

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 04-23-2014 TIME: 10:26
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PRESENCE UNITED SAMARITANS MEDICAL CTR (14-0093) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2013 AND ENDING 12/31/2013, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		292,121	117,811	-46,128	1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		292,121	117,811	-46,128	200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 812 NORTH LOGAN AVENUE
 2 CITY: DANVILLE

STATE: IL

P.O.BOX:
 ZIP CODE: 61821

COUNTY: VERMILION

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0093	19180	1	07/01/1966	O	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2013			TO: 12/31/2013				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.								1	2
22.01	DID THIS HOSPITAL RECEIVE INTERIM UNCOMPENSATED CARE PAYMENTS FOR THIS COST REPORTING PERIOD? ENTER IN COLUMN 1, 'Y' FOR YES OR 'N' FOR NO FOR THE PORTION OF THE COST REPORTING PERIOD OCCURRING PRIOR TO OCTOBER 1. ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO FOR THE PORTION OF THE COST REPORTING PERIOD OCCURRING ON OR AFTER OCTOBER 1. (SEE INSTRUCTIONS)								N	N 22.01
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.								2	N 23
24	IF THIS PROVIDER IS AN IPHS 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 COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.								15	73 24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, 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.									25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.									1 26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER 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
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.									35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.								BEGINNING:	ENDING: 36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.									37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.								BEGINNING:	ENDING: 38
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)									1 2 N N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	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	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	47

48 IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR
'N' FOR NO.

N

N

48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	2	3	56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	Y/N N	IME	DIRECT GME	61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN, GENERAL SURGERY FTEs, AND PRIMARY CARE FTEs ADDED UNDER SECTION 5503) OF ACA). (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME	UNWEIGHTED DIRECT GME	
	PROGRAM NAME	PROGRAM CODE	FTE COUNT	FTE COUNT	
	1	2	3	4	
					61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
					61.20
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
64 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)			64

ENTER IN LINES 65-65.49 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)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
66 ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			66

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5

INPATIENT PSYCHIATRIC FACILITY PPS

70 IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	70
71 IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				71

INPATIENT REHABILITATION FACILITY PPS

75 IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	75
76 IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				76

LONG TERM CARE HOSPITAL PPS

80 IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	80
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TEFRA PROVIDERS

85 IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N	85
86 DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N	86

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TITLE V AND XIX INPATIENT SERVICES		V	XIX	
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	1	2	
		Y	Y	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97

RURAL PROVIDERS		1	2	
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N		108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	109

MISCELLANEOUS COST REPORTING INFORMATION				
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. 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 HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: 710,000 SELF INSURANCE: 1,928,721			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	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
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ALL PROVIDERS

140 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1,
 CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS
 ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.

	1	2
	Y	148003 140

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND
 ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: PRESENCE PRV HEALTH	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SVCS	CONTRACTOR'S NUMBER: 0131	141
142	STREET: 19065 HICKORY CREEK DRIVE, S P.O. BOX:			142
143	CITY: MOKENA	STATE: IL	ZIP CODE: 60448	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.		Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.		N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE
 APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO
 FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	N	N 155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161
161.10	CORF			161.10

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs?
 ENTER 'Y' FOR YES OR 'N' FOR NO.

	N	165
--	---	-----

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN
 COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	1.00	169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS)	05/02/2013 07/31/2013	170

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1		1	2	1	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N			
2		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	05/31/2014	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N		Y/N	
6		1		2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT				Y/N	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	03/31/2014	Y	02/28/2014
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

- | | | | |
|---|--|-----------------|----|
| 41 FIRST NAME: ANNE | LAST NAME: LITTLE | TITLE: DIRECTOR | 41 |
| 42 EMPLOYER: PRESENCE HEALTH | | | 42 |
| 43 PHONE NUMBER: 217-443-5000, EXT 4614 | E-MAIL ADDRESS: ANNE.LITTLE@PRESENCEHEALTH.ORG | | 43 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200		33,026,720	1,163,561.65	28.38	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE						4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,359,945	1,048	2,360,993	46,699.19	50.56	10
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)	996,912		996,912	22,759.00	43.80	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE	189,356		189,356	1,339.00	141.42	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS	9,640,377		9,640,377	175,580.00	54.91	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS						16
17	WAGE-RELATED COSTS (CORE)	11,310,215		11,310,215			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS	482,011		482,011			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE						22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) OVERHEAD COSTS - DIRECT SALARIES						25
26	EMPLOYEE BENEFITS DEPARTMENT	410,230		410,230	8,189.00	50.10	26
27	ADMINISTRATIVE & GENERAL	3,915,811	7,799	3,923,610	150,013.35	26.16	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28
29	MAINTENANCE & REPAIRS	1,091,167	-57,020	1,034,147	37,249.82	27.76	29
30	OPERATION OF PLANT						30
31	LAUNDRY & LINEN SERVICE		42,174	42,174	5,431.31	7.76	31
32	HOUSEKEEPING	1,021,675	14,846	1,036,521	61,922.06	16.74	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY	685,715	-422,932	262,783	20,426.12	12.87	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)	373,783		373,783	12,448.00	30.03	35
36	CAFETERIA		422,932	422,932	32,853.46	12.87	36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION	1,196,710	-425,891	770,819	21,519.40	35.82	38
39	CENTRAL SERVICES AND SUPPLY	446,876	5,326	452,202	30,802.28	14.68	39
40	PHARMACY	1,228,631	2,957	1,231,588	31,157.43	39.53	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	858,387		858,387	35,090.93	24.46	41
42	SOCIAL SERVICE	579,164	-28,371	550,793	13,930.07	39.54	42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	33,400,503		33,400,503	1,176,009.65	28.40	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,359,945	1,048	2,360,993	46,699.19	50.56	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	31,040,558	-1,048	31,039,510	1,129,310.46	27.49	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	10,826,645		10,826,645	199,678.00	54.22	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	11,310,215		11,310,215		36.44	5
6	TOTAL (SUM OF LINES 3 THRU 5)	53,177,418	-1,048	53,176,370	1,328,988.46	40.01	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	11,808,149	-438,180	11,369,969	461,033.23	24.66	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	1,244,725	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	3,399,276	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	18,259	7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	3,632,651	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	98,681	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	19,619	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	145,070	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	16,902	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	449,563	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	2,287,524	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	322,402	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)	4,204	21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	153,350	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	11,792,226	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	524	25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL	996,912	2
3	SUBPROVIDER - IPF	996,912	3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.201491	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				11,926,590	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				98,151,421	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				19,776,628	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				7,850,038	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				6,427	17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				68,856	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				7,850,038	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	22,387,620	666,075	23,053,695		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	4,510,904	134,208	4,645,112		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	20,029	22,935	42,964		22
23	COST OF CHARITY CARE	4,490,875	111,273	4,602,148		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				8,593,661	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				510,159	26
27	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				8,083,502	27
28	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				1,628,753	28
29	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				6,230,901	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				14,080,939	30

