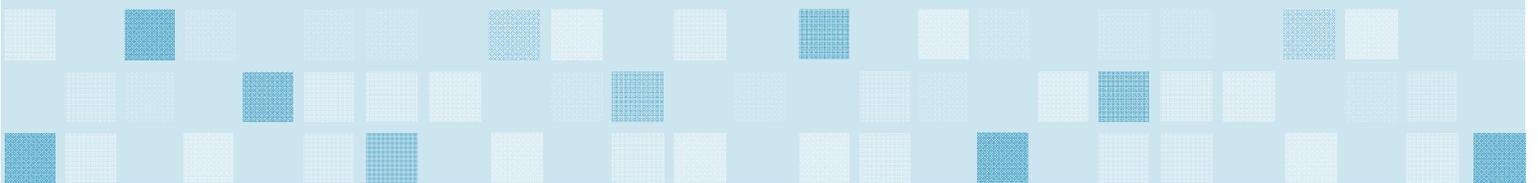


# Presence Saint Joseph Hospital - Elgin

## 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: 140217 Period: From 01/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/24/2013 7:30 am

**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/24/2013 Time: 7:30 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.  
 Contractor use only 5.  Cost Report Status 6. Date Received: 10. NPR Date:  
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4  
 (2) Settled without Audit 8.  Initial Report for this Provider CCN 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.  
 (3) Settled with Audit 9.  Final Report for this Provider CCN  
 (4) Reopened  
 (5) Amended

**PART II - CERTIFICATION**

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 SAINT JOSEPH HOSPITAL ELGIN ( 140217 ) 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: 5/24/2013 Time: 7:30 am  
 AnUkjjiTVTGzG7w: KBiVpe5ekCT7o0  
 sZqri02Zor8EeMEFWAozLIrTJYp0Uy  
 aGXB1H8Qaf0nKuTX  
 PI: Date: 5/24/2013 Time: 7:30 am  
 XhGcubhfzNYi kue7DcM2xV: 1V6B0m0  
 : dhYWO. L: yvvgVMBvQdCygfhqMcII  
 Iu.c0057NZ0jhmJ3

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Date

	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	160,061	-92,143	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	20,378	-30	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	180,439	-92,173	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: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 7:29 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 77 NORTH AIRLITE ST.	PO Box:							1.00	
2.00	City: ELGIN	State: IL		Zip Code: 60123		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	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	PRESENCE SAINT JOSEPH HOSPITAL ELGIN	140217	16974	1	09/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	PRESENCE SAINT JOSEPH REHAB UNIT	14T217	16974	5	09/01/1997	N	P	N	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.					1	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,826	1,937	0	10	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.	1	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 7:29 am		
		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.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1 / (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140217

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/24/2013 7:29 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 7:29 am		
		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				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)	N			0	76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V	XIX			
		1.00	2.00			
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N				109.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 7:29 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	472,156		0
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	148003	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: PRESENCE HEALTHCARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131	
142.00	Street: 100 NORTH RIVER ROAD	PO Box:			
143.00	City: DES PLAINES	State: IL		Zip Code: 60016	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	
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	
				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	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			Y	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	
		Part A		Part B	
		1.00		2.00	
		3.00		4.00	
		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: 140217			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 7:29 am	
							1.00	
<b>Multi campus</b>								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						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: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/24/2013 7:29 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		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	12/31/2012
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.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		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: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/24/2013 7:29 am	
	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
			N		N
					21.00
					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: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/24/2013 7:29 am
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		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	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	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIR. OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140217

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2013 7:29 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	132	48,312	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)		132	48,312	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	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						13.00
14.00 Total (see instructions)		144	52,704	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	40	14,640		0	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)		184				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)	13,829	4,319	26,626		1.00
2.00 HMO	954	0			2.00
3.00 HMO IPF Subprovider	0	0			3.00
4.00 HMO IRF Subprovider	306	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)	13,829	4,319	26,626		7.00
8.00 INTENSIVE CARE UNIT	1,854	23	2,556		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)	15,683	4,342	29,182	0.00	763.91
15.00 CAH visits	0	0	0		15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	11,733	0	13,944	0.00	67.14
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: 140217

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2013 7:29 am

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	831.05	27.00
28.00	Observation Bed Days		323	3,305			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title VIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	3,008	921	6,061	1.00
2.00	HMO			233			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,008	921	6,061	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	973	0	1,174	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: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/24/2013 7:29 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	52,275,300	-1,901,641	50,373,659	1,728,584.00	29.14	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)		4,537,913	101,418	4,639,331	164,368.00	28.23	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		2,974,910	0	2,974,910	90,727.00	32.79	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		568,725	0	568,725	3,715.00	153.09	13.00
14.00	Home office salaries & wage-related costs		9,182,176	0	9,182,176	144,585.00	63.51	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		11,920,191	0	11,920,191			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		1,232,883	0	1,232,883			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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits	4.00	1,108,112	-561,867	546,245	10,857.00	50.31	26.00
27.00	Administrative & General	5.00	5,613,588	-1,329,356	4,284,232	143,452.00	29.87	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	515,580	0	515,580	17,157.00	30.05	29.00
30.00	Operation of Plant	7.00	838,882	0	838,882	38,310.00	21.90	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,037,470	0	1,037,470	85,527.00	12.13	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,087,387	-451,514	635,873	46,266.00	13.74	34.00
35.00	Dietary under contract (see instructions)		348,419	0	348,419	8,992.00	38.75	35.00
36.00	Cafeteria	11.00	0	451,514	451,514	32,852.00	13.74	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,783,114	0	2,783,114	67,791.00	41.05	38.00
39.00	Central Services and Supply	14.00	583,265	-9,786	573,479	17,561.00	32.66	39.00
40.00	Pharmacy	15.00	1,724,068	0	1,724,068	40,378.00	42.70	40.00

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HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140217

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2013 7:29 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,214,499	-632	1,213,867	46,922.00	25.87	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: 140217

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/24/2013 7:29 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	52,623,719	-1,901,641	50,722,078	1,737,576.00	29.19	1.00
2.00	Excluded area salaries (see instructions)	4,537,913	101,418	4,639,331	164,368.00	28.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,085,806	-2,003,059	46,082,747	1,573,208.00	29.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,725,811	0	12,725,811	239,027.00	53.24	4.00
5.00	Subtotal wage-related costs (see inst.)	11,920,191	0	11,920,191	0.00	25.87	5.00
6.00	Total (sum of lines 3 thru 5)	72,731,808	-2,003,059	70,728,749	1,812,235.00	39.03	6.00
7.00	Total overhead cost (see instructions)	16,854,384	-1,901,641	14,952,743	556,065.00	26.89	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2013 7:29 am
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		2,035,766	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		194,443	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		5,642,396	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		292,279	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		92,839	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)		86,327	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		728,363	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		3,643,746	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		190,000	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		246,915	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		13,153,074	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140217

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	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: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/24/2013 7:29 am	
				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.196533	1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid			10,726,700	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			74,277,704	6.00
7.00	Medicaid cost (line 1 times line 6)			14,598,020	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)			3,871,320	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			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)			3,871,320	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	19,244,200	567,617	19,811,817	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,782,120	111,555	3,893,675	21.00
22.00	Partial payment by patients approved for charity care	186,799	1,489	188,288	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,595,321	110,066	3,705,387	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)			22,117,322	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			400,810	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			21,716,512	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			4,268,011	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			7,973,398	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,844,718	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet A		
Date/Time Prepared: 5/24/2013 7:29 am									
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,194,098		4,194,098	3,465,138	7,659,236	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		0	2,065,202	2,065,202	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	1,108,112	13,963,784	15,071,896	-969	15,070,927	15,070,927	4.00
5.01	01160	COMMUNICATIONS	158,902	170,165	329,067	0	329,067	329,067	5.01
5.02	00560	PURCH, RCVING, STORING	426,505	253,964	680,469	-592	679,877	679,877	5.02
5.03	00570	ADMINISTRATIVE	898,738	54,488	953,226	-6,209	947,017	947,017	5.03
5.04	00580	CASHIERING	1,115,184	1,672,974	2,788,158	-828	2,787,330	2,787,330	5.04
5.05	00590	OTHER ADMIN AND GENERAL	3,014,259	17,617,627	20,631,886	-3,853	20,628,033	20,628,033	5.05
6.00	00600	MAINTENANCE & REPAIRS	515,580	2,735,751	3,251,331	-91	3,251,240	3,251,240	6.00
7.00	00700	OPERATION OF PLANT	838,882	2,264,142	3,103,024	-10	3,103,014	3,103,014	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	439,672	439,672	0	439,672	439,672	8.00
9.00	00900	HOUSEKEEPING	1,037,470	160,232	1,197,702	-8,272	1,189,430	1,189,430	9.00
10.00	01000	DIETARY	1,087,387	1,363,773	2,451,160	-1,026,835	1,424,325	1,424,325	10.00
11.00	01100	CAFETERIA	0	0	0	1,017,791	1,017,791	1,017,791	11.00
13.00	01300	NURSING ADMINISTRATION	2,783,114	381,556	3,164,670	-620	3,164,050	3,164,050	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	583,265	2,163,302	2,746,567	-1,722,347	1,024,220	1,024,220	14.00
15.00	01500	PHARMACY	1,724,068	7,857,706	9,581,774	-35,463	9,546,311	9,546,311	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,214,499	1,605,701	2,820,200	-6	2,820,194	2,820,194	16.00
23.00	02300	PARAMED PRGM-(SPECIFY)	234,888	47,543	282,431	100,433	382,864	382,864	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	9,238,539	596,354	9,834,893	-197,107	9,637,786	9,637,786	30.00
31.00	03100	INTENSIVE CARE UNIT	2,131,643	1,049,305	3,180,948	-54,292	3,126,656	3,126,656	31.00
41.00	04100	SUBPROVIDER - IRF	3,831,904	1,177,274	5,009,178	-69,065	4,940,113	4,940,113	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	2,191,421	4,813,494	7,004,915	-3,700,190	3,304,725	3,304,725	50.00
51.00	05100	RECOVERY ROOM	1,953,691	69,796	2,023,487	-27,754	1,995,733	1,995,733	51.00
53.00	05300	ANESTHESIOLOGY	105,582	712,970	818,552	-44,055	774,497	774,497	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,254,323	2,597,266	4,851,589	-1,513,378	3,338,211	3,338,211	54.00
54.01	03650	VASCULAR LAB	415,120	24,905	440,025	-13,492	426,533	426,533	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,323,941	834,956	2,158,897	-106,448	2,052,449	2,052,449	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	456,207	186,443	642,650	-165,941	476,709	476,709	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	226,593	76,016	302,609	-45,835	256,774	256,774	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,134,078	2,186,964	3,321,042	-2,011,161	1,309,881	1,309,881	59.00
60.00	06000	LABORATORY	88,492	5,223,120	5,311,612	-247,315	5,064,297	5,064,297	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	648,641	648,641	-71	648,570	648,570	62.00
65.00	06500	RESPIRATORY THERAPY	909,500	127,683	1,037,183	-33,192	1,003,991	1,003,991	65.00
66.00	06600	PHYSICAL THERAPY	2,255,303	97,725	2,353,028	-10,682	2,342,346	2,342,346	66.00
67.00	06700	OCCUPATIONAL THERAPY	855,841	207,918	1,063,759	-547	1,063,212	1,063,212	67.00
68.00	06800	SPEECH PATHOLOGY	363,970	6,005	369,975	-569	369,406	369,406	68.00
69.00	06900	ELECTROCARDIOLOGY	834,393	131,074	965,467	-14,255	951,212	951,212	69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	5,087,556	5,087,556	5,087,556	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,568,910	5,568,910	5,568,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	438,706	438,706	-32	438,674	438,674	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	0	76.00
76.02	03550	PSYCH	373,421	34,292	407,713	0	407,713	407,713	76.02
76.03	03951	OCCUPATIONAL HEALTH	424,706	469,140	893,846	-20,607	873,239	873,239	76.03
76.97	07697	CARDIAC REHABILITATION	103,478	3,534	107,012	-808	106,204	106,204	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	910,029	910,029	-463,009	447,020	447,020	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	2,919,926	2,337,159	5,257,085	-388,459	4,868,626	4,868,626	91.00
91.01	09101	C'VILLE OUT	98,975	174,840	273,815	278	274,093	274,093	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	364,508	11,438	375,946	-5	375,941	375,941	91.03
91.04	09104	HUNTLEY OP	207,771	239,342	447,113	12,989	460,102	460,102	91.04
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE	0	5,381,354	5,381,354	-5,381,354	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,804,179	87,714,221	139,518,400	2,579	139,520,979	139,520,979	118.00
<b>NONREIMBURSABLE COST CENTERS</b>									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	124,100	329,713	453,813	0	453,813	453,813	194.00
194.01	07951	MOB	0	0	0	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	103,414	1,888	105,302	-2,579	102,723	102,723	194.02
194.03	07953	FUND DEVELOPMENT	243,607	171,559	415,166	0	415,166	415,166	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	52,275,300	88,217,381	140,492,681	0	140,492,681	140,492,681	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140217

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

Worksheet A  
Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	1,251,012	8,910,248	1.00
2.00	00200	644,572	2,709,774	2.00
3.00	00300	0	0	3.00
4.00	00400	57,695	15,128,622	4.00
5.01	01160	-23,424	305,643	5.01
5.02	00560	-343,628	336,249	5.02
5.03	00570	0	947,017	5.03
5.04	00580	45,765	2,833,095	5.04
5.05	00590	-2,840,003	17,788,030	5.05
6.00	00600	0	3,251,240	6.00
7.00	00700	0	3,103,014	7.00
8.00	00800	0	439,672	8.00
9.00	00900	0	1,189,430	9.00
10.00	01000	0	1,424,325	10.00
11.00	01100	-589,610	428,181	11.00
13.00	01300	-18,390	3,145,660	13.00
14.00	01400	0	1,024,220	14.00
15.00	01500	0	9,546,311	15.00
16.00	01600	-16,640	2,803,554	16.00
23.00	02300	-115,962	266,902	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	-26,751	9,611,035	30.00
31.00	03100	-509,817	2,616,839	31.00
41.00	04100	-3,600	4,936,513	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	0	3,304,725	50.00
51.00	05100	0	1,995,733	51.00
53.00	05300	-539,900	234,597	53.00
54.00	05400	65,055	3,403,266	54.00
54.01	03650	0	426,533	54.01
55.00	05500	-180,856	1,871,593	55.00
57.00	05700	0	476,709	57.00
58.00	05800	-2,200	254,574	58.00
59.00	05900	-5,668	1,304,213	59.00
60.00	06000	-20,097	5,044,200	60.00
62.00	06200	0	648,570	62.00
65.00	06500	0	1,003,991	65.00
66.00	06600	0	2,342,346	66.00
67.00	06700	0	1,063,212	67.00
68.00	06800	0	369,406	68.00
69.00	06900	-6,372	944,840	69.00
71.00	07100	0	5,087,556	71.00
72.00	07200	0	5,568,910	72.00
73.00	07300	0	0	73.00
74.00	07400	0	438,674	74.00
76.00	03950	0	0	76.00
76.02	03550	-8,002	399,711	76.02
76.03	03951	-294,792	578,447	76.03
76.97	07697	0	106,204	76.97
76.98	07698	-1,103	445,917	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	09001	0	0	90.01
91.00	09100	-1,221,016	3,647,610	91.00
91.01	09101	-88,984	185,109	91.01
91.02	09102	0	0	91.02
91.03	09103	-690	375,251	91.03
91.04	09104	-44,240	415,862	91.04
92.00	09200	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	0	0	113.00
118.00		-4,837,646	134,683,333	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	0	0	190.00
194.00	07950	0	453,813	194.00
194.01	07951	0	0	194.01
194.02	07952	0	102,723	194.02
194.03	07953	0	415,166	194.03
194.04	07954	0	0	194.04
200.00		-4,837,646	135,655,035	200.00

RECLASSIFICATIONS

Provider CCN: 140217

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2013 7:29 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAFETERIA</b>					
1.00	CAFETERIA	11.00	451,514	566,277	1.00
	TOTALS		451,514	566,277	
<b>B - EQUIP DEPR</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,065,202	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	2,065,202	
<b>D - DIRECTLY ASSIGNED DEPR</b>					
1.00	EMERGENCY	91.00	0	5,182	1.00
2.00	CIVILLE OUT	91.01	0	1,496	2.00
3.00	HUNTLEY OP	91.04	0	14,995	3.00
	TOTALS		0	21,673	
<b>H - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,381,354	1.00
	TOTALS		0	5,381,354	
<b>I - EMS TRAINING COSTS</b>					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	101,418	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	4,474	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		105,892	0	
<b>K - HO ALLOCATION</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	561,867	1.00
2.00	PURCH, RCVING, STORING	5.02	0	327,532	2.00
3.00	CASHIERING	5.04	0	983,724	3.00
4.00	OTHER ADMIN AND GENERAL	5.05	0	18,100	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,786	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	632	6.00
	TOTALS		0	1,901,641	
<b>L - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	5,568,910	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	TOTALS		0	5,568,910	
<b>M - BILLABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	5,087,556	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00