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		4,642,897	4,642,897	-2,907,211	1
2	00200				4,911,213	2
3	00300				-69,342	3
4	00400	410,230	69,342	69,342		4
5.01	00540	228,225	197,682	425,907		5.01
5.02	00550	58,835	219,150	277,985	2,975,191	5.02
5.03	00560	2,728	28,675	31,403		5.03
5.04	00570	862,703	23,018	885,721		5.04
5.05	00580	3,917	650,836	654,753	1,564,046	5.05
5.06	00561	2,759,403	22,290,812	25,050,215	-4,939,369	5.06
6	00600	1,091,167	2,447,480	3,538,647	-1,064,230	6
7	00700				1,123,290	7
8	00800		317,474	317,474	42,174	8
9	00900	1,021,675	229,183	1,250,858	-101,234	9
10	01000	685,715	1,116,471	1,802,186	-1,111,544	10
11	01100				1,111,544	11
12	01200					12
13	01300	1,196,710	87,362	1,284,072	-425,891	13
14	01400	446,876	826,142	1,273,018	5,326	14
15	01500	1,228,631	7,262,730	8,491,361	-7,034,255	15
16	01600	858,387	310,864	1,169,251		16
17	01700	579,164	123,545	702,709	-28,371	17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	6,613,757	288,312	6,902,069	24,361	30
31	03100	1,493,933	91,819	1,585,752	440,101	31
32	03200					32
43	04300	346,489	191,970	538,459	18,458	43
ANCILLARY SERVICE COST CENTERS						
50	05000	838,014	2,821,361	3,659,375	-2,270,053	50
50.01	03330	928,783	104,230	1,033,013	25,529	50.01
51	05100	325,820	9,378	335,198	9,504	51
52	05200	1,057,574	62,045	1,119,619	20,155	52
53	05300	50,383	3,831,080	3,881,463	-25,068	53
54	05400	1,237,363	68,044	1,305,407	-356,756	54
54.01	03630	187,050	59,345	246,395	47,343	54.01
54.02	03440	126,922	77,567	204,489	32,705	54.02
55	05500	487,165	39,482	526,647	2,789	55
55.01	03480	580,422	127,401	707,823	5,228	55.01
56	05600	161,427	121,167	282,594	41,596	56
57	05700	384,804	131,578	516,382	99,155	57
58	05800	163,485	39,067	202,552	48,725	58
59	05900	22,617	37,720	60,337	-28,874	59
60	06000		3,916,104	3,916,104		60
62.30	06250					62.30
63	06300		382,119	382,119		63
65	06500	990,682	266,980	1,257,662	-80,245	65
66	06600		410,603	410,603		66
67	06700		296,646	296,646	-3,303	67
68	06800		74,571	74,571		68
69	06900				200,905	69
69.01	03140	404,605	440,664	845,269	99,427	69.01
71	07100				1,525,381	71
72	07200				1,410,619	72
73	07300				7,184,147	73
74	07400		105,559	105,559		74
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	2,831,114	790,715	3,621,829	-436,020	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300		1,941,259	1,941,259	-1,941,259	113
118		30,666,775	66,047,710	96,714,485	145,887	118
NONREIMBURSABLE COST CENTERS						
190	19000	57,166	70,336	127,502		190
192	19200	1,464,718	249,375	1,714,093	3,425	192
192.01	19201	183,780	1,206,449	1,390,229	-149,892	192.01
192.02	19202		181,981	181,981		192.02
192.03	19203	210,326	44,934	255,260		192.03

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PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
04/23/2014 10:26

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
192.04	19204	443,955	309,154	753,109	580	192.04
192.05	19205					192.05
200	TOTAL (sum of lines 118-199)		68,109,939	101,136,659		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	1,735,686		1,535,931	1
2	00200	4,911,213	-199,755	4,982,132	2
3	00300		70,919		3
4	00400	8,887,491	3,378,246	12,265,737	4
5.01	00540	425,907	-1,255	424,652	5.01
5.02	00550	3,253,176	1,868,195	5,121,371	5.02
5.03	00560	31,403	-281	31,122	5.03
5.04	00570	885,721		885,721	5.04
5.05	00580	2,218,799	280,091	2,498,890	5.05
5.06	00561	20,110,846	-1,104,275	19,006,571	5.06
6	00600	2,474,417		2,474,417	6
7	00700	1,123,290		1,123,290	7
8	00800	359,648		359,648	8
9	00900	1,149,624		1,149,624	9
10	01000	690,642	-61,318	629,324	10
11	01100	1,111,544	-442,517	669,027	11
12	01200				12
13	01300	858,181	-2,167	856,014	13
14	01400	1,278,344		1,278,344	14
15	01500	1,457,106		1,457,106	15
16	01600	1,169,251	-3,273	1,165,978	16
17	01700	674,338		674,338	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	6,926,430		6,926,430	30
31	03100	2,025,853		2,025,853	31
32	03200				32
43	04300	556,917	-177,720	379,197	43
ANCILLARY SERVICE COST CENTERS					
50	05000	1,389,322	-14,786	1,374,536	50
50.01	03330	1,058,542		1,058,542	50.01
51	05100	344,702		344,702	51
52	05200	1,139,774		1,139,774	52
53	05300	3,856,395	-3,799,551	56,844	53
54	05400	948,651	-2,300	946,351	54
54.01	03630	293,738	-1,240	292,498	54.01
54.02	03440	237,194	-1,240	235,954	54.02
55	05500	529,436		529,436	55
55.01	03480	713,051	-3,009	710,042	55.01
56	05600	324,190		324,190	56
57	05700	615,537	-7,634	607,903	57
58	05800	251,277		251,277	58
59	05900	31,463		31,463	59
60	06000	3,916,104	-26,224	3,889,880	60
62.30	06250				62.30
63	06300	382,119		382,119	63
65	06500	1,177,417	-20,528	1,156,889	65
66	06600	410,603		410,603	66
67	06700	293,343		293,343	67
68	06800	74,571		74,571	68
69	06900	200,905		200,905	69
69.01	03140	944,696	-317,073	627,623	69.01
71	07100	1,525,381		1,525,381	71
72	07200	1,410,619		1,410,619	72
73	07300	7,184,147		7,184,147	73
74	07400	105,559		105,559	74
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
91	09100	3,185,809	-238,813	2,946,996	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		96,860,372	-827,508	96,032,864	118
NONREIMBURSABLE COST CENTERS					
190	19000	127,502		127,502	190
192	19200	1,717,518		1,717,518	192
192.01	19201	1,240,337		1,240,337	192.01
192.02	19202	181,981		181,981	192.02
192.03	19203	255,260		255,260	192.03

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
192.04 19204 OUTREACH PROGRAMS	753,689		753,689	192.04
192.05 19205 UNASSIGNED				192.05
200 TOTAL (sum of lines 118-199)	101,136,659	-827,508	100,309,151	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 DEPRECIATION EXPENSE	A	CAP REL COSTS-MVBLE EQUIP	2			3,696,289 1
500 TOTAL RECLASSIFICATIONS						3,696,289 500
CODE LETTER - A						
1 INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1			750,687 1
2 INTEREST EXPENSE	B	CAP REL COSTS-MVBLE EQUIP	2			1,183,973 2
3 INTEREST EXPENSE	B	MRI	58			6,599 3
500 TOTAL RECLASSIFICATIONS						1,941,259 500
CODE LETTER - B						
1 UTILITIES	C	OPERATION OF PLANT	7			1,007,210 1
2 UTILITIES	C	OPERATION OF PLANT	7			116,080 2
500 TOTAL RECLASSIFICATIONS						1,123,290 500
CODE LETTER - C						
1 DRUGS CHARGED TO PATIENTS	D	DRUGS CHARGED TO PATIENTS	73			7,038,874 1
500 TOTAL RECLASSIFICATIONS						7,038,874 500
CODE LETTER - D						
1 REGIONAL ADMINISTRATION	E	PHYSICIANS' PRIVATE OFFICES	192		3,425	1
2 REGIONAL ADMINISTRATION	E	OUTREACH PROGRAMS	192.04		580	2
3 REGIONAL ADMINISTRATION	E	ADULTS & PEDIATRICS	30		1,876	3
4 REGIONAL ADMINISTRATION	E	OPERATING ROOM	50		524	4
5 REGIONAL ADMINISTRATION	E	RADIOLOGY-THERAPEUTIC	55		2,789	5
6 REGIONAL ADMINISTRATION	E	ONCOLOGY	55.01		5,228	6
7 REGIONAL ADMINISTRATION	E	RESPIRATORY THERAPY	65		1,268	7
500 TOTAL RECLASSIFICATIONS					15,690	500
CODE LETTER - E						
1 CORPORATE ADMIN FEE	F	DATA PROCESSING	5.02			2,975,191 1
2 CORPORATE ADMIN FEE	F	CASHIERING/ACCOUNTS RECEIVABL	5.05			1,564,046 2
500 TOTAL RECLASSIFICATIONS						4,539,237 500
CODE LETTER - F						
1 EICU	G	INTENSIVE CARE UNIT	31			407,931 1
500 TOTAL RECLASSIFICATIONS						407,931 500
CODE LETTER - G						
1 RADIOLOGY DIRECTOR	H	ULTRASOUND	54.01		1,484	1
2 RADIOLOGY DIRECTOR	H	MAMMOGRAPHY	54.02		1,007	2
3 RADIOLOGY DIRECTOR	H	RADIOISOTOPE	56		1,281	3
4 RADIOLOGY DIRECTOR	H	CT SCAN	57		3,053	4
5 RADIOLOGY DIRECTOR	H	MRI	58		1,297	5
6 RADIOLOGY DIRECTOR	H	CARDIOLOGY	69.01		3,210	6
7 RADIOLOGY DIRECTOR	H	CARDIAC CATHETERIZATION	59		179	7
8		RADIOLOGY-DIAGNOSTIC	54		5,596	8
500 TOTAL RECLASSIFICATIONS					17,107	500
CODE LETTER - H						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3	4	5	
1 MULTI DEPT DIRECTORS	L	EMERGENCY	91		60,673	1
2 MULTI DEPT DIRECTORS	L	OPERATING ROOM	50		24,444	2
3 MULTI DEPT DIRECTORS	L	RECOVERY ROOM	51		9,504	3
4 MULTI DEPT DIRECTORS	L	ENDOSCOPY	50.01		27,091	4
5 MULTI DEPT DIRECTORS	L	ANESTHESIOLOGY	53		1,470	5
6 MULTI DEPT DIRECTORS	L	CENTRAL SERVICES & SUPPLY	14		5,326	6
7 MULTI DEPT DIRECTORS	L	DELIVERY ROOM & LABOR ROOM	52		34,808	7
8 MULTI DEPT DIRECTORS	L	ADULTS & PEDIATRICS	30		15,423	8
9 MULTI DEPT DIRECTORS	L	NURSERY	43		11,404	9
10 MULTI DEPT DIRECTORS	L	ADULTS & PEDIATRICS	30		84,455	10
11 MULTI DEPT DIRECTORS	L	INTENSIVE CARE UNIT	31		22,471	11
12 MULTI DEPT DIRECTORS	L	OTHER ADMINISTRATIVE AND GENE	5.06		12,225	12
13 MULTI DEPT DIRECTORS	L	OTHER ADMINISTRATIVE AND GENE	5.06		28,371	13
14 MULTI DEPT DIRECTORS	L	APOTHECARY	192.01		24,651	14
15 MULTI DEPT DIRECTORS	L	HOUSEKEEPING	9		57,020	15
16 MULTI DEPT DIRECTORS	L	INTENSIVE CARE UNIT	31		9,699	16
17 MULTI DEPT DIRECTORS	L	RESPIRATORY THERAPY	65		5,403	17
18 MULTII DEPT DIRECTORS	L	NURSERY	43		1,719	18
19 MULTI DEPT DIRECTORS	L	ADULTS & PEDIATRICS	30		30,035	19
20 MULTI DEPT DIRECTORS	L	DELIVERY ROOM & LABOR ROOM	52		5,246	20
21 MULTI DEPT DIRECTORS	L	NURSERY	43		5,335	21
22 MULTI DEPT DIRECTORS	L	DELIVERY ROOM & LABOR ROOM	52		16,284	22
23 MULTIDEPT DIRECTORS	L	OPERATING ROOM	50		79,597	23
500 TOTAL RECLASSIFICATIONS					572,654	500
CODE LETTER - L						
1 APOTHECARY	M	PHARMACY	15		27,608	1,662 1
2 APOTHECARY	M	DRUGS CHARGED TO PATIENTS	73			145,273 2
500 TOTAL RECLASSIFICATIONS					27,608	146,935 500
CODE LETTER - M						
1 DIETARY/CAFETERIA RECLASS	N	CAFETERIA	11		422,932	688,612 1
500 TOTAL RECLASSIFICATIONS					422,932	688,612 500
CODE LETTER - N						
1 DISTRIBUTION OF LINEN	O	LAUNDRY & LINEN SERVICE	8		42,174	
500 TOTAL RECLASSIFICATIONS					42,174	500
CODE LETTER - O						
1 RADIOLOGY SUPPORT SVC	P	ULTRASOUND	54.01		46,140	574 1
2 RADIOLOGY SUPPORT SVC	P	MAMMOGRAPHY	54.02		31,308	390 2
3 RADIOLOGY SUPPORT SVC	P	RADIOISOTOPE	56		39,819	496 3
4 RADIOLOGY SUPPORT SVC	P	CT SCAN	57		94,920	1,182 4
5 RADIOLOGY SUPPORT SVC	P	MRI	58		40,327	502 5
6 RADIOLOGY SUPPORT SVC	P	CARDIAC CATHETERIZATION	59		5,579	69 6
7 RADIOLOGY SUPPORT SVC	P	CARDIOLOGY	69.01		99,804	1,242 7
500 TOTAL RECLASSIFICATIONS					357,897	4,455 500
CODE LETTER - P						
1 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHARGED TO P	71			36,183 1
2 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHARGED TO P	71			86,916 2
3 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHARGED TO P	71			26,538 3
4 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHARGED TO P	71			24,029 4
5 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHARGED TO P	71			372,705 5
6 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHARGED TO P	71			972,606 6
7 MED SUPPLIES CHG TO PAT	Q	MEDICAL SUPPLIES CHARGED TO P	71			3,101 7
8 IMPLANTS CHG TO PAT	Q	MEDICAL SUPPLIES CHARGED TO P	71			3,303 8
9 IMPLANTS CHG TO PAT	Q	IMPL. DEV. CHARGED TO PATIENT	72			181 9
10 IMPLANTS CHG TO PAT	Q	IMPL. DEV. CHARGED TO PATIENT	72			10,672 10
11 IMPLANTS CHG TO PAT	Q	IMPL. DEV. CHARGED TO PATIENT	72			855 11
12 IMPLANTS CHG TO PAT	Q	IMPL. DEV. CHARGED TO PATIENT	72			1,398,911 12
500 TOTAL RECLASSIFICATIONS						2,936,000 500
CODE LETTER - Q						
1 EKG RECLASSIFICATION	S	ELECTROCARDIOLOGY	69		85,809	1
2 EKG RECLASSIFICATION	S	ELECTROCARDIOLOGY	69		4,829	2
3 EKG RECLASSIFICATION	S	ELECTROCARDIOLOGY	69		108,705	3
4 EKG RECLASSIFICATION	S	ELECTROCARDIOLOGY	69		1,562	4
500 TOTAL RECLASSIFICATIONS					200,905	500
CODE LETTER - S						
GRAND TOTAL (INCREASES)					1,656,967	22,522,882