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Provider CCN: 140217

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

Worksheet A-6

Date/Time Prepared:  
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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	5,087,556		
500.00	Grand Total: Increases		557,406	20,592,613		500.00

RECLASSIFICATIONS

Provider CCN: 140217

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2013 7:29 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - CAFETERIA</b>							
1.00	DIETARY	10.00	451,514	566,277	0		1.00
	TOTALS		451,514	566,277			
<b>B - EQUIP DEPR</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,894,543	9		1.00
2.00	LABORATORY	60.00	0	170,659	9		2.00
	TOTALS		0	2,065,202			
<b>D - DIRECTLY ASSIGNED DEPR</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	21,673	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
	TOTALS		0	21,673			
<b>H - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	5,381,354	11		1.00
	TOTALS		0	5,381,354			
<b>I - EMS TRAINING COSTS</b>							
1.00	ADULTS & PEDIATRICS	30.00	7,166	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	ANESTHESIOLOGY	53.00	6,766	0	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	5,113	0	0		4.00
5.00	RESPIRATORY THERAPY	65.00	3,886	0	0		5.00
6.00	EMERGENCY	91.00	82,961	0	0		6.00
	TOTALS		105,892	0			
<b>K - HO ALLOCATION</b>							
1.00	EMPLOYEE BENEFITS	4.00	561,867	0	0		1.00
2.00	PURCH, RCVI NG, STORING	5.02	327,532	0	0		2.00
3.00	CASHIERING	5.04	983,724	0	0		3.00
4.00	OTHER ADMIN AND GENERAL	5.05	18,100	0	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	9,786	0	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	632	0	0		6.00
	TOTALS		1,901,641	0			
<b>L - IMPLANTS</b>							
1.00	ANESTHESIOLOGY	53.00	0	4,638	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	377,836	0		2.00
3.00	OPERATING ROOM	50.00	0	2,558,197	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	877,277	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	1,728,581	0		5.00
6.00	EMERGENCY	91.00	0	11,107	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	28	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	1,154	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	10	0		9.00
10.00	VASCULAR LAB	54.01	0	307	0		10.00
11.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	5,606	0		11.00
12.00	OCCUPATIONAL HEALTH	76.03	0	1,111	0		12.00
13.00	HYPERBARIC OXYGEN THERAPY	76.98	0	3,058	0		13.00
	TOTALS		0	5,568,910			
<b>M - BILLABLE SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	969	0		1.00
2.00	PURCH, RCVI NG, STORING	5.02	0	592	0		2.00
3.00	ADMITTING	5.03	0	6,209	0		3.00
4.00	CASHIERING	5.04	0	828	0		4.00
5.00	OTHER ADMIN AND GENERAL	5.05	0	3,853	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	91	0		6.00
7.00	OPERATION OF PLANT	7.00	0	10	0		7.00
8.00	HOUSEKEEPING	9.00	0	8,272	0		8.00
9.00	DIETARY	10.00	0	9,044	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	620	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,344,511	0		11.00
12.00	PHARMACY	15.00	0	35,463	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	6	0		13.00
14.00	PARAMED PRGM-(SPECIFY)	23.00	0	985	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	189,913	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	57,612	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	69,055	0		17.00
18.00	OPERATING ROOM	50.00	0	1,141,993	0		18.00
19.00	RECOVERY ROOM	51.00	0	27,754	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	32,651	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	636,101	0		21.00
22.00	VASCULAR LAB	54.01	0	13,185	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	106,448	0		23.00
24.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	160,335	0		24.00

RECLASSIFICATIONS

Provider CCN: 140217

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				
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	45,835	0		25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	277,467	0		26.00	
27.00	LABORATORY	60.00	0	76,656	0		27.00	
28.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	71	0		28.00	
29.00	RESPIRATORY THERAPY	65.00	0	29,306	0		29.00	
30.00	PHYSICAL THERAPY	66.00	0	10,682	0		30.00	
31.00	OCCUPATIONAL THERAPY	67.00	0	547	0		31.00	
32.00	SPEECH PATHOLOGY	68.00	0	569	0		32.00	
33.00	ELECTROCARDIOLOGY	69.00	0	14,255	0		33.00	
34.00	RENAL DIALYSIS	74.00	0	32	0		34.00	
35.00	OCCUPATIONAL HEALTH	76.03	0	19,496	0		35.00	
36.00	CARDIAC REHABILITATION	76.97	0	808	0		36.00	
37.00	HYPERBARIC OXYGEN THERAPY	76.98	0	459,951	0		37.00	
38.00	EMERGENCY	91.00	0	299,573	0		38.00	
39.00	CIVILLE OUT	91.01	0	1,218	0		39.00	
40.00	NUTRITION COUNSELING	91.03	0	5	0		40.00	
41.00	HUNTLEY OP	91.04	0	2,006	0		41.00	
42.00	COMMUNITY WELLNESS	194.02	0	2,579	0		42.00	
	TOTALS		0	5,087,556				
500.00	Grand Total: Decreases		2,459,047	18,690,972			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140217

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/24/2013 7:29 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,549,055	0	0	0	1.00
2.00	Land Improvements	5,939,365	0	0	4,622,344	2.00
3.00	Buildings and Fixtures	151,205,529	0	0	135,301,298	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	1,450,447	0	0	108,624	5.00
6.00	Movable Equipment	64,921,257	0	0	34,639,928	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	226,065,653	0	0	174,672,194	8.00
9.00	Reconciling Items	1,972,033	0	0	1,972,033	9.00
10.00	Total (line 8 minus line 9)	224,093,620	0	0	172,700,161	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,549,055	0			1.00
2.00	Land Improvements	1,317,021	0			2.00
3.00	Buildings and Fixtures	15,904,231	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	1,341,823	0			5.00
6.00	Movable Equipment	30,281,329	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	51,393,459	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	51,393,459	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140217

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,194,098	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,194,098	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	4,194,098				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,194,098				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140217

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
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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	19,770,307	0	19,770,307	0.394998	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	30,281,329	0	30,281,329	0.605002	0	2.00
3.00	Total (sum of lines 1-2)	50,051,636	0	50,051,636	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	5,565,573	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,709,774	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,275,347	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	3,344,675	0	0	0	8,910,248	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,709,774	2.00
3.00	Total (sum of lines 1-2)	3,344,675	0	0	0	11,620,022	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.	
			3.00	4.00	5.00	
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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	-3,538	PURCH, RCVING, STORING	5.02	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-23,424	COMMUNICATIONS	5.01	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	-3,380,392			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,404,496			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-550,228	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-5,957	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-5,578	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP 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		0OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 140217

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

Worksheet A-8

Date/Time Prepared:  
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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 INTEREST INCOME	B	-124,145	CAP REL COSTS-BLDG & FIXT	1.00	11	33.00
33.01		0		0.00	0	33.01
34.01 MISC REVENUE	B	-20	EMPLOYEE BENEFITS	4.00	0	34.01
34.02 MISC REVENUE	B	-184,250	OTHER ADMIN AND GENERAL	5.05	0	34.02
34.03 MISC REVENUE	B	-3,640	NURSING ADMINISTRATION	13.00	0	34.03
34.05 MISC REVENUE	B	-4,330	RADIOLOGY-THERAPEUTIC	55.00	0	34.05
34.06 MISC REVENUE	B	-346	CASHIERING	5.04	0	34.06
34.07 MISC REVENUE	B	-5,556	CAFETERIA	11.00	0	34.07
34.08		0		0.00	0	34.08
34.10 MISC REVENUE	B	-690	NUTRITION COUNSELING	91.03	0	34.10
35.00 SISTERS MEALS	A	-28,248	CAFETERIA	11.00	0	35.00
35.10 PHP TRANSPORTATION/FOOD	B	-8,002	PSYCH	76.02	0	35.10
36.00 EMS	B	-115,962	PARAMED ED PRGM-(SPECIFY)	23.00	0	36.00
37.00 MISC REVENUE	B	-67,474	EMERGENCY	91.00	0	37.00
38.00 EMPLOYEE ASSISTANCE PROGRAM	B	-139,789	EMPLOYEE BENEFITS	4.00	0	38.00
39.00		0		0.00	0	39.00
40.00 RENT	B	-44,240	HUNTLEY OP	91.04	0	40.00
41.00 RENT	B	-88,984	CVILLE OUT	91.01	0	41.00
42.00 MISC REVENUE	B	-8,192	RADIOLOGY-DIAGNOSTIC	54.00	0	42.00
43.00		0		0.00	0	43.00
44.00 LOBBYING EXPENSE	A	-31,670	OTHER ADMIN AND GENERAL	5.05	0	44.00
45.00 OFFSET BILL TO OTHER MINISTRIES	A	-29,984	OTHER ADMIN AND GENERAL	5.05	0	45.00
46.00		0		0.00	0	46.00
47.00 ADD BACK DEPRECIATION ON IMPAIR	A	776,917	CAP REL COSTS-BLDG & FIXT	1.00	9	47.00
48.00 ADD BACK DEPRECIATION ON IMPAIR	A	644,572	CAP REL COSTS-MVBLE EQUIP	2.00	9	48.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,837,646				50.00

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

Provider CCN: 140217

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

Worksheet A-8-1

Date/Time Prepared:  
5/24/2013 7:29 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL	2,510,774	0
2.00	4.00	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	2,182,546	1,985,042
3.00	5.04	CASHIERING	CBO	1,141,207	1,095,096
4.00	5.05	OTHER ADMIN AND GENERAL	ADMINISTRATIVE & GENERAL	7,991,581	9,774,099
4.01	15.00	PHARMACY	EMM	68,916	68,916
4.02	31.00	INTENSIVE CARE UNIT	EICU	413,091	622,908
4.03	54.00	RADIOLOGY-DIAGNOSTIC	PACS/CPACS	679,915	595,788
4.04	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	3,460,982	5,373,516
4.05	5.02	PURCH, RCVING, STORING	PURCHASING/MATERIALS MGMT	198,170	538,260
4.06	69.00	ELECTROCARDIOLOGY	EKG	134,472	134,472
4.07	60.00	LABORATORY	LAB	4,880,443	4,878,496
5.00	0		0	23,662,097	25,066,593

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

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

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

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

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

Provider CCN: 140217

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

Worksheet A-8-1

Date/Time Prepared:  
5/24/2013 7:29 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	2,510,774	9		1.00
2.00	197,504	0		2.00
3.00	46,111	0		3.00
4.00	-1,782,518	0		4.00
4.01	0	0		4.01
4.02	-209,817	0		4.02
4.03	84,127	0		4.03
4.04	-1,912,534	11		4.04
4.05	-340,090	0		4.05
4.06	0	0		4.06
4.07	1,947	0		4.07
5.00	-1,404,496			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	HOME OFFICE		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: 140217

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

Worksheet A-8-2

Date/Time Prepared:  
5/24/2013 7:29 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMIN AND GENERAL	811,581	811,581	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	14,750	14,750	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	10,683	10,683	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	53,200	0	53,200	154,100	357	4.00
5.00	31.00	INTENSIVE CARE UNIT	300,000	300,000	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	74,000	3,600	70,400	177,700	840	6.00
7.00	53.00	ANESTHESIOLOGY	539,900	539,900	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	58,106	6,356	51,750	225,300	436	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	176,526	176,526	0	0	0	9.00
10.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,200	2,200	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	13,250	0	13,250	177,200	89	11.00
12.00	60.00	LABORATORY	45,999	0	45,999	215,700	231	12.00
13.00	69.00	ELECTROCARDIOLOGY	13,358	1,000	12,358	177,200	82	13.00
14.00	76.03	OCCUPATIONAL HEALTH	294,792	294,792	0	0	0	14.00
15.00	76.98	HYPERBARIC OXYGEN THERAPY	3,318	0	3,318	177,200	26	15.00
16.00	91.00	EMERGENCY	1,366,012	977,162	388,850	177,200	2,494	16.00
200.00			3,777,675	3,138,550	639,125		4,555	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	5.05	OTHER ADMIN AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	26,449	1,322	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	71,763	3,588	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	47,226	2,361	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	7,582	379	0	0	0	11.00
12.00	60.00	LABORATORY	23,955	1,198	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	6,986	349	0	0	0	13.00
14.00	76.03	OCCUPATIONAL HEALTH	0	0	0	0	0	14.00
15.00	76.98	HYPERBARIC OXYGEN THERAPY	2,215	111	0	0	0	15.00
16.00	91.00	EMERGENCY	212,470	10,624	0	0	0	16.00
200.00			398,646	19,932	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	5.05	OTHER ADMIN AND GENERAL	0	0	0	811,581		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	14,750		2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	10,683		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	26,449	26,751	26,751		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	300,000		5.00
6.00	41.00	SUBPROVIDER - IRF	0	71,763	0	3,600		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	539,900		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	47,226	4,524	10,880		8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	176,526		9.00
10.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,200		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	7,582	5,668	5,668		11.00
12.00	60.00	LABORATORY	0	23,955	22,044	22,044		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	6,986	5,372	6,372		13.00
14.00	76.03	OCCUPATIONAL HEALTH	0	0	0	294,792		14.00
15.00	76.98	HYPERBARIC OXYGEN THERAPY	0	2,215	1,103	1,103		15.00
16.00	91.00	EMERGENCY	0	212,470	176,380	1,153,542		16.00
200.00			0	398,646	241,842	3,380,392		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140217

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8,910,248	8,910,248			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,709,774		2,709,774		2.00
4.00 00400	EMPLOYEE BENEFITS	15,128,622	52,607	4,213	15,185,442	4.00
5.01 01160	COMMUNICATIONS	305,643	40,263	76,254	48,427	470,587
5.02 00560	PURCH, RCVING, STORING	336,249	324,235	4,505	30,163	7,353
5.03 00570	ADMITTING	947,017	105,104	1,423	273,900	13,072
5.04 00580	CASHIERING	2,833,095	0	3,276	40,064	17,157
5.05 00590	OTHER ADMIN AND GENERAL	17,788,030	895,251	252,389	913,112	73,526
6.00 00600	MAINTENANCE & REPAIRS	3,251,240	747,787	48,055	157,129	817
7.00 00700	OPERATION OF PLANT	3,103,014	221,874	18,690	255,659	16,340
8.00 00800	LAUNDRY & LINEN SERVICE	439,672	55,114	0	0	817
9.00 00900	HOUSEKEEPING	1,189,430	49,029	6,543	316,180	1,634
10.00 01000	DIETARY	1,424,325	439,917	90,478	193,789	10,621
11.00 01100	CAFETERIA	428,181	0	0	137,604	1,634
13.00 01300	NURSING ADMINISTRATION	3,145,660	36,890	104,685	848,185	17,157
14.00 01400	CENTRAL SERVICES & SUPPLY	1,024,220	142,798	88,276	174,774	4,085
15.00 01500	PHARMACY	9,546,311	124,416	3,881	525,429	5,719
16.00 01600	MEDICAL RECORDS & LIBRARY	2,803,554	84,026	23,172	369,939	16,340
23.00 02300	PARAMED ED PRGM-(SPECIFY)	266,902	39,412	1,786	102,493	4,085
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	9,611,035	2,297,670	134,781	2,813,351	69,444
31.00 03100	INTENSIVE CARE UNIT	2,616,839	242,068	75,981	651,005	5,719
41.00 04100	SUBPROVIDER - IRF	4,936,513	462,902	57,915	1,167,815	10,621
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	3,304,725	283,388	544,273	667,860	25,327
51.00 05100	RECOVERY ROOM	1,995,733	130,328	5,933	595,409	4,902
53.00 05300	ANESTHESIOLOGY	234,597	9,853	8,024	30,115	2,451
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,403,266	331,959	271,767	687,030	28,595
54.01 03650	VASCULAR LAB	426,533	12,927	54,980	126,512	817
55.00 05500	RADIOLOGY-THERAPEUTIC	1,871,593	409,885	389,430	403,486	25,327
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	476,709	0	1,435	139,034	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	254,574	24,908	291	69,057	0
59.00 05900	CARDIAC CATHETERIZATION	1,304,213	97,742	116,163	344,065	0
60.00 06000	LABORATORY	5,044,200	229,173	21,306	26,969	16,340
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	648,570	2,097	0	0	817
65.00 06500	RESPIRATORY THERAPY	1,003,991	9,853	45,743	275,996	5,719
66.00 06600	PHYSICAL THERAPY	2,342,346	100,548	10,596	687,328	7,353
67.00 06700	OCCUPATIONAL THERAPY	1,063,212	170,102	161	260,827	817
68.00 06800	SPEECH PATHOLOGY	369,406	1,419	185	110,924	817
69.00 06900	ELECTROCARDIOLOGY	944,840	134,379	123,314	254,290	5,719
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	5,087,556	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	5,568,910	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	438,674	28,219	0	0	0
76.00 03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0
76.02 03550	PSYCH	399,711	88,677	0	113,804	13,889
76.03 03951	OCCUPATIONAL HEALTH	578,447	43,984	1,569	129,434	0
76.97 07697	CARDIAC REHABILITATION	106,204	0	14,441	31,536	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	445,917	28,534	948	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001	OUTPATIENT PROCEDURES	0	0	0	0	0
91.00 09100	EMERGENCY	3,647,610	315,296	72,824	864,596	26,144
91.01 09101	CIVILLE OUT	185,109	0	4,818	30,164	817
91.02 09102	LAKE HILL OUT	0	0	0	0	0
91.03 09103	NUTRITION COUNSELING	375,251	40,263	141	111,088	0
91.04 09104	HUNTLEY OP	415,862	0	6,390	63,320	0
92.00 09200	OBSERVATION BEDS	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	134,683,333	8,854,897	2,691,035	15,041,862	441,992
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,634
194.00 07950	OTHER NONREIMBURSABLE COST CENTER	453,813	30,127	18,250	37,821	0
194.01 07951	MOB	0	0	0	0	23,693
194.02 07952	COMMUNITY WELLNESS	102,723	0	0	31,517	0
194.03 07953	FUND DEVELOPMENT	415,166	25,224	489	74,242	3,268
194.04 07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0
200.00	Cross Foot Adjustments	0	0	0	0	0