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 DEPRECIATION EXPENSE	A	CAP REL COSTS-BLDG & FIXT	1		3,696,289	9 1
500 TOTAL RECLASSIFICATIONS					3,696,289	500
CODE LETTER - A						
1 INTEREST EXPENSE	B	INTEREST EXPENSE	113		750,687	11 1
2 INTEREST EXPENSE	B	INTEREST EXPENSE	113		1,183,973	11 2
3 INTEREST EXPENSE	B	INTEREST EXPENSE	113		6,599	3
500 TOTAL RECLASSIFICATIONS					1,941,259	500
CODE LETTER - B						
1 UTILITIES	C	MAINTENANCE & REPAIRS	6		1,007,210	1
2 UTILITIES	C	HOUSEKEEPING	9		116,080	2
500 TOTAL RECLASSIFICATIONS					1,123,290	500
CODE LETTER - C						
1 DRUGS CHARGED TO PATIENTS	D	PHARMACY	15		7,038,874	1
500 TOTAL RECLASSIFICATIONS					7,038,874	500
CODE LETTER - D						
1 REGIONAL ADMINISTRATION	E	OTHER ADMINISTRATIVE AND GENE	5.06	3,425		1
2 REGIONAL ADMINISTRATION	E	OTHER ADMINISTRATIVE AND GENE	5.06	580		2
3 REGIONAL ADMINISTRATION	E	OTHER ADMINISTRATIVE AND GENE	5.06	1,876		3
4 REGIONAL ADMINISTRATION	E	OTHER ADMINISTRATIVE AND GENE	5.06	524		4
5 REGIONAL ADMINISTRATION	E	OTHER ADMINISTRATIVE AND GENE	5.06	2,789		5
6 REGIONAL ADMINISTRATION	E	OTHER ADMINISTRATIVE AND GENE	5.06	5,228		6
7 REGIONAL ADMINISTRATION	E	OTHER ADMINISTRATIVE AND GENE	5.06	1,268		7
500 TOTAL RECLASSIFICATIONS				15,690		500
CODE LETTER - E						
1 CORPORATE ADMIN FEE	F	OTHER ADMINISTRATIVE AND GENE	5.06		2,975,191	1
2 CORPORATE ADMIN FEE	F	OTHER ADMINISTRATIVE AND GENE	5.06		1,564,046	2
500 TOTAL RECLASSIFICATIONS					4,539,237	500
CODE LETTER - F						
1 EICU	G	OTHER ADMINISTRATIVE AND GENE	5.06		407,931	1
500 TOTAL RECLASSIFICATIONS					407,931	500
CODE LETTER - G						
1 RADIOLOGY DIRECTOR	H	OTHER ADMINISTRATIVE AND GENE	5.06	1,484		1
2 RADIOLOGY DIRECTOR	H	OTHER ADMINISTRATIVE AND GENE	5.06	1,007		2
3 RADIOLOGY DIRECTOR	H	OTHER ADMINISTRATIVE AND GENE	5.06	1,281		3
4 RADIOLOGY DIRECTOR	H	OTHER ADMINISTRATIVE AND GENE	5.06	3,053		4
5 RADIOLOGY DIRECTOR	H	OTHER ADMINISTRATIVE AND GENE	5.06	1,297		5
6 RADIOLOGY DIRECTOR	H	OTHER ADMINISTRATIVE AND GENE	5.06	3,210		6
7 RADIOLOGY DIRECTOR	H	OTHER ADMINISTRATIVE AND GENE	5.06	179		7
8		OTHER ADMINISTRATIVE AND GENE	5.06	5,596		8
500 TOTAL RECLASSIFICATIONS				17,107		500
CODE LETTER - H						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	60,673		1
2 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	24,444		2
3 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	9,504		3
4 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	27,091		4
5 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	1,470		5
6 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	5,326		6
7 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	34,808		7
8 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	15,423		8
9 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	11,404		9
10 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	84,455		10
11 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	22,471		11
12 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	12,225		12
13 MULTI DEPT DIRECTORS	L	SOCIAL SERVICE	17	28,371		13
14 MULTI DEPT DIRECTORS	L	PHARMACY	15	24,651		14
15 MULTI DEPT DIRECTORS	L	MAINTENANCE & REPAIRS	6	57,020		15
16 MULTI DEPT DIRECTORS	L	EMERGENCY	91	9,699		16
17 MULTI DEPT DIRECTORS	L	EMERGENCY	91	5,403		17
18 MULTII DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	1,719		18
19 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	30,035		19
20 MULTI DEPT DIRECTORS	L	NURSING ADMINISTRATION	13	5,246		20
21 MULTI DEPT DIRECTORS	L	ADULTS & PEDIATRICS	30	5,335		21
22 MULTI DEPT DIRECTORS	L	ADULTS & PEDIATRICS	30	16,284		22
23 MULTIDEPT DIRECTORS	L	NURSING ADMINISTRATION	13	79,597		23
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				572,654		500
1 APOTHECARY	M	APOTHECARY	192.01	27,608	1,662	1
2 APOTHECARY	M	APOTHECARY	192.01		145,273	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				27,608	146,935	500
1 DIETARY/CAFETERIA RECLASS	N	DIETARY	10	422,932	688,612	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				422,932	688,612	500
1 DISTRIBUTION OF LINEN	O	HOUSEKEEPING	9	42,174		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O				42,174		500
1 RADIOLOGY SUPPORT SVC	P	RADIOLOGY-DIAGNOSTIC	54	46,140	574	1
2 RADIOLOGY SUPPORT SVC	P	RADIOLOGY-DIAGNOSTIC	54	31,308	390	2
3 RADIOLOGY SUPPORT SVC	P	RADIOLOGY-DIAGNOSTIC	54	39,819	496	3
4 RADIOLOGY SUPPORT SVC	P	RADIOLOGY-DIAGNOSTIC	54	94,920	1,182	4
5 RADIOLOGY SUPPORT SVC	P	RADIOLOGY-DIAGNOSTIC	54	40,327	502	5
6 RADIOLOGY SUPPORT SVC	P	RADIOLOGY-DIAGNOSTIC	54	5,579	69	6
7 RADIOLOGY SUPPORT SVC	P	RADIOLOGY-DIAGNOSTIC	54	99,804	1,242	7
500 TOTAL RECLASSIFICATIONS CODE LETTER - P				357,897	4,455	500
1 MED SUPPLIES CHG TO PAT	Q	DELIVERY ROOM & LABOR ROOM	52		36,183	1
2 MED SUPPLIES CHG TO PAT	Q	RESPIRATORY THERAPY	65		86,916	2
3 MED SUPPLIES CHG TO PAT	Q	ANESTHESIOLOGY	53		26,538	3
4 MED SUPPLIES CHG TO PAT	Q	CARDIAC CATHETERIZATION	59		24,029	4
5 MED SUPPLIES CHG TO PAT	Q	EMERGENCY	91		372,705	5
6 MED SUPPLIES CHG TO PAT	Q	OPERATING ROOM	50		972,606	6
7 MED SUPPLIES CHG TO PAT	Q	OPERATING ROOM	50		3,101	7
8 IMPLANTS CHG TO PAT	Q	OCCUPATIONAL THERAPY	67		3,303	8
9 IMPLANTS CHG TO PAT	Q	EMERGENCY	91		181	9
10 IMPLANTS CHG TO PAT	Q	CARDIAC CATHETERIZATION	59		10,672	10
11 IMPLANTS CHG TO PAT	Q	ULTRASOUND	54.01		855	11
12 IMPLANTS CHG TO PAT	Q	OPERATING ROOM	50		1,398,911	12
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q					2,936,000	500
1 EKG RECLASSIFICATION	S	ADULTS & PEDIATRICS	30	85,809		1
2 EKG RECLASSIFICATION	S	CARDIOLOGY	69.01	4,829		2
3 EKG RECLASSIFICATION	S	EMERGENCY	91	108,705		3
4 EKG RECLASSIFICATION	S	ENDOSCOPY	50.01	1,562		4
500 TOTAL RECLASSIFICATIONS CODE LETTER - S				200,905		500
GRAND TOTAL (DECREASES)				1,656,967	22,522,882	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	2,237,638					2,237,638		1
2 LAND IMPROVEMENTS	1,374,548	91,191		91,191		1,465,739	1,049,771	2
3 BUILDINGS AND FIXTURES	26,094,955	575,365		575,365		26,670,320	4,192,589	3
4 BUILDING IMPROVEMENTS	11,846	717,650		717,650		729,496		4
5 FIXED EQUIPMENT	9,770,053	275,568		275,568	22,038	10,023,583	5,658,674	5
6 MOVABLE EQUIPMENT	30,744,717	790,586		790,586	182,937	31,352,366	18,801,428	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	70,233,757	2,450,360		2,450,360	204,975	72,479,142	29,702,462	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	70,233,757	2,450,360		2,450,360	204,975	72,479,142	29,702,462	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)	
							(SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	4,642,897						4,642,897	1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)	4,642,897						4,642,897	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL	
								(SUM OF COLS. 5-7) 8	
1 CAP REL COSTS-BLDG & FIXT	38,889,136		38,889,136	0.553649			38,391	38,391	1
2 CAP REL COSTS-MVBLE EQUIP	31,352,366		31,352,366	0.446351			30,951	30,951	2
3 TOTAL (SUM OF LINES 1-2)	70,241,502		70,241,502	1.000000			69,342	69,342	3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)	
							(SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	946,608		550,932			38,391	1,535,931	1
2 CAP REL COSTS-MVBLE EQUIP	3,696,289		868,921			416,922	4,982,132	2
3 TOTAL	4,642,897		1,419,853			455,313	6,518,063	3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-174,886	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)	B	-275,828	CAP REL COSTS-MVBLE EQUIP	2	11 2