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COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/24/2013 7:29 am
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	135,655,035	8,910,248	2,709,774	15,185,442	470,587	202.00
Cost Center Description	PURCH, RCVING, STORING	ADMINNING	CASHIERING	Subtotal	OTHER ADMIN AND GENERAL	
		5.03	5.04	5A.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00560 PURCH, RCVING, STORING	702,505					5.02
5.03 00570 ADMINNING	921	1,341,437				5.03
5.04 00580 CASHIERING	1,602	0	2,895,194			5.04
5.05 00590 OTHER ADMIN AND GENERAL	1,608	0	0	19,923,916	19,923,916	5.05
6.00 00600 MAINTENANCE & REPAIRS	10,814	0	0	4,215,842	725,787	6.00
7.00 00700 OPERATION OF PLANT	2,748	0	0	3,618,325	622,920	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	495,603	85,322	8.00
9.00 00900 HOUSEKEEPING	6,596	0	0	1,569,412	270,185	9.00
10.00 01000 DIETARY	52,771	0	0	2,211,901	380,794	10.00
11.00 01100 CAFETERIA	0	0	0	567,419	97,685	11.00
13.00 01300 NURSING ADMINISTRATION	2,296	0	0	4,154,873	715,290	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	14,313	0	0	1,448,466	249,364	14.00
15.00 01500 PHARMACY	605	0	0	10,206,361	1,757,096	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,568	0	0	3,301,599	568,393	16.00
23.00 02300 PARAMED PRGM-(SPECIFY)	733	0	0	415,411	71,516	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	12,799	164,629	355,706	15,459,415	2,661,442	30.00
31.00 03100 INTENSIVE CARE UNIT	1,752	37,082	80,021	3,710,467	638,783	31.00
41.00 04100 SUBPROVIDER - IRF	5,279	63,671	137,399	6,842,115	1,177,918	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	6,635	148,783	321,066	5,302,057	912,786	50.00
51.00 05100 RECOVERY ROOM	944	56,584	122,105	2,911,938	501,311	51.00
53.00 05300 ANESTHESIOLOGY	4,471	25,466	54,954	369,931	63,686	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,560	51,051	110,166	4,890,394	841,916	54.00
54.01 03650 VASCULAR LAB	373	20,914	45,131	688,187	118,476	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	2,559	40,481	87,355	3,230,116	556,087	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	500	100,972	217,892	936,542	161,232	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	52	25,188	54,354	428,424	73,756	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	50,235	108,405	2,020,823	347,899	59.00
60.00 06000 LABORATORY	321	130,602	281,832	5,750,743	990,031	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	2	3,114	6,720	661,320	113,851	62.00
65.00 06500 RESPIRATORY THERAPY	3,822	23,638	51,009	1,419,771	244,424	65.00
66.00 06600 PHYSICAL THERAPY	721	25,259	54,508	3,228,659	555,836	66.00
67.00 06700 OCCUPATIONAL THERAPY	536	13,167	28,413	1,537,235	264,646	67.00
68.00 06800 SPEECH PATHOLOGY	162	4,533	9,783	497,229	85,601	68.00
69.00 06900 ELECTROCARDIOLOGY	1,029	32,482	70,094	1,566,147	269,623	69.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	272,856	57,917	124,981	5,543,310	954,320	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	264,907	39,800	85,886	5,959,503	1,025,970	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	88,290	190,525	278,815	48,000	73.00
74.00 07400 RENAL DIALYSIS	0	5,663	12,220	484,776	83,458	74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02 03550 PSYCH	0	12,417	26,794	655,292	112,813	76.02
76.03 03951 OCCUPATIONAL HEALTH	319	2,017	4,352	760,122	130,860	76.03
76.97 07697 CARDIAC REHABILITATION	85	910	1,964	155,140	26,708	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	1,176	12,409	26,779	515,763	88,792	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	14,098	100,767	217,450	5,258,785	905,337	91.00
91.01 09101 C'VILLE OUT	106	833	1,799	223,646	38,502	91.01
91.02 09102 LAKE HILL OUT	0	0	0	0	0	91.02
91.03 09103 NUTRITION COUNSELING	61	488	1,053	528,345	90,958	91.03
91.04 09104 HUNTLEY OP	114	2,075	4,478	492,239	84,742	91.04
92.00 09200 OBSERVATION BEDS				0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	701,814	1,341,437	2,895,194	134,436,377	19,714,116	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,634	281	190.00

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COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/24/2013 7:29 am	
Cost Center Description			PURCH, RCVI NG, STORING	ADM ITTING	CASHI ERING	Subtotal	OTHER ADMIN AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	0	0	540,011	92,967	194.00
194.01	07951	MOB	0	0	0	23,693	4,079	194.01
194.02	07952	COMMUNITY WELLNESS	192	0	0	134,432	23,143	194.02
194.03	07953	FUND DEVELOPMENT	499	0	0	518,888	89,330	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	702,505	1,341,437	2,895,194	135,655,035	19,923,916	202.00
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCH, RCVI NG, STORING						5.02
5.03	00570	ADM ITTING						5.03
5.04	00580	CASHI ERING						5.04
5.05	00590	OTHER ADMIN AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	4,941,629					6.00
7.00	00700	OPERATION OF PLANT	162,553	4,403,798				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	40,378	37,208	658,511			8.00
9.00	00900	HOUSEKEEPING	35,920	33,099	0	1,908,616		9.00
10.00	01000	DIETARY	322,299	296,990	0	51,962	3,263,946	10.00
11.00	01100	CAFETERIA	0	0	0	21,795	0	11.00
13.00	01300	NURSING ADMINISTRATION	27,027	24,904	0	8,337	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	104,619	96,403	3,149	13,250	0	14.00
15.00	01500	PHARMACY	91,151	83,994	0	6,331	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	61,561	56,727	0	10,828	0	16.00
23.00	02300	PARAMED PRGM-(SPECIFY)	28,875	26,607	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,683,357	1,551,169	271,431	779,051	2,091,219	30.00
31.00	03100	INTENSIVE CARE UNIT	177,348	163,422	33,124	85,450	120,118	31.00
41.00	04100	SUBPROVIDER - IIRF	339,138	312,507	47,724	100,464	787,336	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	207,620	191,317	59,458	248,255	0	50.00
51.00	05100	RECOVERY ROOM	95,483	87,985	49,648	32,416	9,159	51.00
53.00	05300	ANESTHESIOLOGY	7,219	6,652	0	11,693	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	243,205	224,108	31,225	151,942	0	54.00
54.01	03650	VASCULAR LAB	9,471	8,727	8,437	4,740	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	300,296	276,715	2,360	54,833	20,195	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	5,372	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,249	16,816	3,206	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	71,609	65,986	7,398	0	0	59.00
60.00	06000	LABORATORY	167,900	154,716	0	37,051	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,536	1,416	0	1,591	0	62.00
65.00	06500	RESPIRATORY THERAPY	7,219	6,652	0	9,341	0	65.00
66.00	06600	PHYSICAL THERAPY	73,665	67,880	5,837	14,253	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	124,623	114,837	0	15,602	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,039	958	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	98,451	90,720	4,495	5,016	0	69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	20,674	19,051	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCH	64,968	59,866	0	6,954	15,893	76.02
76.03	03951	OCCUPATIONAL HEALTH	32,224	29,694	3,104	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	20,905	19,264	13,839	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	230,997	212,858	107,955	205,841	35,205	91.00
91.01	09101	C'VILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	29,498	27,182	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,901,077	4,366,430	657,762	1,876,996	3,079,125	118.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/24/2013 7:29 am		
Cost Center Description				MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				6.00	7.00	8.00	9.00	10.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4,497	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	22,072	20,339	0	0	184,821	194.00
194.01	07951	MOB	0	0	0	27,123	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	749	0	0	194.02
194.03	07953	FUND DEVELOPMENT	18,480	17,029	0	0	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
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)	4,941,629	4,403,798	658,511	1,908,616	3,263,946	202.00
Cost Center Description				CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
				11.00	13.00	14.00	15.00	16.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCH, RCVING, STORING						5.02
5.03	00570	ADMINISTRATIVE						5.03
5.04	00580	CASHIERING						5.04
5.05	00590	OTHER ADMIN AND GENERAL						5.05
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	686,899					11.00
13.00	01300	NURSING ADMINISTRATION	35,193	4,965,624				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,117	91,902	2,016,270			14.00
15.00	01500	PHARMACY	0	0	0	12,144,933		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,359	245,557	4	0	4,269,028	16.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	3,446	34,739	190	481	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	165,990	1,673,288	38,691	54,261	1,796,728	30.00
31.00	03100	INTENSIVE CARE UNIT	30,673	309,210	9,583	16,890	205,711	31.00
41.00	04100	SUBPROVIDER - IIRF	72,496	730,815	11,379	5,668	551,154	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	32,473	327,354	4,468	135,211	681,697	50.00
51.00	05100	RECOVERY ROOM	29,212	294,478	4,526	5,312	0	51.00
53.00	05300	ANESTHESIOLOGY	2,009	20,253	2,770	8,225	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,468	0	52,233	3,337	0	54.00
54.01	03650	VASCULAR LAB	5,200	0	3,390	150	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,940	0	6,362	22,961	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	6,573	0	27,662	10,579	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,861	0	9,736	1,344	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,279	0	54,925	8,633	0	59.00
60.00	06000	LABORATORY	1,161	11,707	3,221	2,234	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	136,496	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	15,065	151,865	19,156	0	0	65.00
66.00	06600	PHYSICAL THERAPY	34,094	343,692	4,115	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,302	124,014	315	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,903	49,429	139	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,512	0	7,290	5,237	0	69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	7,716	0	796,016	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	761,036	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,962	0	0	11,671,782	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	12	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCH	6,391	64,422	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	7,958	0	4,925	270	0	76.03
76.97	07697	CARDIAC REHABILITATION	1,562	0	370	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	53,025	450	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	48,895	492,899	3,107	191,908	1,033,738	91.00
91.01	09101	CIVILLE OUT	2,080	0	287	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	5,904	0	46	0	0	91.03
91.04	09104	HUNTLEY OP	3,717	0	273	0	0	91.04
92.00	09200	OBSERVATION BEDS						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00

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COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/24/2013 7:29 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	677,511	4,965,624	2,015,748	12,144,933	4,269,028	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTER	4,561	0	25	0	0	194.00
194.01	07951 MOB	0	0	0	0	0	194.01
194.02	07952 COMMUNITY WELLNESS	1,772	0	497	0	0	194.02
194.03	07953 FUND DEVELOPMENT	3,055	0	0	0	0	194.03
194.04	07954 PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
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)	686,899	4,965,624	2,016,270	12,144,933	4,269,028	202.00
Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	01160 COMMUNICATIONS						5.01
5.02	00560 PURCH, RCVING, STORING						5.02
5.03	00570 ADMITTING						5.03
5.04	00580 CASHIERING						5.04
5.05	00590 OTHER ADMIN AND GENERAL						5.05
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						16.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	581,265					23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	40,675	28,266,717	0	28,266,717		30.00
31.00	03100 INTENSIVE CARE UNIT	20,338	5,521,117	0	5,521,117		31.00
41.00	04100 SUBPROVIDER - IRF	0	10,978,714	0	10,978,714		41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	8,102,696	0	8,102,696		50.00
51.00	05100 RECOVERY ROOM	0	4,021,468	0	4,021,468		51.00
53.00	05300 ANESTHESIOLOGY	40,675	533,113	0	533,113		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,474,828	0	6,474,828		54.00
54.01	03650 VASCULAR LAB	0	846,778	0	846,778		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,489,865	0	4,489,865		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	1,147,960	0	1,147,960		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	554,392	0	554,392		58.00
59.00	05900 CARDIAC CATHETERIZATION	20,338	2,611,890	0	2,611,890		59.00
60.00	06000 LABORATORY	0	7,118,764	0	7,118,764		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	916,210	0	916,210		62.00
65.00	06500 RESPIRATORY THERAPY	20,338	1,893,831	0	1,893,831		65.00
66.00	06600 PHYSICAL THERAPY	0	4,328,031	0	4,328,031		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,193,574	0	2,193,574		67.00
68.00	06800 SPEECH PATHOLOGY	0	639,298	0	639,298		68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,061,491	0	2,061,491		69.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	7,301,362	0	7,301,362		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,746,509	0	7,746,509		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,019,559	0	12,019,559		73.00
74.00	07400 RENAL DIALYSIS	0	607,971	0	607,971		74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0		76.00
76.02	03550 PSYCH	0	986,599	0	986,599		76.02
76.03	03951 OCCUPATIONAL HEALTH	0	969,157	0	969,157		76.03
76.97	07697 CARDIAC REHABILITATION	0	183,780	0	183,780		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	712,038	0	712,038		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 OUTPATIENT PROCEDURES	0	0	0	0		90.01
91.00	09100 EMERGENCY	438,901	9,166,426	0	9,166,426		91.00
91.01	09101 CIVILLE OUT	0	264,515	0	264,515		91.01
91.02	09102 LAKE HILL OUT	0	0	0	0		91.02
91.03	09103 NUTRITION COUNSELING	0	681,933	0	681,933		91.03

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140217

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
91.04	09104	HUNTLEY OP	0	580,971	0	580,971	91.04
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)	581,265	133,921,557	0	133,921,557	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,412	0	6,412	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	864,796	0	864,796	194.00
194.01	07951	MOB	0	54,895	0	54,895	194.01
194.02	07952	COMMUNITY WELLNESS	0	160,593	0	160,593	194.02
194.03	07953	FUND DEVELOPMENT	0	646,782	0	646,782	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	194.04
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)	581,265	135,655,035	0	135,655,035	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 7:29 am
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Cost Center Description	CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS	
	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00	2A			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS	390	52,607	4,213	57,210	4.00
5.01	01160	COMMUNICATIONS	18,976	40,263	76,254	135,493	5.01
5.02	00560	PURCH, RCVING, STORING	1,935	324,235	4,505	330,675	5.02
5.03	00570	ADMITTING	0	105,104	1,423	106,527	5.03
5.04	00580	CASHIERING	0	0	3,276	3,276	5.04
5.05	00590	OTHER ADMIN AND GENERAL	403,146	895,251	252,389	1,550,786	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	747,787	48,055	795,842	6.00
7.00	00700	OPERATION OF PLANT	0	221,874	18,690	240,564	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	55,114	0	55,114	8.00
9.00	00900	HOUSEKEEPING	0	49,029	6,543	55,572	9.00
10.00	01000	DIETARY	0	439,917	90,478	530,395	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	36,890	104,685	141,575	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	260,882	142,798	88,276	491,956	14.00
15.00	01500	PHARMACY	286,316	124,416	3,881	414,613	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	84,026	23,172	107,198	16.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	39,412	1,786	41,198	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,039	2,297,670	134,781	2,436,490	30.00
31.00	03100	INTENSIVE CARE UNIT	0	242,068	75,981	318,049	31.00
41.00	04100	SUBPROVIDER - IRF	4,274	462,902	57,915	525,091	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	347,544	283,388	544,273	1,175,205	50.00
51.00	05100	RECOVERY ROOM	0	130,328	5,933	136,261	51.00
53.00	05300	ANESTHESIOLOGY	0	9,853	8,024	17,877	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,996	331,959	271,767	654,722	54.00
54.01	03650	VASCULAR LAB	0	12,927	54,980	67,907	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	409,885	389,430	799,315	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	7,239	0	1,435	8,674	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24,908	291	25,199	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,363	97,742	116,163	250,268	59.00
60.00	06000	LABORATORY	0	229,173	21,306	250,479	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,097	0	2,097	62.00
65.00	06500	RESPIRATORY THERAPY	11,400	9,853	45,743	66,996	65.00
66.00	06600	PHYSICAL THERAPY	0	100,548	10,596	111,144	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	170,102	161	170,263	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,419	185	1,604	68.00
69.00	06900	ELECTROCARDIOLOGY	0	134,379	123,314	257,693	69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	28,219	0	28,219	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	76.00
76.02	03550	PSYCH	0	88,677	0	88,677	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	43,984	1,569	45,553	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	14,441	14,441	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	28,534	948	29,482	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
91.00	09100	EMERGENCY	98,408	315,296	72,824	486,528	91.00
91.01	09101	CIVILLE OUT	0	0	4,818	4,818	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	40,263	141	40,404	91.03
91.04	09104	HUNTLEY OP	181,452	0	6,390	187,842	91.04
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,713,360	8,854,897	2,691,035	13,259,292	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	124,735	30,127	18,250	173,112	194.00
194.01	07951	MOB	0	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	0	25,224	489	25,713	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140217