3 INVESTMENT INCOME-OTHER (chapter 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-209	OTHER ADMINISTRATIVE AND GENERA	5.06	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	B	-1,255	NONPATIENT TELEPHONES	5.01	7
8 TELEVISION AND RADIO SERVICE (chapter 21)	A	-23,673	OTHER ADMINISTRATIVE AND GENERA	5.06	8
9 PARKING LOT (chapter 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-4,596,508			10
11 SALE OF SCRAP, WASTE, ETC. (chapter 23)	B	-281	PURCHASING RECEIVING AND STORES	5.03	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1	2,322,216			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-442,517	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1,524	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)	A-8-3				
			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND	A-8-3				32
33 PHOTOCOPIING REVENUE	B	-161	OTHER ADMINISTRATIVE AND GENERA	5.06	33
34 VCSC MANAGEMENT FEE	B	-39,165	OTHER ADMINISTRATIVE AND GENERA	5.06	34
35 DIETARY CATERING	B	-57,064	DIETARY	10	35
36 HIM INSURANCE AUDITS	B	-302	MEDICAL RECORDS & LIBRARY	16	36
37 CLINICAL ED REVENUE	B	-2,167	NURSING ADMINISTRATION	13	37
38 NURSERY PHOTOS	B	-1,610	NURSERY	43	38
39 MISC REVENUE	B	-10,895	OTHER ADMINISTRATIVE AND GENERA	5.06	39
40 HIM OTHER SVCS	B	-1,447	MEDICAL RECORDS & LIBRARY	16	40
41 SURGERY OTHER REVENUE	B	-12,000	OPERATING ROOM	50	41
42 WELLNESS REVENUE	B	-21,030	EMPLOYEE BENEFITS DEPARTMENT	4	42
43 ADMIN OTHER REVENUE	B	-165,000	OTHER ADMINISTRATIVE AND GENERA	5.06	43
44 FEDERAL & STATE INCOME TAX	A	-183,802	OTHER ADMINISTRATIVE AND GENERA	5.06	44
45 PHYSICIAN RECRUITMENT	A	-100,752	OTHER ADMINISTRATIVE AND GENERA	5.06	45
46 SISTER MEAL COST	A	-4,254	DIETARY	10	46
47					47
48 NON ALLOW EXPENSE	A	-823	OTHER ADMINISTRATIVE AND GENERA	5.06	48
49 DONATIONS, SPECIAL EVENTS	A	-6,918	OTHER ADMINISTRATIVE AND GENERA	5.06	49
49.01 NEWSPAPER ADVERTISING	A	-1,781	OTHER ADMINISTRATIVE AND GENERA	5.06	49.01
49.02 LOBBYING COSTS	A	-35,669	OTHER ADMINISTRATIVE AND GENERA	5.06	49.02
49.03 ADMIN PHY FEES	A	-387,479	OTHER ADMINISTRATIVE AND GENERA	5.06	49.03
49.04 PENSION FUNDING	A	3,399,276	EMPLOYEE BENEFITS DEPARTMENT	4	49.04
50 TOTAL (SUM OF LINES 1 THRU 49)		-827,508			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5.06	OTHER ADMINISTRATIVE AND GENERA	CORPORATE MANAGEMENT FEE	6,030,579	6,178,527	-147,948	1
2	5.05	CASHIERING/ACCOUNTS RECEIVABLE	CORPORATE MANAGEMENT FEE	1,844,137	1,564,046	280,091	2
3	5.02	DATA PROCESSING	CORPORATE MANAGEMENT FEE	4,843,386	2,975,191	1,868,195	3
3.01	5.06	OTHER ADMINISTRATIVE AND GENERA	CORPORATE MANAGEMENT FEE	49,992	49,992		4.01
3.02	1	CAP REL COSTS-BLDG & FIXT	INTEREST	725,817	750,686	-24,869	11 4.02
3.03	2	CAP REL COSTS-MVBLE EQUIP	INTERST	1,144,749	1,183,973	-39,224	11 4.03
3.04	32	CORONARY CARE UNIT	EICU	407,931	407,931		4.04
3.05	60	LABORATORY	ALVERNO FEES	3,748,146	3,748,146		4.05
3.06	2	CAP REL COSTS-MVBLE EQUIP	CORPORATE ALLOCATION	1,870,566	1,484,595	385,971	14 4.06
4							4
5		TOTALS (SUM OF LINES 1-4)		20,665,303	18,343,087	2,322,216	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	43 NURSERY	176,110	176,110		171,400			1
2	69.01 CARDIOLOGY	317,073	317,073		171,400			2
3	65 RESPIRATORY THERAPY	7,550	7,550		171,400			3
4	91 EMERGENCY	238,813	238,813		171,400			4
5	57 CT SCAN	7,634	7,634		231,100			5
6	55.01 ONCOLOGY	26,675		26,675	231,100	213	23,666	1,183
7	54 RADIOLOGY-DIAGNOSTIC	21,188		21,188	231,100	170	18,888	944
8	54.01 ULTRASOUND	3,240		3,240	231,100	18	2,000	100
9	54.02 MAMMOGRAPHY	3,240		3,240	231,100	18	2,000	100
10	65 RESPIRATORY THERAPY	38,688		38,688	171,400	312	25,710	1,286
11	60 LABORATORY	45,325		45,325	219,500	181	19,101	955
12	50 OPERATING ROOM	6,000		6,000	171,400	39	3,214	161
13	53 ANESTHESIOLOGY	3,799,551	3,799,551		200,300			13
200	TOTAL	4,691,087	4,546,731	144,356		951	94,579	4,729

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED
 PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
 04/23/2014 10:26

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11	12	13	14	15	16	17	18	
1	43 NURSERY		OPTIMUS					176,110	1
2	69.01 CARDIOLOGY		VARIOUS					317,073	2
3	65 RESPIRATORY THERAPY		VARIOUS					7,550	3
4	91 EMERGENCY		ER DOCS					238,813	4
5	57 CT SCAN		ECIRG					7,634	5
6	55.01 ONCOLOGY		DR L			23,666	3,009	3,009	6
7	54 RADIOLOGY-DIAGNOSTIC		ECIRG			18,888	2,300	2,300	7
8	54.01 ULTRASOUND		DR S			2,000	1,240	1,240	8
9	54.02 MAMMOGRAPHY		DR S			2,000	1,240	1,240	9
10	65 RESPIRATORY THERAPY		DR B			25,710	12,978	12,978	10
11	60 LABORATORY		CC			19,101	26,224	26,224	11
12	50 OPERATING ROOM		DR SM			3,214	2,786	2,786	12
13	53 ANESTHESIOLOGY		ANEST					3,799,551	13
200	TOTAL					94,579	49,777	4,596,508	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	NONPATIENT TELEPHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	1,535,931	1,535,931				1
2 CAP REL COSTS-MVBLE EQUIP	4,982,132		4,982,132			2
4 EMPLOYEE BENEFITS DEPARTMENT	12,265,737	28,518	2,074	12,296,329		4
5.01 NONPATIENT TELEPHONES	424,652	5,287	85,601	86,040	601,580	5.01
5.02 DATA PROCESSING	5,121,371	11,454	377,111	22,181	8,968	5.02
5.03 PURCHASING RECEIVING AND STORES	31,122	6,675		1,028	6,726	5.03
5.04 ADMITTING	885,721	8,264	2,211	325,236	16,441	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	2,498,890	12,175	16,420	1,477	27,650	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	19,006,571	97,932	133,895	1,043,227	60,532	5.06
6 MAINTENANCE & REPAIRS	2,474,417	239,993	528,048	389,870	42,596	6
7 OPERATION OF PLANT	1,123,290					7
8 LAUNDRY & LINEN SERVICE	359,648	4,539		15,899		8
9 HOUSEKEEPING	1,149,624	21,013	31,146	390,765	9,715	9
10 DIETARY	629,324	20,614	20,185	99,068	7,473	10
11 CAFETERIA	669,027	56,255	21,408	159,444	7,473	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	856,014	9,029	745,264	290,596	11,210	13
14 CENTRAL SERVICES & SUPPLY	1,278,344	29,671	328,865	170,479	20,925	14
15 PHARMACY	1,457,106	19,282	11,283	464,305	20,177	15
16 MEDICAL RECORDS & LIBRARY	1,165,978	26,344	9,889	323,609	32,881	16
17 SOCIAL SERVICE	674,338	3,113		207,647	8,220	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,926,430	276,800	56,900	2,502,567	46,333	30
31 INTENSIVE CARE UNIT	2,025,853	28,371	8,873	575,336	10,462	31
32 CORONARY CARE UNIT						32
43 NURSERY	379,197	12,858	8,211	137,584	747	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,374,536	81,447	203,720	355,349	33,629	50
50.01 ENDOSCOPY	1,058,542	50,760	400,791	359,773	14,199	50.01
51 RECOVERY ROOM	344,702	7,500	941	126,416	2,242	51
52 DELIVERY ROOM & LABOR ROOM	1,139,774	34,751	81,481	419,941	5,978	52
53 ANESTHESIOLOGY	56,844	12,716	69,804	19,548	7,473	53
54 RADIOLOGY-DIAGNOSTIC	946,351	72,931	229,722	333,666	18,683	54
54.01 ULTRASOUND	292,498	5,626	149,010	88,471	5,978	54.01
54.02 MAMMOGRAPHY	235,954	3,512	27,584	60,032	5,231	54.02
55 RADIOLOGY-THERAPEUTIC	529,436	21,379	320,673	184,711	10,462	55
55.01 ONCOLOGY	710,042	33,369	236,461	220,788	10,462	55.01
56 RADIOISOTOPE	324,190	8,887	1,646	76,352	6,726	56
57 CT SCAN	607,903	8,215	562,481	182,005	11,957	57
58 MRI	251,277	14,917	8,527	77,325	8,968	58
59 CARDIAC CATHETERIZATION	31,463	3,255	3,390	10,697	747	59
60 LABORATORY	3,889,880	54,256	6,332		32,881	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	382,119					63
65 RESPIRATORY THERAPY	1,156,889	18,364	48,108	375,999	4,484	65
66 PHYSICAL THERAPY	410,603	9,821			5,978	66
67 OCCUPATIONAL THERAPY	293,343	9,319			5,231	67
68 SPEECH PATHOLOGY	74,571	1,011			747	68
69 ELECTROCARDIOLOGY	200,905			75,741		69
69.01 RADIOLOGY	627,623	4,413	162,623	189,550	10,462	69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,525,381					71
72 IMPL. DEV. CHARGED TO PATIENTS	1,410,619					72
73 DRUGS CHARGED TO PATIENTS	7,184,147					73
74 RENAL DIALYSIS	105,559	3,600	1,772		1,495	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,946,996	75,641	58,011	1,043,520	35,123	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	96,032,864	1,453,877	4,960,461	11,406,242	577,665	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	127,502	9,182	476	21,551	3,737	190
192 PHYSICIANS' PRIVATE OFFICES	1,717,518	7,156	6,936	553,486	4,484	192
192.01 APOTHECARY	1,240,337	7,642	579	68,170	6,726	192.01
192.02 REAL ESTATE	181,981	48,712			1,495	192.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP	CAP	EMPLOYEE	NONPATIENT	
		BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	BENEFITS DEPARTMENT 4	TELEPHONES 5.01	
192.03 FOUNDATION	255,260		11,482	79,292	7,473	192.03