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
202.00   TOTAL (sum lines 118-201)	1,838,095	8,910,248	2,709,774	13,458,117	57,210	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 7:29 am				
Cost Center	Description	COMMUNICATIONS 5.01	PURCH, RCVING, STORING 5.02	ADMINING 5.03	CASHIERING 5.04	OTHER ADMIN AND GENERAL 5.05		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	01160	COMMUNICATIONS	135,675				5.01	
5.02	00560	PURCH, RCVING, STORING	2,120	332,909			5.02	
5.03	00570	ADMINING	3,769	436	111,764		5.03	
5.04	00580	CASHIERING	4,946	759	0	9,132	5.04	
5.05	00590	OTHER ADMIN AND GENERAL	21,196	762	0	0	5.05	
6.00	00600	MAINTENANCE & REPAIRS	236	5,125	0	0	6.00	
7.00	00700	OPERATION OF PLANT	4,711	1,302	0	0	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	236	0	0	0	8.00	
9.00	00900	HOUSEKEEPING	471	3,126	0	0	9.00	
10.00	01000	DIETARY	3,062	25,007	0	0	10.00	
11.00	01100	CAFETERIA	471	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	4,946	1,088	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	1,178	6,783	0	0	14.00	
15.00	01500	PHARMACY	1,649	287	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	4,711	2,165	0	0	16.00	
23.00	02300	PARAMED PRGM-(SPECIFY)	1,178	347	0	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	20,021	6,065	13,745	1,363	210,583	30.00
31.00	03100	INTENSIVE CARE UNIT	1,649	830	3,089	245	50,533	31.00
41.00	04100	SUBPROVIDER - IRF	3,062	2,502	5,303	420	93,183	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,302	3,144	12,392	982	72,209	50.00
51.00	05100	RECOVERY ROOM	1,413	447	4,713	374	39,658	51.00
53.00	05300	ANESTHESIOLOGY	707	2,119	2,121	168	5,038	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,244	3,109	4,252	337	66,602	54.00
54.01	03650	VASCULAR LAB	236	177	1,742	138	9,372	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,302	1,213	3,372	267	43,991	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	237	8,410	667	12,755	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24	2,098	166	5,835	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,184	332	27,522	59.00
60.00	06000	LABORATORY	4,711	152	10,878	862	78,319	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	236	1	259	21	9,007	62.00
65.00	06500	RESPIRATORY THERAPY	1,649	1,811	1,969	156	19,336	65.00
66.00	06600	PHYSICAL THERAPY	2,120	342	2,104	167	43,971	66.00
67.00	06700	OCCUPATIONAL THERAPY	236	254	1,097	87	20,936	67.00
68.00	06800	SPEECH PATHOLOGY	236	77	378	30	6,772	68.00
69.00	06900	ELECTROCARDIOLOGY	1,649	487	2,705	214	21,329	69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	129,308	4,824	382	75,494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	125,534	3,315	263	81,162	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7,354	583	3,797	73.00
74.00	07400	RENAL DIALYSIS	0	0	472	37	6,602	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCH	4,004	0	1,034	82	8,924	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	151	168	13	10,352	76.03
76.97	07697	CARDIAC REHABILITATION	0	40	76	6	2,113	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	557	1,034	82	7,024	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	7,538	6,681	8,393	665	71,619	91.00
91.01	09101	C'VILLE OUT	236	50	69	6	3,046	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	29	41	3	7,196	91.03
91.04	09104	HUNTLEY OP	0	54	173	14	6,704	91.04
92.00	09200	OBSERVATION BEDS						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	127,431	332,582	111,764	9,132	1,559,587	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	471	0	0	0	22	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	0	0	0	7,354	194.00
194.01	07951	MOB	6,831	0	0	0	323	194.01
194.02	07952	COMMUNITY WELLNESS	0	91	0	0	1,831	194.02
194.03	07953	FUND DEVELOPMENT	942	236	0	0	7,067	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
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)	135,675	332,909	111,764	9,132	1,576,184	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 7:29 am		
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		6.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00560	PURCH, RCVING, STORING				5.02
5.03	00570	ADMINING				5.03
5.04	00580	CASHIERING				5.04
5.05	00590	OTHER ADMIN AND GENERAL				5.05
6.00	00600	MAINTENANCE & REPAIRS	859,211			6.00
7.00	00700	OPERATION OF PLANT	28,263	325,081		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,021	2,747	71,868	8.00
9.00	00900	HOUSEKEEPING	6,245	2,443	0	9.00
10.00	01000	DIETARY	56,039	21,923	0	10.00
11.00	01100	CAFETERIA	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,699	1,838	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,190	7,116	344	14.00
15.00	01500	PHARMACY	15,849	6,200	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,704	4,187	0	16.00
23.00	02300	PARAMED PRGM-(SPECIFY)	5,020	1,964	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	292,688	114,506	29,623	30.00
31.00	03100	INTENSIVE CARE UNIT	30,836	12,064	3,615	31.00
41.00	04100	SUBPROVIDER - IRF	58,967	23,069	5,208	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	36,099	14,123	6,489	50.00
51.00	05100	RECOVERY ROOM	16,602	6,495	5,418	51.00
53.00	05300	ANESTHESIOLOGY	1,255	491	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,287	16,543	3,408	54.00
54.01	03650	VASCULAR LAB	1,647	644	921	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	52,213	20,427	258	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	586	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,173	1,241	350	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,451	4,871	807	59.00
60.00	06000	LABORATORY	29,193	11,421	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	267	104	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,255	491	0	65.00
66.00	06600	PHYSICAL THERAPY	12,808	5,011	637	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,668	8,477	0	67.00
68.00	06800	SPEECH PATHOLOGY	181	71	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,118	6,697	491	69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,595	1,406	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	76.00
76.02	03550	PSYCH	11,296	4,419	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	5,603	2,192	339	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,635	1,422	1,510	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	90.01
91.00	09100	EMERGENCY	40,164	15,713	11,782	91.00
91.01	09101	CIVILLE OUT	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	5,129	2,007	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	91.04
92.00	09200	OBSERVATION BEDS	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	852,160	322,323	71,786	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	3,838	1,501	0	194.00
194.01	07951	MOB	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	82	194.02
194.03	07953	FUND DEVELOPMENT	3,213	1,257	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	194.04
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	859,211	325,081	71,868	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/24/2013 7:29 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
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	9,750					11.00
13.00	01300	500	214,821				13.00
14.00	01400	129	3,976	550,685			14.00
15.00	01500	0	0	0	579,877		15.00
16.00	01600	346	10,623	1	0	186,806	16.00
23.00	02300	49	1,503	52	23	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,352	72,389	10,567	2,591	78,621	30.00
31.00	03100	435	13,377	2,617	806	9,002	31.00
41.00	04100	1,029	31,616	3,108	271	24,118	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	461	14,162	1,220	6,456	29,830	50.00
51.00	05100	415	12,740	1,236	254	0	51.00
53.00	05300	29	876	757	393	0	53.00
54.00	05400	518	0	14,266	159	0	54.00
54.01	03650	74	0	926	7	0	54.01
55.00	05500	283	0	1,737	1,096	0	55.00
57.00	05700	93	0	7,555	505	0	57.00
58.00	05800	41	0	2,659	64	0	58.00
59.00	05900	203	0	15,001	412	0	59.00
60.00	06000	16	506	880	107	0	60.00
62.00	06200	0	0	37,279	0	0	62.00
65.00	06500	214	6,570	5,232	0	0	65.00
66.00	06600	484	14,869	1,124	0	0	66.00
67.00	06700	175	5,365	86	0	0	67.00
68.00	06800	70	2,138	38	0	0	68.00
69.00	06900	206	0	1,991	250	0	69.00
71.00	07100	110	0	217,411	0	0	71.00
72.00	07200	0	0	207,853	0	0	72.00
73.00	07300	298	0	0	557,285	0	73.00
74.00	07400	0	0	3	0	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.02	03550	91	2,787	0	0	0	76.02
76.03	03951	113	0	1,345	13	0	76.03
76.97	07697	22	0	101	0	0	76.97
76.98	07698	0	0	14,482	22	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	0	0	0	0	0	90.01
91.00	09100	694	21,324	849	9,163	45,235	91.00
91.01	09101	30	0	78	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	84	0	13	0	0	91.03
91.04	09104	53	0	75	0	0	91.04
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		9,617	214,821	550,542	579,877	186,806	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	65	0	7	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	25	0	136	0	0	194.02
194.03	07953	43	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		9,750	214,821	550,685	579,877	186,806	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 7:29 am
Cost Center	Description	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00560	PURCH, RCVING, STORING				5.02
5.03	00570	ADMINISTRATIVE				5.03
5.04	00580	CASHIERING				5.04
5.05	00590	OTHER ADMIN AND GENERAL				5.05
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				16.00
23.00	02300	PARAMED PRGM-(SPECIFY)	57,377			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS		3,768,218	0	3,768,218
31.00	03100	INTENSIVE CARE UNIT		478,295	0	478,295
41.00	04100	SUBPROVIDER - IRF		947,663	0	947,663
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM		1,394,351	0	1,394,351
51.00	05100	RECOVERY ROOM		231,684	0	231,684
53.00	05300	ANESTHESIOLOGY		32,498	0	32,498
54.00	05400	RADIOLOGY-DIAGNOSTIC		824,233	0	824,233
54.01	03650	VASCULAR LAB		84,493	0	84,493
55.00	05500	RADIOLOGY-THERAPEUTIC		939,736	0	939,736
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		40,006	0	40,006
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		41,110	0	41,110
59.00	05900	CARDIAC CATHETERIZATION		317,347	0	317,347
60.00	06000	LABORATORY		389,381	0	389,381
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		49,346	0	49,346
65.00	06500	RESPIRATORY THERAPY		107,162	0	107,162
66.00	06600	PHYSICAL THERAPY		198,045	0	198,045
67.00	06700	OCCUPATIONAL THERAPY		230,366	0	230,366
68.00	06800	SPEECH PATHOLOGY		12,013	0	12,013
69.00	06900	ELECTROCARDIOLOGY		312,026	0	312,026
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		427,529	0	427,529
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		418,127	0	418,127
73.00	07300	DRUGS CHARGED TO PATIENTS		569,317	0	569,317
74.00	07400	RENAL DIALYSIS		40,334	0	40,334
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER		0	0	0
76.02	03550	PSYCH		125,333	0	125,333
76.03	03951	OCCUPATIONAL HEALTH		66,330	0	66,330
76.97	07697	CARDIAC REHABILITATION		16,918	0	16,918
76.98	07698	HYPERBARIC OXYGEN THERAPY		59,250	0	59,250
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	09001	OUTPATIENT PROCEDURES		0	0	0
91.00	09100	EMERGENCY		746,581	0	746,581
91.01	09101	CIVIL OUT		8,447	0	8,447
91.02	09102	LAKE HILL OUT		0	0	0
91.03	09103	NUTRITION COUNSELING		55,324	0	55,324
91.04	09104	HUNTLEY OP		195,154	0	195,154
92.00	09200	OBSERVATION BEDS		0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE		0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	13,126,617	0	13,126,617
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		706	0	706
194.00	07950	OTHER NONREIMBURSABLE COST CENTER		223,943	0	223,943
194.01	07951	MOB		8,439	0	8,439
194.02	07952	COMMUNITY WELLNESS		2,284	0	2,284
194.03	07953	FUND DEVELOPMENT		38,751	0	38,751
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT		0	0	0
200.00		Cross Foot Adjustments	57,377	57,377	0	57,377
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	57,377	13,458,117	0	13,458,117

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COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet B-1 Date/Time Prepared: 5/24/2013 7:29 am
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER PHONES)	PURCH, RCVING, STORING (PURCH REQUIS \$)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	565,199				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,474,404			2.00
4.00 00400	EMPLOYEE BENEFITS	3,337	6,956	49,827,414		4.00
5.01 01160	COMMUNICATIONS	2,554	125,912	158,902	576	5.01
5.02 00560	PURCH, RCVING, STORING	20,567	7,438	98,973	9	14,768,099 5.02
5.03 00570	ADMITTING	6,667	2,350	898,738	16	19,357 5.03
5.04 00580	CASHIERING	0	5,410	131,460	21	33,668 5.04
5.05 00590	OTHER ADMIN AND GENERAL	56,788	416,747	2,996,159	90	33,805 5.05
6.00 00600	MAINTENANCE & REPAIRS	47,434	79,349	515,580	1	227,332 6.00
7.00 00700	OPERATION OF PLANT	14,074	30,861	838,882	20	57,768 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,496	0	0	1	5 8.00
9.00 00900	HOUSEKEEPING	3,110	10,804	1,037,470	2	138,669 9.00
10.00 01000	DIETARY	27,905	149,398	635,873	13	1,109,363 10.00
11.00 01100	CAFETERIA	0	0	451,514	2	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,340	172,856	2,783,114	21	48,261 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	9,058	145,762	573,479	5	300,899 14.00
15.00 01500	PHARMACY	7,892	6,409	1,724,068	7	12,715 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,330	38,262	1,213,867	20	96,036 16.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	2,500	2,949	336,306	5	15,413 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	145,747	222,552	9,231,373	85	269,068 30.00
31.00 03100	INTENSIVE CARE UNIT	15,355	125,461	2,136,117	7	36,824 31.00
41.00 04100	SUBPROVIDER - IRF	29,363	95,630	3,831,904	13	110,983 41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	17,976	898,707	2,191,421	31	139,479 50.00
51.00 05100	RECOVERY ROOM	8,267	9,796	1,953,691	6	19,846 51.00
53.00 05300	ANESTHESIOLOGY	625	13,249	98,816	3	93,994 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,057	448,744	2,254,323	35	137,906 54.00
54.01 03650	VASCULAR LAB	820	90,784	415,120	1	7,844 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	26,000	643,030	1,323,941	31	53,801 55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	2,369	456,207	0	10,504 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,580	480	226,593	0	1,086 58.00
59.00 05900	CARDIAC CATHETERIZATION	6,200	191,810	1,128,965	0	0 59.00
60.00 06000	LABORATORY	14,537	35,180	88,492	20	6,738 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	133	0	0	1	41 62.00
65.00 06500	RESPIRATORY THERAPY	625	75,531	905,614	7	80,346 65.00
66.00 06600	PHYSICAL THERAPY	6,378	17,497	2,255,303	9	15,162 66.00
67.00 06700	OCCUPATIONAL THERAPY	10,790	266	855,841	1	11,261 67.00
68.00 06800	SPEECH PATHOLOGY	90	306	363,970	1	3,407 68.00
69.00 06900	ELECTROCARDIOLOGY	8,524	203,617	834,393	7	21,622 69.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	5,735,970 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,568,910 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	1,790	0	0	0	0 74.00
76.00 03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0 76.00
76.02 03550	PSYCH	5,625	0	373,421	17	0 76.02
76.03 03951	OCCUPATIONAL HEALTH	2,790	2,591	424,706	0	6,713 76.03
76.97 07697	CARDIAC REHABILITATION	0	23,845	103,478	0	1,796 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,810	1,566	0	0	24,714 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001	OUTPATIENT PROCEDURES	0	0	0	0	0 90.01
91.00 09100	EMERGENCY	20,000	120,248	2,836,965	32	296,368 91.00
91.01 09101	CIVILLE OUT	0	7,956	98,975	1	2,221 91.01
91.02 09102	LAKE HILL OUT	0	0	0	0	0 91.02
91.03 09103	NUTRITION COUNSELING	2,554	232	364,508	0	1,282 91.03
91.04 09104	HUNTLEY OP	0	10,552	207,771	0	2,407 91.04
92.00 09200	OBSERVATION BEDS					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	561,688	4,443,462	49,356,293	541	14,753,584 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2	0 190.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTER	1,911	30,135	124,100	0	0 194.00
194.01 07951	MOB	0	0	0	29	0 194.01
194.02 07952	COMMUNITY WELLNESS	0	0	103,414	0	4,035 194.02
194.03 07953	FUND DEVELOPMENT	1,600	807	243,607	4	10,480 194.03
194.04 07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0 194.04
200.00	Cross Foot Adjustments					200.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1

Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER PHONES)	PURCH, RCVI NG, STORI NG (PURCH REQUI S \$)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		15,185,442	470,587	702,505	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.304761	816.991319	0.047569	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		57,210	135,675	332,909	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.001148	235.546875	0.022542	205.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet B-1	
Date/Time Prepared: 5/24/2013 7:29 am								
Cost Center	Description	ADMITTING (GROSS CHARGES)	CASHIERING (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)		
		5.03	5.04	5A.05	5.05	6.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCH, RCVING, STORING						5.02
5.03	00570	ADMITTING	681,420,294					5.03
5.04	00580	CASHIERING	0	681,420,294				5.04
5.05	00590	OTHER ADMIN AND GENERAL	0	0	-19,923,916	115,731,119		5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	4,215,842	427,852	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	3,618,325	14,074	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	495,603	3,496	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,569,412	3,110	9.00
10.00	01000	DIETARY	0	0	0	2,211,901	27,905	10.00
11.00	01100	CAFETERIA	0	0	0	567,419	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,154,873	2,340	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,448,466	9,058	14.00
15.00	01500	PHARMACY	0	0	0	10,206,361	7,892	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,301,599	5,330	16.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	415,411	2,500	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	83,752,916	83,752,916	0	15,459,415	145,747	30.00
31.00	03100	INTENSIVE CARE UNIT	18,832,992	18,832,992	0	3,710,467	15,355	31.00
41.00	04100	SUBPROVIDER - IRF	32,336,736	32,336,736	0	6,842,115	29,363	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	75,562,763	75,562,763	0	5,302,057	17,976	50.00
51.00	05100	RECOVERY ROOM	28,737,404	28,737,404	0	2,911,938	8,267	51.00
53.00	05300	ANESTHESIOLOGY	12,933,405	12,933,405	0	369,931	625	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,927,597	25,927,597	0	4,890,394	21,057	54.00
54.01	03650	VASCULAR LAB	10,621,558	10,621,558	0	688,187	820	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	20,558,965	20,558,965	0	3,230,116	26,000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	51,280,765	51,280,765	0	936,542	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,792,163	12,792,163	0	428,424	1,580	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,513,075	25,513,075	0	2,020,823	6,200	59.00
60.00	06000	LABORATORY	66,329,120	66,329,120	0	5,750,743	14,537	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,581,462	1,581,462	0	661,320	133	62.00
65.00	06500	RESPIRATORY THERAPY	12,004,918	12,004,918	0	1,419,771	625	65.00
66.00	06600	PHYSICAL THERAPY	12,828,500	12,828,500	0	3,228,659	6,378	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,687,018	6,687,018	0	1,537,235	10,790	67.00
68.00	06800	SPEECH PATHOLOGY	2,302,385	2,302,385	0	497,229	90	68.00
69.00	06900	ELECTROCARDIOLOGY	16,496,623	16,496,623	0	1,566,147	8,524	69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	29,414,279	29,414,279	0	5,543,310	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,213,135	20,213,135	0	5,959,503	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,839,989	44,839,989	0	278,815	0	73.00
74.00	07400	RENAL DIALYSIS	2,876,028	2,876,028	0	484,776	1,790	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCH	6,306,002	6,306,002	0	655,292	5,625	76.02
76.03	03951	OCCUPATIONAL HEALTH	1,024,208	1,024,208	0	760,122	2,790	76.03
76.97	07697	CARDIAC REHABILITATION	462,156	462,156	0	155,140	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,302,309	6,302,309	0	515,763	1,810	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	51,176,722	51,176,722	0	5,258,785	20,000	91.00
91.01	09101	C'VILLE OUT	423,296	423,296	0	223,646	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	247,908	247,908	0	528,345	2,554	91.03
91.04	09104	HUNTLEY OP	1,053,897	1,053,897	0	492,239	0	91.04
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	681,420,294	681,420,294	-19,923,916	114,512,461	424,341	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,634	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	0	0	540,011	1,911	194.00
194.01	07951	MOB	0	0	0	23,693	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	134,432	0	194.02
194.03	07953	FUND DEVELOPMENT	0	0	0	518,888	1,600	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,341,437	2,895,194	0	19,923,916	4,941,629	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001969	0.004249	0	0.172157	11.549856	203.00

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COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet B-1 Date/Time Prepared: 5/24/2013 7:29 am	
Cost Center Description		ADMITTING (GROSS CHARGES)	CASHIERING (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	111,764	9,132		1,576,184	859,211	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000164	0.000013		0.013619	2.008197	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet B-1	
Date/Time Prepared: 5/24/2013 7:29 am							
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCH, RCVING, STORING					5.02
5.03	00570	ADMINISTRATIVE					5.03
5.04	00580	CASHIERING					5.04
5.05	00590	OTHER ADMIN AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	413,778				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,496	913,916			8.00
9.00	00900	HOUSEKEEPING	3,110	0	55,170		9.00
10.00	01000	DIETARY	27,905	0	1,502	410,526	10.00
11.00	01100	CAFETERIA	0	0	630	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,340	0	241	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,058	4,370	383	0	14.00
15.00	01500	PHARMACY	7,892	0	183	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,330	0	313	0	16.00
23.00	02300	PARAMED PRGM-(SPECIFY)	2,500	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	145,747	376,707	22,519	263,025	30.00
31.00	03100	INTENSIVE CARE UNIT	15,355	45,971	2,470	15,108	31.00
41.00	04100	SUBPROVIDER - IIRF	29,363	66,234	2,904	99,028	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,976	82,519	7,176	0	50.00
51.00	05100	RECOVERY ROOM	8,267	68,904	937	1,152	51.00
53.00	05300	ANESTHESIOLOGY	625	0	338	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,057	43,335	4,392	0	54.00
54.01	03650	VASCULAR LAB	820	11,709	137	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	26,000	3,276	1,585	2,540	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	7,455	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,580	4,449	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,200	10,267	0	0	59.00
60.00	06000	LABORATORY	14,537	0	1,071	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	133	0	46	0	62.00
65.00	06500	RESPIRATORY THERAPY	625	0	270	0	65.00
66.00	06600	PHYSICAL THERAPY	6,378	8,101	412	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,790	0	451	0	67.00
68.00	06800	SPEECH PATHOLOGY	90	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,524	6,239	145	0	69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,790	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	76.00
76.02	03550	PSYCH	5,625	0	201	1,999	76.02
76.03	03951	OCCUPATIONAL HEALTH	2,790	4,308	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,810	19,207	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
91.00	09100	EMERGENCY	20,000	149,825	5,950	4,428	91.00
91.01	09101	CIVILLE OUT	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	2,554	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	410,267	912,876	54,256	387,280	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	130	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	1,911	0	0	23,246	194.00
194.01	07951	MOB	0	0	784	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	1,040	0	0	194.02
194.03	07953	FUND DEVELOPMENT	1,600	0	0	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	194.04
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)	4,403,798	658,511	1,908,616	3,263,946	202.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1

Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	10.642900	0.720538	34.595179	7.950644	0.519139	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	325,081	71,868	90,422	669,742	9,750	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.785641	0.078637	1.638970	1.631424	0.007369	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	948,851					13.00
14.00	01400	17,561	10,161,837				14.00
15.00	01500	0	0	8,279,282			15.00
16.00	01600	46,922	18	0	18,117		16.00
23.00	02300	6,638	958	328	0	3,544	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	319,739	195,001	36,990	7,625	248	30.00
31.00	03100	59,085	48,299	11,514	873	124	31.00
41.00	04100	139,647	57,347	3,864	2,339	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	62,552	22,518	92,174	2,893	0	50.00
51.00	05100	56,270	22,811	3,621	0	0	51.00
53.00	05300	3,870	13,961	5,607	0	248	53.00
54.00	05400	0	263,248	2,275	0	0	54.00
54.01	03650	0	17,085	102	0	0	54.01
55.00	05500	0	32,062	15,653	0	0	55.00
57.00	05700	0	139,416	7,212	0	0	57.00
58.00	05800	0	49,070	916	0	0	58.00
59.00	05900	0	276,815	5,885	0	124	59.00
60.00	06000	2,237	16,232	1,523	0	0	60.00
62.00	06200	0	687,927	0	0	0	62.00
65.00	06500	29,019	96,546	0	0	124	65.00
66.00	06600	65,674	20,740	0	0	0	66.00
67.00	06700	23,697	1,588	0	0	0	67.00
68.00	06800	9,445	701	0	0	0	68.00
69.00	06900	0	36,742	3,570	0	0	69.00
71.00	07100	0	4,011,859	0	0	0	71.00
72.00	07200	0	3,835,556	0	0	0	72.00
73.00	07300	0	0	7,956,732	0	0	73.00
74.00	07400	0	58	0	0	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.02	03550	12,310	0	0	0	0	76.02
76.03	03951	0	24,823	184	0	0	76.03
76.97	07697	0	1,866	0	0	0	76.97
76.98	07698	0	267,243	307	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	0	0	0	0	0	90.01
91.00	09100	94,185	15,660	130,825	4,387	2,676	91.00
91.01	09101	0	1,446	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	0	233	0	0	0	91.03
91.04	09104	0	1,376	0	0	0	91.04
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		948,851	10,159,205	8,279,282	18,117	3,544	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	125	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	2,507	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1

Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	PARAMED ED PRGM (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	4,965,624	2,016,270	12,144,933	4,269,028	581,265	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.233302	0.198416	1.466907	235.636584	164.013826	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	214,821	550,685	579,877	186,806	57,377	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.226401	0.054191	0.070040	10.311089	16.189898	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140217

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2013 7:29 am

		Title XVIII		Hospital		PPS			
Cost Center Description	Therapy Limit Adj.	Costs			Charges				
		Total Costs	RCE Disallowance	Total Costs	Inpatient				
		1.00	2.00	3.00	4.00	5.00	6.00		
Total Cost (from Wkst. B, Part I, col. 26)									
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	28,266,717		28,266,717	26,751	28,293,468	72,272,845	30.00
31.00	03100	INTENSIVE CARE UNIT	5,521,117		5,521,117	0	5,521,117	18,832,992	31.00
41.00	04100	SUBPROVIDER - IRF	10,978,714		10,978,714	0	10,978,714	32,336,736	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	8,102,696		8,102,696	0	8,102,696	37,623,594	50.00
51.00	05100	RECOVERY ROOM	4,021,468		4,021,468	0	4,021,468	13,129,332	51.00
53.00	05300	ANESTHESIOLOGY	533,113		533,113	0	533,113	7,177,128	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,474,828		6,474,828	4,524	6,479,352	7,235,171	54.00
54.01	03650	VASCULAR LAB	846,778		846,778	0	846,778	3,150,485	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,489,865		4,489,865	0	4,489,865	1,142,712	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,147,960		1,147,960	0	1,147,960	12,595,832	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	554,392		554,392	0	554,392	3,963,122	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,611,890		2,611,890	5,668	2,617,558	14,006,008	59.00
60.00	06000	LABORATORY	7,118,764		7,118,764	22,044	7,140,808	33,784,562	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	916,210		916,210	0	916,210	1,113,793	62.00
65.00	06500	RESPIRATORY THERAPY	1,893,831	0	1,893,831	0	1,893,831	11,024,154	65.00
66.00	06600	PHYSICAL THERAPY	4,328,031	0	4,328,031	0	4,328,031	8,637,798	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,193,574	0	2,193,574	0	2,193,574	6,561,144	67.00
68.00	06800	SPEECH PATHOLOGY	639,298	0	639,298	0	639,298	2,293,234	68.00
69.00	06900	ELECTROCARDIOLOGY	2,061,491		2,061,491	5,372	2,066,863	6,561,900	69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	7,301,362		7,301,362	0	7,301,362	19,215,765	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,746,509		7,746,509	0	7,746,509	13,599,687	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,019,559		12,019,559	0	12,019,559	23,031,316	73.00
74.00	07400	RENAL DIALYSIS	607,971		607,971	0	607,971	2,876,028	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0		0	0	0	0	76.00
76.02	03550	PSYCH	986,599		986,599	0	986,599	4,301,614	76.02
76.03	03951	OCCUPATIONAL HEALTH	969,157		969,157	0	969,157	0	76.03
76.97	07697	CARDIAC REHABILITATION	183,780		183,780	0	183,780	490	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	712,038		712,038	1,103	713,141	30,284	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	09001	OUTPATIENT PROCEDURES	0		0	0	0	0	90.01
91.00	09100	EMERGENCY	9,166,426		9,166,426	176,380	9,342,806	12,508,328	91.00
91.01	09101	CVILLE OUT	264,515		264,515	0	264,515	0	91.01
91.02	09102	LAKE HILL OUT	0		0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	681,933		681,933	0	681,933	0	91.03
91.04	09104	HUNTLEY OP	580,971		580,971	0	580,971	423	91.04
92.00	09200	OBSERVATION BEDS	3,124,183		3,124,183	0	3,124,183	3,580,990	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	137,045,740	0	137,045,740	241,842	137,287,582	372,587,467	200.00
201.00		Less Observation Beds	3,124,183		3,124,183		3,124,183		201.00
202.00		Total (see instructions)	133,921,557	0	133,921,557	241,842	134,163,399	372,587,467	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140217

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

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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	11.00
		7.00	8.00	9.00	10.00	11.00		
Title XVII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,272,845					30.00
31.00	03100	INTENSIVE CARE UNIT	18,832,992					31.00
41.00	04100	SUBPROVIDER - IRF	32,336,736					41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,939,169	75,562,763	0.107231	0.000000	0.107231	50.00
51.00	05100	RECOVERY ROOM	15,608,072	28,737,404	0.139938	0.000000	0.139938	51.00
53.00	05300	ANESTHESIOLOGY	5,756,277	12,933,405	0.041220	0.000000	0.041220	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,692,426	25,927,597	0.249727	0.000000	0.249902	54.00
54.01	03650	VASCULAR LAB	7,471,073	10,621,558	0.079723	0.000000	0.079723	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,416,253	20,558,965	0.218390	0.000000	0.218390	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	38,684,933	51,280,765	0.022386	0.000000	0.022386	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,829,041	12,792,163	0.043338	0.000000	0.043338	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,507,067	25,513,075	0.102375	0.000000	0.102597	59.00
60.00	06000	LABORATORY	32,544,558	66,329,120	0.107325	0.000000	0.107657	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	467,669	1,581,462	0.579344	0.000000	0.579344	62.00
65.00	06500	RESPIRATORY THERAPY	980,764	12,004,918	0.157755	0.000000	0.157755	65.00
66.00	06600	PHYSICAL THERAPY	4,190,702	12,828,500	0.337376	0.000000	0.337376	66.00
67.00	06700	OCCUPATIONAL THERAPY	125,874	6,687,018	0.328035	0.000000	0.328035	67.00
68.00	06800	SPEECH PATHOLOGY	9,151	2,302,385	0.277668	0.000000	0.277668	68.00
69.00	06900	ELECTROCARDIOLOGY	9,934,723	16,496,623	0.124964	0.000000	0.125290	69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	10,198,514	29,414,279	0.248225	0.000000	0.248225	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,613,448	20,213,135	0.383241	0.000000	0.383241	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,808,673	44,839,989	0.268054	0.000000	0.268054	73.00
74.00	07400	RENAL DIALYSIS	0	2,876,028	0.211393	0.000000	0.211393	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0.000000	0.000000	76.00
76.02	03550	PSYCH	2,004,388	6,306,002	0.156454	0.000000	0.156454	76.02
76.03	03951	OCCUPATIONAL HEALTH	1,024,208	1,024,208	0.946250	0.000000	0.946250	76.03
76.97	07697	CARDIAC REHABILITATION	461,666	462,156	0.397658	0.000000	0.397658	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,272,025	6,302,309	0.112980	0.000000	0.113156	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0.000000	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	38,668,394	51,176,722	0.179113	0.000000	0.182560	91.00
91.01	09101	CVILLE OUT	423,296	423,296	0.624894	0.000000	0.624894	91.01
91.02	09102	LAKE HILL OUT	0	0	0.000000	0.000000	0.000000	91.02
91.03	09103	NUTRITION COUNSELING	247,908	247,908	2.750750	0.000000	2.750750	91.03
91.04	09104	HUNTLEY OP	1,053,474	1,053,897	0.551260	0.000000	0.551260	91.04
92.00	09200	OBSERVATION BEDS	7,899,081	11,480,071	0.272140	0.000000	0.272140	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	308,832,827	681,420,294				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	308,832,827	681,420,294				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140217

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2013 7:29 am

		Title XIX		Hospital		PPS			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	28,266,717		28,266,717	26,751	28,293,468	72,272,845	30.00
31.00	03100	INTENSIVE CARE UNIT	5,521,117		5,521,117	0	5,521,117	18,832,992	31.00
41.00	04100	SUBPROVIDER - IRF	10,978,714		10,978,714	0	10,978,714	32,336,736	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	8,102,696		8,102,696	0	8,102,696	37,623,594	50.00
51.00	05100	RECOVERY ROOM	4,021,468		4,021,468	0	4,021,468	13,129,332	51.00
53.00	05300	ANESTHESIOLOGY	533,113		533,113	0	533,113	7,177,128	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,474,828		6,474,828	4,524	6,479,352	7,235,171	54.00
54.01	03650	VASCULAR LAB	846,778		846,778	0	846,778	3,150,485	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,489,865		4,489,865	0	4,489,865	1,142,712	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,147,960		1,147,960	0	1,147,960	12,595,832	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	554,392		554,392	0	554,392	3,963,122	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,611,890		2,611,890	5,668	2,617,558	14,006,008	59.00
60.00	06000	LABORATORY	7,118,764		7,118,764	22,044	7,140,808	33,784,562	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	916,210		916,210	0	916,210	1,113,793	62.00
65.00	06500	RESPIRATORY THERAPY	1,893,831	0	1,893,831	0	1,893,831	11,024,154	65.00
66.00	06600	PHYSICAL THERAPY	4,328,031	0	4,328,031	0	4,328,031	8,637,798	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,193,574	0	2,193,574	0	2,193,574	6,561,144	67.00
68.00	06800	SPEECH PATHOLOGY	639,298	0	639,298	0	639,298	2,293,234	68.00
69.00	06900	ELECTROCARDIOLOGY	2,061,491		2,061,491	5,372	2,066,863	6,561,900	69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	7,301,362		7,301,362	0	7,301,362	19,215,765	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,746,509		7,746,509	0	7,746,509	13,599,687	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,019,559		12,019,559	0	12,019,559	23,031,316	73.00
74.00	07400	RENAL DIALYSIS	607,971		607,971	0	607,971	2,876,028	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0		0	0	0	0	76.00
76.02	03550	PSYCH	986,599		986,599	0	986,599	4,301,614	76.02
76.03	03951	OCCUPATIONAL HEALTH	969,157		969,157	0	969,157	0	76.03
76.97	07697	CARDIAC REHABILITATION	183,780		183,780	0	183,780	490	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	712,038		712,038	1,103	713,141	30,284	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	09001	OUTPATIENT PROCEDURES	0		0	0	0	0	90.01
91.00	09100	EMERGENCY	9,166,426		9,166,426	176,380	9,342,806	12,508,328	91.00
91.01	09101	CVILLE OUT	264,515		264,515	0	264,515	0	91.01
91.02	09102	LAKE HILL OUT	0		0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	681,933		681,933	0	681,933	0	91.03
91.04	09104	HUNTLEY OP	580,971		580,971	0	580,971	423	91.04
92.00	09200	OBSERVATION BEDS	3,124,183		3,124,183	0	3,124,183	3,580,990	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	137,045,740	0	137,045,740	241,842	137,287,582	372,587,467	200.00
201.00		Less Observation Beds	3,124,183		3,124,183		3,124,183		201.00
202.00		Total (see instructions)	133,921,557	0	133,921,557	241,842	134,163,399	372,587,467	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140217

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2013 7:29 am

			Title XIX		Hospital		PPS		
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS		72,272,845					30.00
31.00	03100	INTENSIVE CARE UNIT		18,832,992					31.00
41.00	04100	SUBPROVIDER - IRF		32,336,736					41.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	37,939,169	75,562,763	0.107231	0.000000	0.107231		50.00
51.00	05100	RECOVERY ROOM	15,608,072	28,737,404	0.139938	0.000000	0.139938		51.00
53.00	05300	ANESTHESIOLOGY	5,756,277	12,933,405	0.041220	0.000000	0.041220		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,692,426	25,927,597	0.249727	0.000000	0.249902		54.00
54.01	03650	VASCULAR LAB	7,471,073	10,621,558	0.079723	0.000000	0.079723		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,416,253	20,558,965	0.218390	0.000000	0.218390		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	38,684,933	51,280,765	0.022386	0.000000	0.022386		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,829,041	12,792,163	0.043338	0.000000	0.043338		58.00
59.00	05900	CARDIAC CATHETERIZATION	11,507,067	25,513,075	0.102375	0.000000	0.102597		59.00
60.00	06000	LABORATORY	32,544,558	66,329,120	0.107325	0.000000	0.107657		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	467,669	1,581,462	0.579344	0.000000	0.579344		62.00
65.00	06500	RESPIRATORY THERAPY	980,764	12,004,918	0.157755	0.000000	0.157755		65.00
66.00	06600	PHYSICAL THERAPY	4,190,702	12,828,500	0.337376	0.000000	0.337376		66.00
67.00	06700	OCCUPATIONAL THERAPY	125,874	6,687,018	0.328035	0.000000	0.328035		67.00
68.00	06800	SPEECH PATHOLOGY	9,151	2,302,385	0.277668	0.000000	0.277668		68.00
69.00	06900	ELECTROCARDIOLOGY	9,934,723	16,496,623	0.124964	0.000000	0.125290		69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	10,198,514	29,414,279	0.248225	0.000000	0.248225		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,613,448	20,213,135	0.383241	0.000000	0.383241		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,808,673	44,839,989	0.268054	0.000000	0.268054		73.00
74.00	07400	RENAL DIALYSIS	0	2,876,028	0.211393	0.000000	0.211393		74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0.000000	0.000000		76.00
76.02	03550	PSYCH	2,004,388	6,306,002	0.156454	0.000000	0.156454		76.02
76.03	03951	OCCUPATIONAL HEALTH	1,024,208	1,024,208	0.946250	0.000000	0.946250		76.03
76.97	07697	CARDIAC REHABILITATION	461,666	462,156	0.397658	0.000000	0.397658		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,272,025	6,302,309	0.112980	0.000000	0.113156		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	09001	OUTPATIENT PROCEDURES	0	0	0.000000	0.000000	0.000000		90.01
91.00	09100	EMERGENCY	38,668,394	51,176,722	0.179113	0.000000	0.182560		91.00
91.01	09101	C'VILLE OUT	423,296	423,296	0.624894	0.000000	0.624894		91.01
91.02	09102	LAKE HILL OUT	0	0	0.000000	0.000000	0.000000		91.02
91.03	09103	NUTRITION COUNSELING	247,908	247,908	2.750750	0.000000	2.750750		91.03
91.04	09104	HUNTLEY OP	1,053,474	1,053,897	0.551260	0.000000	0.551260		91.04
92.00	09200	OBSERVATION BEDS	7,899,081	11,480,071	0.272140	0.000000	0.272140		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	308,832,827	681,420,294					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	308,832,827	681,420,294					202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140217

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

Worksheet C Part II Date/Time Prepared: 5/24/2013 7:29 am

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	8,102,696	1,394,351	6,708,345	0	0	50.00
51.00	05100 RECOVERY ROOM	4,021,468	231,684	3,789,784	0	0	51.00
53.00	05300 ANESTHESIOLOGY	533,113	32,498	500,615	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,474,828	824,233	5,650,595	0	0	54.00
54.01	03650 VASCULAR LAB	846,778	84,493	762,285	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	4,489,865	939,736	3,550,129	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,147,960	40,006	1,107,954	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	554,392	41,110	513,282	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,611,890	317,347	2,294,543	0	0	59.00
60.00	06000 LABORATORY	7,118,764	389,381	6,729,383	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	916,210	49,346	866,864	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	1,893,831	107,162	1,786,669	0	0	65.00
66.00	06600 PHYSICAL THERAPY	4,328,031	198,045	4,129,986	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,193,574	230,366	1,963,208	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	639,298	12,013	627,285	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,061,491	312,026	1,749,465	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,301,362	427,529	6,873,833	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	7,746,509	418,127	7,328,382	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,019,559	569,317	11,450,242	0	0	73.00
74.00	07400 RENAL DIALYSIS	607,971	40,334	567,637	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550 PSYCH	986,599	125,333	861,266	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	969,157	66,330	902,827	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	183,780	16,918	166,862	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	712,038	59,250	652,788	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	9,166,426	746,581	8,419,845	0	0	91.00
91.01	09101 CIVILLE OUT	264,515	8,447	256,068	0	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING	681,933	55,324	626,609	0	0	91.03
91.04	09104 HUNTLEY OP	580,971	195,154	385,817	0	0	91.04
92.00	09200 OBSERVATION BEDS	3,124,183	416,088	2,708,095	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	92,279,192	8,348,529	83,930,663	0	0	200.00
201.00	Less Observation Beds	3,124,183	416,088	2,708,095	0	0	201.00
202.00	Total (line 200 minus line 201)	89,155,009	7,932,441	81,222,568	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140217

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	8,102,696	75,562,763	0.107231		50.00
51.00	05100 RECOVERY ROOM	4,021,468	28,737,404	0.139938		51.00
53.00	05300 ANESTHESIOLOGY	533,113	12,933,405	0.041220		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,474,828	25,927,597	0.249727		54.00
54.01	03650 VASCULAR LAB	846,778	10,621,558	0.079723		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	4,489,865	20,558,965	0.218390		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,147,960	51,280,765	0.022386		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	554,392	12,792,163	0.043338		58.00
59.00	05900 CARDIAC CATHETERIZATION	2,611,890	25,513,075	0.102375		59.00
60.00	06000 LABORATORY	7,118,764	66,329,120	0.107325		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	916,210	1,581,462	0.579344		62.00
65.00	06500 RESPIRATORY THERAPY	1,893,831	12,004,918	0.157755		65.00
66.00	06600 PHYSICAL THERAPY	4,328,031	12,828,500	0.337376		66.00
67.00	06700 OCCUPATIONAL THERAPY	2,193,574	6,687,018	0.328035		67.00
68.00	06800 SPEECH PATHOLOGY	639,298	2,302,385	0.277668		68.00
69.00	06900 ELECTROCARDIOLOGY	2,061,491	16,496,623	0.124964		69.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,301,362	29,414,279	0.248225		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	7,746,509	20,213,135	0.383241		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,019,559	44,839,989	0.268054		73.00
74.00	07400 RENAL DIALYSIS	607,971	2,876,028	0.211393		74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000		76.00
76.02	03550 PSYCH	986,599	6,306,002	0.156454		76.02
76.03	03951 OCCUPATIONAL HEALTH	969,157	1,024,208	0.946250		76.03
76.97	07697 CARDIAC REHABILITATION	183,780	462,156	0.397658		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	712,038	6,302,309	0.112980		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	09001 OUTPATIENT PROCEDURES	0	0	0.000000		90.01
91.00	09100 EMERGENCY	9,166,426	51,176,722	0.179113		91.00
91.01	09101 CIVILLE OUT	264,515	423,296	0.624894		91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000		91.02
91.03	09103 NUTRITION COUNSELING	681,933	247,908	2.750750		91.03
91.04	09104 HUNTLEY OP	580,971	1,053,897	0.551260		91.04
92.00	09200 OBSERVATION BEDS	3,124,183	11,480,071	0.272140		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	92,279,192	557,977,721			200.00
201.00	Less Observation Beds	3,124,183	0			201.00
202.00	Total (line 200 minus line 201)	89,155,009	557,977,721			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/24/2013 7:29 am		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,768,218	0	3,768,218	29,931	125.90	30.00	
31.00	INTENSIVE CARE UNIT	478,295		478,295	2,556	187.13	31.00	
41.00	SUBPROVIDER - IRF	947,663	0	947,663	13,944	67.96	41.00	
200.00	Total (Lines 30-199)	5,194,176		5,194,176	46,431		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	13,829	1,741,071					30.00
31.00	INTENSIVE CARE UNIT	1,854	346,939					31.00
41.00	SUBPROVIDER - IRF	11,733	797,375					41.00
200.00	Total (Lines 30-199)	27,416	2,885,385					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/24/2013 7:29 am
		Title XVIII	Hospital	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,394,351	75,562,763	0.018453	19,247,416	355,173	50.00
51.00 05100 RECOVERY ROOM	231,684	28,737,404	0.008062	6,844,857	55,183	51.00
53.00 05300 ANESTHESIOLOGY	32,498	12,933,405	0.002513	3,658,367	9,193	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	824,233	25,927,597	0.031790	4,436,554	141,038	54.00
54.01 03650 VASCULAR LAB	84,493	10,621,558	0.007955	1,599,577	12,725	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	939,736	20,558,965	0.045709	551,617	25,214	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	40,006	51,280,765	0.000780	7,470,614	5,827	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	41,110	12,792,163	0.003214	2,254,856	7,247	58.00
59.00 05900 CARDIAC CATHETERIZATION	317,347	25,513,075	0.012439	8,131,787	101,151	59.00
60.00 06000 LABORATORY	389,381	66,329,120	0.005870	18,428,513	108,175	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	49,346	1,581,462	0.031203	571,169	17,822	62.00
65.00 06500 RESPIRATORY THERAPY	107,162	12,004,918	0.008927	6,042,530	53,942	65.00
66.00 06600 PHYSICAL THERAPY	198,045	12,828,500	0.015438	1,509,958	23,311	66.00
67.00 06700 OCCUPATIONAL THERAPY	230,366	6,687,018	0.034450	582,081	20,053	67.00
68.00 06800 SPEECH PATHOLOGY	12,013	2,302,385	0.005218	365,416	1,907	68.00
69.00 06900 ELECTROCARDIOLOGY	312,026	16,496,623	0.018915	4,186,628	79,190	69.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	427,529	29,414,279	0.014535	9,977,815	145,028	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	418,127	20,213,135	0.020686	7,872,268	162,846	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	569,317	44,839,989	0.012697	10,869,936	138,016	73.00
74.00 07400 RENAL DIALYSIS	40,334	2,876,028	0.014024	1,493,364	20,943	74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0	0	76.00
76.02 03550 PSYCH	125,333	6,306,002	0.019875	960,477	19,089	76.02
76.03 03951 OCCUPATIONAL HEALTH	66,330	1,024,208	0.064762	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	16,918	462,156	0.036607	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	59,250	6,302,309	0.009401	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001 OUTPATIENT PROCEDURES	0	0	0.000000	0	0	90.01
91.00 09100 EMERGENCY	746,581	51,176,722	0.014588	6,399,843	93,361	91.00
91.01 09101 CIVILLE OUT	8,447	423,296	0.019955	0	0	91.01
91.02 09102 LAKE HILL OUT	0	0	0.000000	0	0	91.02
91.03 09103 NUTRITION COUNSELING	55,324	247,908	0.223163	0	0	91.03
91.04 09104 HUNTLEY OP	195,154	1,053,897	0.185174	95	18	91.04
92.00 09200 OBSERVATION BEDS	416,088	11,480,071	0.036244	1,878,279	68,076	92.00
200.00 Total (lines 50-199)	8,348,529	557,977,721		125,334,017	1,664,528	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/24/2013 7:29 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	40,675	0	0	40,675	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,338	0	0	20,338	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
200.00		Total (lines 30-199)	0	61,013	0	0	61,013	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	29,931	1.36	13,829	18,807		30.00
31.00	03100	INTENSIVE CARE UNIT	2,556	7.96	1,854	14,758		31.00
41.00	04100	SUBPROVIDER - IRF	13,944	0.00	11,733	0		41.00
200.00		Total (lines 30-199)	46,431		27,416	33,565		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140217

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
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
53.00	05300	ANESTHESIOLOGY	0	0	40,675	0	40,675	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03650	VASCULAR LAB	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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	20,338	0	20,338	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	20,338	0	20,338	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
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
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCH	0	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	438,901	0	438,901	91.00
91.01	09101	CVILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS	0	0	4,493	0	4,493	92.00
200.00		Total (lines 50-199)	0	0	524,745	0	524,745	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 7:29 am
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
	6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	75,562,763	0.000000	0.000000		19,247,416	50.00
51.00 05100 RECOVERY ROOM	0	28,737,404	0.000000	0.000000		6,844,857	51.00
53.00 05300 ANESTHESIOLOGY	40,675	12,933,405	0.003145	0.003145		3,658,367	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	25,927,597	0.000000	0.000000		4,436,554	54.00
54.01 03650 VASCULAR LAB	0	10,621,558	0.000000	0.000000		1,599,577	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	20,558,965	0.000000	0.000000		551,617	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	51,280,765	0.000000	0.000000		7,470,614	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,792,163	0.000000	0.000000		2,254,856	58.00
59.00 05900 CARDIAC CATHETERIZATION	20,338	25,513,075	0.000797	0.000797		8,131,787	59.00
60.00 06000 LABORATORY	0	66,329,120	0.000000	0.000000		18,428,513	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,581,462	0.000000	0.000000		571,169	62.00
65.00 06500 RESPIRATORY THERAPY	20,338	12,004,918	0.001694	0.001694		6,042,530	65.00
66.00 06600 PHYSICAL THERAPY	0	12,828,500	0.000000	0.000000		1,509,958	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	6,687,018	0.000000	0.000000		582,081	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,302,385	0.000000	0.000000		365,416	68.00
69.00 06900 ELECTROCARDIOLOGY	0	16,496,623	0.000000	0.000000		4,186,628	69.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	29,414,279	0.000000	0.000000		9,977,815	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	20,213,135	0.000000	0.000000		7,872,268	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	44,839,989	0.000000	0.000000		10,869,936	73.00
74.00 07400 RENAL DIALYSIS	0	2,876,028	0.000000	0.000000		1,493,364	74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0.000000		0	76.00
76.02 03550 PSYCH	0	6,306,002	0.000000	0.000000		960,477	76.02
76.03 03951 OCCUPATIONAL HEALTH	0	1,024,208	0.000000	0.000000		0	76.03
76.97 07697 CARDIAC REHABILITATION	0	462,156	0.000000	0.000000		0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	6,302,309	0.000000	0.000000		0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01 09001 OUTPATIENT PROCEDURES	0	0	0.000000	0.000000		0	90.01
91.00 09100 EMERGENCY	438,901	51,176,722	0.008576	0.008576		6,399,843	91.00
91.01 09101 CIVILLE OUT	0	423,296	0.000000	0.000000		0	91.01
91.02 09102 LAKE HILL OUT	0	0	0.000000	0.000000		0	91.02
91.03 09103 NUTRITION COUNSELING	0	247,908	0.000000	0.000000		0	91.03
91.04 09104 HUNTLEY OP	0	1,053,897	0.000000	0.000000		95	91.04
92.00 09200 OBSERVATION BEDS	4,493	11,480,071	0.000391	0.000391		1,878,279	92.00
200.00 Total (lines 50-199)	524,745	557,977,721				125,334,017	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 7:29 am
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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	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	14,178,124	0	50.00
51.00	05100 RECOVERY ROOM	0	5,709,147	0	51.00
53.00	05300 ANESTHESIOLOGY	11,506	1,666,989	5,243	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,866,725	0	54.00
54.01	03650 VASCULAR LAB	0	1,944,919	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,526,979	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	10,632,436	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,006,014	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,481	6,437,724	5,131	59.00
60.00	06000 LABORATORY	0	1,235,156	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	100,732	0	62.00
65.00	06500 RESPIRATORY THERAPY	10,236	244,846	415	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	3,793,670	0	69.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	4,415,958	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,356,397	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,836,574	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0	76.00
76.02	03550 PSYCH	0	43,915	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	263,712	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	3,623,953	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT PROCEDURES	0	0	0	90.01
91.00	09100 EMERGENCY	54,885	6,924,020	59,380	91.00
91.01	09101 C'VILLE OUT	0	0	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING	0	0	0	91.03
91.04	09104 HUNTLEY OP	0	18,310	0	91.04
92.00	09200 OBSERVATION BEDS	734	3,817,411	1,493	92.00
200.00	Total (lines 50-199)	83,842	93,643,711	71,662	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 7:29 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.107231	14,178,124	0	0	1,520,334
51.00 05100 RECOVERY ROOM	0.139938	5,709,147	0	0	798,927
53.00 05300 ANESTHESIOLOGY	0.041220	1,666,989	0	0	68,713
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.249727	5,866,725	0	0	1,465,080
54.01 03650 VASCULAR LAB	0.079723	1,944,919	0	0	155,055
55.00 05500 RADIOLOGY-THERAPEUTIC	0.218390	8,526,979	0	0	1,862,207
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.022386	10,632,436	0	0	238,018
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.043338	3,006,014	0	0	130,275
59.00 05900 CARDIAC CATHETERIZATION	0.102375	6,437,724	0	0	659,062
60.00 06000 LABORATORY	0.107325	1,235,156	0	0	132,563
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.579344	100,732	0	0	58,358
65.00 06500 RESPIRATORY THERAPY	0.157755	244,846	0	0	38,626
66.00 06600 PHYSICAL THERAPY	0.337376	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.328035	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.277668	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.124964	3,793,670	0	0	474,072
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.248225	4,415,958	38,392	0	1,096,151
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.383241	3,356,397	0	0	1,286,309
73.00 07300 DRUGS CHARGED TO PATIENTS	0.268054	7,836,574	0	20,182	2,100,625
74.00 07400 RENAL DIALYSIS	0.211393	0	0	0	0
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0.000000	0	0	0	0
76.02 03550 PSYCH	0.156454	43,915	0	0	6,871
76.03 03951 OCCUPATIONAL HEALTH	0.946250	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.397658	263,712	0	0	104,867
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.112980	3,623,953	0	0	409,434
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01 09001 OUTPATIENT PROCEDURES	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.179113	6,924,020	0	0	1,240,182
91.01 09101 C'VILLE OUT	0.624894	0	0	0	0
91.02 09102 LAKE HILL OUT	0.000000	0	0	0	0
91.03 09103 NUTRITION COUNSELING	2.750750	0	0	0	0
91.04 09104 HUNTLEY OP	0.551260	18,310	0	0	10,094
92.00 09200 OBSERVATION BEDS	0.272140	3,817,411	0	0	1,038,870
200.00	Subtotal (see instructions)	93,643,711	38,392	20,182	14,894,693
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 +/- line 201)	93,643,711	38,392	20,182	14,894,693

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 7:29 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000	OPERATING ROOM	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03650	VASCULAR LAB	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
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
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
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
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	9,530	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	5,410	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.00 03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	76.00
76.02 03550	PSYCH	0	0	76.02
76.03 03951	OCCUPATIONAL HEALTH	0	0	76.03
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01 09001	OUTPATIENT PROCEDURES	0	0	90.01
91.00 09100	EMERGENCY	0	0	91.00
91.01 09101	CVILLE OUT	0	0	91.01
91.02 09102	LAKE HILL OUT	0	0	91.02
91.03 09103	NUTRITION COUNSELING	0	0	91.03
91.04 09104	HUNTLEY OP	0	0	91.04
92.00 09200	OBSERVATION BEDS	0	0	92.00
200.00	Subtotal (see instructions)	9,530	5,410	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	9,530	5,410	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140217 Component CCN: 14T217		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/24/2013 7:29 am		
		Title XVIII		Subprovider - IRF		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,394,351	75,562,763	0.018453	59,929	1,106	50.00
51.00	05100	RECOVERY ROOM	231,684	28,737,404	0.008062	38,506	310	51.00
53.00	05300	ANESTHESIOLOGY	32,498	12,933,405	0.002513	3,409	9	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	824,233	25,927,597	0.031790	367,644	11,687	54.00
54.01	03650	VASCULAR LAB	84,493	10,621,558	0.007955	371,114	2,952	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	939,736	20,558,965	0.045709	226	10	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	40,006	51,280,765	0.000780	441,708	345	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	41,110	12,792,163	0.003214	48,971	157	58.00
59.00	05900	CARDIAC CATHETERIZATION	317,347	25,513,075	0.012439	48,677	605	59.00
60.00	06000	LABORATORY	389,381	66,329,120	0.005870	3,123,046	18,332	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	49,346	1,581,462	0.031203	103,642	3,234	62.00
65.00	06500	RESPIRATORY THERAPY	107,162	12,004,918	0.008927	2,253,748	20,119	65.00
66.00	06600	PHYSICAL THERAPY	198,045	12,828,500	0.015438	5,373,501	82,956	66.00
67.00	06700	OCCUPATIONAL THERAPY	230,366	6,687,018	0.034450	4,773,035	164,431	67.00
68.00	06800	SPEECH PATHOLOGY	12,013	2,302,385	0.005218	1,434,199	7,484	68.00
69.00	06900	ELECTROCARDIOLOGY	312,026	16,496,623	0.018915	114,803	2,171	69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	427,529	29,414,279	0.014535	1,577,627	22,931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	418,127	20,213,135	0.020686	16,444	340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	569,317	44,839,989	0.012697	4,079,945	51,803	73.00
74.00	07400	RENAL DIALYSIS	40,334	2,876,028	0.014024	455,466	6,387	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0	0	76.00
76.02	03550	PSYCH	125,333	6,306,002	0.019875	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	66,330	1,024,208	0.064762	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	16,918	462,156	0.036607	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	59,250	6,302,309	0.009401	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	746,581	51,176,722	0.014588	138,266	2,017	91.00
91.01	09101	CVILLE OUT	8,447	423,296	0.019955	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0.000000	0	0	91.02
91.03	09103	NUTRITION COUNSELING	55,324	247,908	0.223163	0	0	91.03
91.04	09104	HUNTLEY OP	195,154	1,053,897	0.185174	23	4	91.04
92.00	09200	OBSERVATION BEDS	0	11,480,071	0.000000	0	0	92.00
200.00		Total (lines 50-199)	7,932,441	557,977,721		24,823,929	399,390	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140217  
Component CCN: 14T217

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2013 7:29 am

Title XVIII

Subprovider - IIRF

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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	40,675	0	40,675	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03650	VASCULAR LAB	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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	20,338	0	20,338	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	20,338	0	20,338	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
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
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCH	0	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	438,901	0	438,901	91.00
91.01	09101	CVILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	520,252	0	520,252	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 7:29 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	75,562,763	0.000000	0.000000	59,929	50.00
51.00	05100 RECOVERY ROOM	0	28,737,404	0.000000	0.000000	38,506	51.00
53.00	05300 ANESTHESIOLOGY	40,675	12,933,405	0.003145	0.003145	3,409	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	25,927,597	0.000000	0.000000	367,644	54.00
54.01	03650 VASCULAR LAB	0	10,621,558	0.000000	0.000000	371,114	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	20,558,965	0.000000	0.000000	226	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	51,280,765	0.000000	0.000000	441,708	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,792,163	0.000000	0.000000	48,971	58.00
59.00	05900 CARDIAC CATHETERIZATION	20,338	25,513,075	0.000797	0.000797	48,677	59.00
60.00	06000 LABORATORY	0	66,329,120	0.000000	0.000000	3,123,046	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,581,462	0.000000	0.000000	103,642	62.00
65.00	06500 RESPIRATORY THERAPY	20,338	12,004,918	0.001694	0.001694	2,253,748	65.00
66.00	06600 PHYSICAL THERAPY	0	12,828,500	0.000000	0.000000	5,373,501	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,687,018	0.000000	0.000000	4,773,035	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,302,385	0.000000	0.000000	1,434,199	68.00
69.00	06900 ELECTROCARDIOLOGY	0	16,496,623	0.000000	0.000000	114,803	69.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	29,414,279	0.000000	0.000000	1,577,627	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	20,213,135	0.000000	0.000000	16,444	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	44,839,989	0.000000	0.000000	4,079,945	73.00
74.00	07400 RENAL DIALYSIS	0	2,876,028	0.000000	0.000000	455,466	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0.000000	0	76.00
76.02	03550 PSYCH	0	6,306,002	0.000000	0.000000	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	1,024,208	0.000000	0.000000	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	462,156	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	6,302,309	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	0	0	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	438,901	51,176,722	0.008576	0.008576	138,266	91.00
91.01	09101 C'VILLE OUT	0	423,296	0.000000	0.000000	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000	0.000000	0	91.02
91.03	09103 NUTRITION COUNSELING	0	247,908	0.000000	0.000000	0	91.03
91.04	09104 HUNTLEY OP	0	1,053,897	0.000000	0.000000	23	91.04
92.00	09200 OBSERVATION BEDS	0	11,480,071	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	520,252	557,977,721			24,823,929	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 7:29 am
Title XVIIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	11	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03650 VASCULAR LAB	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	39	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	3,818	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	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0	76.00
76.02	03550 PSYCH	0	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	09001 OUTPATIENT PROCEDURES	0	0	0	90.01
91.00	09100 EMERGENCY	1,186	689	6	91.00
91.01	09101 C'VILLE OUT	0	0	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING	0	0	0	91.03
91.04	09104 HUNTLEY OP	0	0	0	91.04
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
200.00	Total (lines 50-199)	5,054	689	6	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 7:29 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.107231	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.139938	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.041220	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.249727	0	0	0	0	54.00
54.01 03650 VASCULAR LAB	0.079723	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.218390	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.022386	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.043338	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.102375	0	0	0	0	59.00
60.00 06000 LABORATORY	0.107325	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.579344	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.157755	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.337376	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.328035	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.277668	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.124964	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.248225	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.383241	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.268054	0	0	693	0	73.00
74.00 07400 RENAL DIALYSIS	0.211393	0	0	0	0	74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0.000000	0	0	0	0	76.00
76.02 03550 PSYCH	0.156454	0	0	0	0	76.02
76.03 03951 OCCUPATIONAL HEALTH	0.946250	0	0	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	0.397658	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.112980	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001 OUTPATIENT PROCEDURES	0.000000	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.179113	689	0	0	123	91.00
91.01 09101 C'VILLE OUT	0.624894	0	0	0	0	91.01
91.02 09102 LAKE HILL OUT	0.000000	0	0	0	0	91.02
91.03 09103 NUTRITION COUNSELING	2.750750	0	0	0	0	91.03
91.04 09104 HUNTLEY OP	0.551260	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS	0.272140	0	0	0	0	92.00
200.00 Subtotal (see instructions)		689	0	693	123	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		689	0	693	123	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140217	Period: From 01/01/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 7:29 am
	Component CCN: 14T217	To 12/31/2012	
	Title XVII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03650 VASCULAR LAB	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
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
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	186	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	76.00
76.02 03550 PSYCH	0	0	76.02
76.03 03951 OCCUPATIONAL HEALTH	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.01 09001 OUTPATIENT PROCEDURES	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 C'VILLE OUT	0	0	91.01
91.02 09102 LAKE HILL OUT	0	0	91.02
91.03 09103 NUTRITION COUNSELING	0	0	91.03
91.04 09104 HUNTLEY OP	0	0	91.04
92.00 09200 OBSERVATION BEDS	0	0	92.00
200.00 Subtotal (see instructions)	0	186	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	186	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/24/2013 7:29 am		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,768,218	0	3,768,218	29,931	125.90	30.00	
31.00	INTENSIVE CARE UNIT	478,295		478,295	2,556	187.13	31.00	
41.00	SUBPROVIDER - IRF	947,663	0	947,663	13,944	67.96	41.00	
200.00	Total (Lines 30-199)	5,194,176		5,194,176	46,431		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	4,319	543,762					30.00
31.00	INTENSIVE CARE UNIT	23	4,304					31.00
41.00	SUBPROVIDER - IRF	0	0					41.00
200.00	Total (Lines 30-199)	4,342	548,066					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/24/2013 7:29 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Title XIX		Hospital	
					Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	1,394,351	75,562,763	0.018453	0	0	0	50.00
51.00	05100 RECOVERY ROOM	231,684	28,737,404	0.008062	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	32,498	12,933,405	0.002513	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	824,233	25,927,597	0.031790	0	0	0	54.00
54.01	03650 VASCULAR LAB	84,493	10,621,558	0.007955	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	939,736	20,558,965	0.045709	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	40,006	51,280,765	0.000780	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	41,110	12,792,163	0.003214	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	317,347	25,513,075	0.012439	0	0	0	59.00
60.00	06000 LABORATORY	389,381	66,329,120	0.005870	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	49,346	1,581,462	0.031203	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	107,162	12,004,918	0.008927	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	198,045	12,828,500	0.015438	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	230,366	6,687,018	0.034450	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	12,013	2,302,385	0.005218	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	312,026	16,496,623	0.018915	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	427,529	29,414,279	0.014535	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	418,127	20,213,135	0.020686	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	569,317	44,839,989	0.012697	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	40,334	2,876,028	0.014024	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0	0	0	76.00
76.02	03550 PSYCH	125,333	6,306,002	0.019875	0	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	66,330	1,024,208	0.064762	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	16,918	462,156	0.036607	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	59,250	6,302,309	0.009401	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001 OUTPATIENT PROCEDURES	0	0	0.000000	0	0	0	90.01
91.00	09100 EMERGENCY	746,581	51,176,722	0.014588	0	0	0	91.00
91.01	09101 C'VILLE OUT	8,447	423,296	0.019955	0	0	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING	55,324	247,908	0.223163	0	0	0	91.03
91.04	09104 HUNTLEY OP	195,154	1,053,897	0.185174	0	0	0	91.04
92.00	09200 OBSERVATION BEDS	416,088	11,480,071	0.036244	0	0	0	92.00
200.00	Total (lines 50-199)	8,348,529	557,977,721		0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/24/2013 7:29 am	
Title XIX			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	40,675	0	0	40,675	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,338	0	0	20,338	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
200.00		Total (lines 30-199)	0	61,013	0	0	61,013	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	29,931	1.36	4,319	5,874		30.00
31.00	03100	INTENSIVE CARE UNIT	2,556	7.96	23	183		31.00
41.00	04100	SUBPROVIDER - IRF	13,944	0.00	0	0		41.00
200.00		Total (lines 30-199)	46,431		4,342	6,057		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140217

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description		Title XIX				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	40,675	0	40,675	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03650	VASCULAR LAB	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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	20,338	0	20,338	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	20,338	0	20,338	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
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
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCH	0	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	438,901	0	438,901	91.00
91.01	09101	CVILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	520,252	0	520,252	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 7:29 am
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Cost Center Description	Title XIX			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	75,562,763	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	28,737,404	0.000000	0.000000	0	51.00
53.00 05300 ANESTHESIOLOGY	40,675	12,933,405	0.003145	0.003145	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	25,927,597	0.000000	0.000000	0	54.00
54.01 03650 VASCULAR LAB	0	10,621,558	0.000000	0.000000	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	20,558,965	0.000000	0.000000	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	51,280,765	0.000000	0.000000	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,792,163	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	20,338	25,513,075	0.000797	0.000797	0	59.00
60.00 06000 LABORATORY	0	66,329,120	0.000000	0.000000	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,581,462	0.000000	0.000000	0	62.00
65.00 06500 RESPIRATORY THERAPY	20,338	12,004,918	0.001694	0.001694	0	65.00
66.00 06600 PHYSICAL THERAPY	0	12,828,500	0.000000	0.000000	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	6,687,018	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,302,385	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	16,496,623	0.000000	0.000000	0	69.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	29,414,279	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	20,213,135	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	44,839,989	0.000000	0.000000	0	73.00
74.00 07400 RENAL DIALYSIS	0	2,876,028	0.000000	0.000000	0	74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0.000000	0	76.00
76.02 03550 PSYCH	0	6,306,002	0.000000	0.000000	0	76.02
76.03 03951 OCCUPATIONAL HEALTH	0	1,024,208	0.000000	0.000000	0	76.03
76.97 07697 CARDIAC REHABILITATION	0	462,156	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	6,302,309	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001 OUTPATIENT PROCEDURES	0	0	0.000000	0.000000	0	90.01
91.00 09100 EMERGENCY	438,901	51,176,722	0.008576	0.008576	0	91.00
91.01 09101 C'VILLE OUT	0	423,296	0.000000	0.000000	0	91.01
91.02 09102 LAKE HILL OUT	0	0	0.000000	0.000000	0	91.02
91.03 09103 NUTRITION COUNSELING	0	247,908	0.000000	0.000000	0	91.03
91.04 09104 HUNTLEY OP	0	1,053,897	0.000000	0.000000	0	91.04
92.00 09200 OBSERVATION BEDS	0	11,480,071	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	520,252	557,977,721			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140217

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03650 VASCULAR LAB	0	0	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
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	0	0		69.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0		76.00
76.02	03550 PSYCH	0	0	0		76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0		76.03
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	09001 OUTPATIENT PROCEDURES	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
91.01	09101 C'VILLE OUT	0	0	0		91.01
91.02	09102 LAKE HILL OUT	0	0	0		91.02
91.03	09103 NUTRITION COUNSELING	0	0	0		91.03
91.04	09104 HUNTLEY OP	0	0	0		91.04
92.00	09200 OBSERVATION BEDS	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2013 7:29 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,931	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,931	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		26,626	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)		13,829	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		28,293,468	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)		28,293,468	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		83,621,789	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		83,621,789	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.338350	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		3,140.61	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)		28,293,468	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		945.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,072,415	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)		13,072,415	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/24/2013 7:29 am
				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)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	5,521,117	2,556	2,160.06	1,854	4,004,751	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)					20,775,966	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					37,853,132	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)					2,121,575	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,748,370	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,869,945	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					33,983,187	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)					3,305	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					945.29	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,124,183	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/24/2013 7:29 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,768,218	28,293,468	0.133183	3,124,183	416,088	90.00
91.00	Nursing School cost	0	28,293,468	0.000000	3,124,183	0	91.00
92.00	Allied health cost	40,675	28,293,468	0.001438	3,124,183	4,493	92.00
93.00	All other Medical Education	0	28,293,468	0.000000	3,124,183	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/24/2013 7:29 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,944 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,944 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)			13,944 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)			11,733 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			10,978,714 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)			10,978,714 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			32,336,736 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			32,336,736 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.339512 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)			2,319.04 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)			10,978,714 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			787.34 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			9,237,860 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)			9,237,860 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217 Component CCN: 14T217		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/24/2013 7:29 am	
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)	
42.00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	
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)					6,306,590	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,544,450	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					797,375	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					404,444	
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,201,819	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					14,342,631	
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: 140217 Component CCN: 14T217		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/24/2013 7:29 am	
		Title XVIII		Subprovider - IRF		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	947,663	10,978,714	0.086318	0	0	90.00
91.00	Nursing School cost	0	10,978,714	0.000000	0	0	91.00
92.00	Allied health cost	0	10,978,714	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,978,714	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/24/2013 7:29 am
Cost Center Description		Title XIX	Hospital	PPS
PART I - ALL PROVIDER COMPONENTS				1.00
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			29,931 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			29,931 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			26,626 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)			4,319 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			28,293,468 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)			28,293,468 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 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)			0.00 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)			28,293,468 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			945.29 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,082,708 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			4,082,708 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/24/2013 7:29 am		
Cost Center Description			Title XIX	Hospital	PPS		
	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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	5,521,117	2,556	2,160.06	23	49,681	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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,132,389	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)					554,123	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					554,123	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,578,266	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)					3,305	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					945.29	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,124,183	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/24/2013 7:29 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,768,218	28,293,468	0.133183	3,124,183	416,088	90.00
91.00	Nursing School cost	0	28,293,468	0.000000	3,124,183	0	91.00
92.00	Allied health cost	40,675	28,293,468	0.001438	3,124,183	4,493	92.00
93.00	All other Medical Education	0	28,293,468	0.000000	3,124,183	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/24/2013 7:29 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		35,647,984	30.00
31.00	03100	INTENSIVE CARE UNIT		12,080,947	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.107231	19,247,416	50.00
51.00	05100	RECOVERY ROOM	0.139938	6,844,857	51.00
53.00	05300	ANESTHESIOLOGY	0.041220	3,658,367	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.249902	4,436,554	54.00
54.01	03650	VASCULAR LAB	0.079723	1,599,577	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.218390	551,617	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.022386	7,470,614	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.043338	2,254,856	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102597	8,131,787	59.00
60.00	06000	LABORATORY	0.107657	18,428,513	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.579344	571,169	62.00
65.00	06500	RESPIRATORY THERAPY	0.157755	6,042,530	65.00
66.00	06600	PHYSICAL THERAPY	0.337376	1,509,958	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.328035	582,081	67.00
68.00	06800	SPEECH PATHOLOGY	0.277668	365,416	68.00
69.00	06900	ELECTROCARDIOLOGY	0.125290	4,186,628	69.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.248225	9,977,815	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.383241	7,872,268	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268054	10,869,936	73.00
74.00	07400	RENAL DIALYSIS	0.211393	1,493,364	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0.000000	0	76.00
76.02	03550	PSYCH	0.156454	960,477	76.02
76.03	03951	OCCUPATIONAL HEALTH	0.946250	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.397658	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.113156	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	90.01
91.00	09100	EMERGENCY	0.182560	6,399,843	91.00
91.01	09101	C'VILLE OUT	0.624894	0	91.01
91.02	09102	LAKE HILL OUT	0.000000	0	91.02
91.03	09103	NUTRITION COUNSELING	2.750750	0	91.03
91.04	09104	HUNTLEY OP	0.551260	95	91.04
92.00	09200	OBSERVATION BEDS	0.272140	1,878,279	92.00
200.00		Total (sum of lines 50-94 and 96-98)		125,334,017	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		125,334,017	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/24/2013 7:29 am	
		Title XVIII	Subprovider - IRF	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		27,032,208		41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.107231	59,929	6,426	50.00
51.00	05100 RECOVERY ROOM	0.139938	38,506	5,388	51.00
53.00	05300 ANESTHESIOLOGY	0.041220	3,409	141	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.249902	367,644	91,875	54.00
54.01	03650 VASCULAR LAB	0.079723	371,114	29,586	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.218390	226	49	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.022386	441,708	9,888	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.043338	48,971	2,122	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.102597	48,677	4,994	59.00
60.00	06000 LABORATORY	0.107657	3,123,046	336,218	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.579344	103,642	60,044	62.00
65.00	06500 RESPIRATORY THERAPY	0.157755	2,253,748	355,540	65.00
66.00	06600 PHYSICAL THERAPY	0.337376	5,373,501	1,812,890	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.328035	4,773,035	1,565,723	67.00
68.00	06800 SPEECH PATHOLOGY	0.277668	1,434,199	398,231	68.00
69.00	06900 ELECTROCARDIOLOGY	0.125290	114,803	14,384	69.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.248225	1,577,627	391,606	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.383241	16,444	6,302	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.268054	4,079,945	1,093,646	73.00
74.00	07400 RENAL DIALYSIS	0.211393	455,466	96,282	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0.000000	0	0	76.00
76.02	03550 PSYCH	0.156454	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0.946250	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0.397658	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.113156	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	09001 OUTPATIENT PROCEDURES	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.182560	138,266	25,242	91.00
91.01	09101 C'VILLE OUT	0.624894	0	0	91.01
91.02	09102 LAKE HILL OUT	0.000000	0	0	91.02
91.03	09103 NUTRITION COUNSELING	2.750750	0	0	91.03
91.04	09104 HUNTLEY OP	0.551260	23	13	91.04
92.00	09200 OBSERVATION BEDS	0.272140	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		24,823,929	6,306,590	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)		24,823,929		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/24/2013 7:29 am
		Title XVII I	Hospital	PPS
				1.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		24,760,053	1.00
2.00	Outlier payments for discharges. (see instructions)		1,453,816	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)		134.97	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.88	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		12.93	31.00
32.00	Sum of lines 30 and 31		16.81	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.68	33.00
34.00	Disproportionate share adjustment (see instructions)		911,170	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		27,125,039	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)		27,125,039	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,431,217	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/24/2013 7:29 am
		Title XVII	Hospital	PPS
				1.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			33,565 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			83,842 58.00
59.00	Total (sum of amounts on lines 49 through 58)			29,673,663 59.00
60.00	Primary payer payments			23,852 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			29,649,811 61.00
62.00	Deductibles billed to program beneficiaries			2,286,740 62.00
63.00	Coinurance billed to program beneficiaries			204,155 63.00
64.00	Allowable bad debts (see instructions)			308,582 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			216,007 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			269,949 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			27,374,923 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)			1,064 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-17,627 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)			27,358,360 71.00
72.00	Interim payments			27,198,299 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)			160,061 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			57,996 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/24/2013 7:29 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		14,940	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		14,823,031	2.00
3.00	PPS payments		12,206,114	3.00
4.00	Outlier payment (see instructions)		241,923	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		71,662	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,940	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		58,574	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)		58,574	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		58,574	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		43,634	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)		14,940	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)		12,519,699	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		7,026	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,700,755	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)		9,826,858	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)		9,826,858	30.00
31.00	Primary payer payments		2,817	31.00
32.00	Subtotal (line 30 minus line 31)		9,824,041	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		264,004	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		184,803	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		228,346	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		10,008,844	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-25	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)		10,008,869	40.00
41.00	Interim payments		10,101,012	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)		-92,143	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/24/2013 7:29 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			186 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			117 2.00
3.00	PPS payments			331 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			6 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			186 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			693 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)			693 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)			693 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			507 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)			186 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)			337 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)			0 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)			523 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)			523 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			523 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			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)			523 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)			523 40.00
41.00	Interim payments			553 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)			-30 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140217

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/24/2013 7:29 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		26,784,268		10,062,966	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/16/2012	354,310	08/16/2012	38,046		3.01
3.02		11/01/2012	59,721		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)		414,031		38,046		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)		27,198,299		10,101,012		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		160,061		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		92,143		6.02
7.00	Total Medicare program liability (see instructions)		27,358,360		10,008,869		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: 140217  
Component CCN: 14T217

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/24/2013 7:29 am

Title XVIII

Subprovider -  
IRF

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		14,945,939		553	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/16/2012	10,653		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)		-10,653		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)		14,935,286		553	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		20,378		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		30	6.02
7.00	Total Medicare program liability (see instructions)		14,955,664		523	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: 140217 Component CCN: 14T217	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/24/2013 7:29 am
		Title XVII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			14,915,888 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0165 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			113,525 3.00
4.00	Outlier Payments			176,890 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	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 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	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 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			38.098361 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$ .			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			15,206,303 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			15,206,303 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			15,206,303 19.00
20.00	Deductibles			103,968 20.00
21.00	Subtotal (line 19 minus line 20)			15,102,335 21.00
22.00	Coinurance			151,725 22.00
23.00	Subtotal (line 21 minus line 22)			14,950,610 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			14,950,610 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			5,054 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			14,955,664 32.00
33.00	Interim payments			14,935,286 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			20,378 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			176,890 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: 140217

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

Worksheet G

Date/Time Prepared:  
5/24/2013 7:29 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	4,507,000	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	18,205,000	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	4,429,000	0	0	0	7.00
8.00	Prepaid expenses	587,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	618,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	28,346,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,549,055	0	0	0	12.00
13.00	Land improvements	1,317,021	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	15,904,231	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	1,341,823	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	30,281,329	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	51,393,459	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	4,113,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,113,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	83,852,459	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	9,499,000	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	157,000	0	0	0	43.00
44.00	Other current liabilities	12,689,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	22,345,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	583,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	583,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	22,928,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	60,924,459	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	60,924,459	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	83,852,459	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140217

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

Worksheet G-1

Date/Time Prepared:  
5/24/2013 7:29 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		63,288,968			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-9,950,564				2.00
3.00	Total (sum of line 1 and line 2)		53,338,404			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	NET ASSET TRANSFER	7,586,055		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)		7,586,055			0	10.00
11.00	Subtotal (line 3 plus line 10)		60,924,459			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		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)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		60,924,459			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	NET ASSET TRANSFER		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			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: 140217

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/24/2013 7:29 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	83,621,789		83,621,789	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	32,336,736		32,336,736	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)	115,958,525		115,958,525	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,964,119		18,964,119	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)	18,964,119		18,964,119	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	134,922,644		134,922,644	17.00
18.00	Ancillary services	245,543,157	299,227,649	544,770,806	18.00
19.00	Outpatient services	0	1,726,842	1,726,842	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	87,520	87,520	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	380,465,801	301,042,011	681,507,812	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		140,492,681		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)		140,492,682		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140217

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

Worksheet G-3

Date/Time Prepared:  
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	681,507,812	1.00
2.00	Less contractual allowances and discounts on patients' accounts	553,030,778	2.00
3.00	Net patient revenues (line 1 minus line 2)	128,477,034	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	140,492,682	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-12,015,648	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	127,415	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	240,249	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	-593,411	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	2,290,831	24.01
25.00	Total other income (sum of lines 6-24)	2,065,084	25.00
26.00	Total (line 5 plus line 25)	-9,950,564	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)	-9,950,564	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140217	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/24/2013 7:29 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,993,842	1.00
2.00	Capital DRG outlier payments		368,388	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		79.73	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)		3.88	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		12.93	8.00
9.00	Sum of lines 7 and 8		16.81	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.46	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		68,987	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,431,217	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

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