192.04 OUTREACH PROGRAMS	753,689	9,362	2,198	167,588		192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	100,309,151	1,535,931	4,982,132	12,296,329	601,580	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA	PURCHASE,	ADMITTING	CASHIERING	SUBTOTAL (COLS.0-4) 4A	
	PROCESSING	RCV&STORES		ACCTS REC		
	5.02	5.03	5.04	5.05		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING	5,541,085					5.02
5.03 PURCHASING RECEIVING AND STORES		45,551				5.03
5.04 ADMITTING		139	1,238,012			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE		4		2,556,616		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL		443			20,342,600	5.06
6 MAINTENANCE & REPAIRS		1,398			3,676,322	6
7 OPERATION OF PLANT					1,123,290	7
8 LAUNDRY & LINEN SERVICE		301			380,387	8
9 HOUSEKEEPING		712			1,602,975	9
10 DIETARY		170			776,834	10
11 CAFETERIA		181			913,788	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		13			1,912,126	13
14 CENTRAL SERVICES & SUPPLY		111			1,828,395	14
15 PHARMACY		252			1,972,405	15
16 MEDICAL RECORDS & LIBRARY		387			1,559,088	16
17 SOCIAL SERVICE		8			893,326	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	442,584	1,743	196,768	204,216	10,654,341	30
31 INTENSIVE CARE UNIT	107,664	520	57,780	49,678	2,864,537	31
32 CORONARY CARE UNIT						32
43 NURSERY	25,686	105	13,785	11,852	590,025	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	230,660	740	59,627	106,430	2,446,138	50
50.01 ENDOSCOPY	45,989	380	9,169	21,220	1,960,823	50.01
51 RECOVERY ROOM	41,589	76	10,283	19,190	552,939	51
52 DELIVERY ROOM & LABOR ROOM	61,293	188	25,460	28,282	1,797,148	52
53 ANESTHESIOLOGY	65,495	20	18,738	30,220	280,858	53
54 RADIOLOGY-DIAGNOSTIC	147,728	226	19,390	68,164	1,836,861	54
54.01 ULTRASOUND	63,862	433	4,397	29,467	639,742	54.01
54.02 MAMMOGRAPHY	19,363	506	179	8,934	361,295	54.02
55 RADIOLOGY-THERAPEUTIC	121,936	93	894	56,263	1,245,847	55
55.01 ONCOLOGY	74,092	605	177	34,187	1,320,183	55.01
56 RADIOISOTOPE	52,979	748	7,160	24,446	503,134	56
57 CT SCAN	444,444	860	54,483	205,074	2,077,422	57
58 MRI	148,756	292	10,664	68,638	589,364	58
59 CARDIAC CATHETERIZATION	11,587	14	2,148	5,346	68,647	59
60 LABORATORY	764,913	21	169,603	352,944	5,270,830	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	33,478	3,119	11,440	15,447	445,603	63
65 RESPIRATORY THERAPY	148,401	114	46,178	68,475	1,867,012	65
66 PHYSICAL THERAPY	27,183	50	5,260	12,543	471,438	66
67 OCCUPATIONAL THERAPY	18,960	1	3,581	8,748	339,183	67
68 SPEECH PATHOLOGY	5,003	1	1,030	2,308	84,671	68
69 ELECTROCARDIOLOGY	51,473		10,991	23,750	362,860	69
69.01 RADIOLOGY	99,062	135	23,245	45,709	1,162,822	69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	242,947	17,559	69,931	112,100	1,967,918	71
72 IMPL. DEV. CHARGED TO PATIENTS	85,226	11,168	33,513	39,325	1,579,851	72
73 DRUGS CHARGED TO PATIENTS	1,142,124		283,043	526,864	9,136,178	73
74 RENAL DIALYSIS	5,228	13	2,622	2,412	122,701	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	811,380	313	86,473	374,384	5,431,841	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	5,541,085	44,162	1,238,012	2,556,616	95,013,748	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		550			162,998	190
192 PHYSICIANS' PRIVATE OFFICES		36			2,289,616	192
192.01 APOTHECARY		81			1,323,535	192.01
192.02 REAL ESTATE					232,188	192.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASE, RCV&STORES	ADMITTING	CASHIERING ACCTS REC	SUBTOTAL (COLS.0-4) 4A	
	5.02	5.03	5.04	5.05		
192.03 FOUNDATION		64			353,571	192.03
192.04 OUTREACH PROGRAMS		658			933,495	192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,541,085	45,551	1,238,012	2,556,616	100,309,151	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OTHER ADM &GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
	5.06	6	7	8	9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	20,342,600					5.06
6 MAINTENANCE & REPAIRS	935,216	4,611,538				6
7 OPERATION OF PLANT	285,753		1,409,043			7
8 LAUNDRY & LINEN SERVICE	96,766	18,596	5,682	501,431		8
9 HOUSEKEEPING	407,779	86,088	26,304		2,123,146	9
10 DIETARY	197,618	84,454	25,805		16,318	10
11 CAFETERIA	232,458	230,469	70,419		17,324	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	486,424	36,991	11,302		8,727	13
14 CENTRAL SERVICES & SUPPLY	465,124	121,566	37,141		13,528	14
15 PHARMACY	501,758	78,994	24,136		11,841	15
16 MEDICAL RECORDS & LIBRARY	396,615	107,928	32,977		10,122	16
17 SOCIAL SERVICE	227,252	12,755	3,897			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,710,333	1,133,999	346,488	227,461	913,980	30
31 INTENSIVE CARE UNIT	728,707	116,231	35,514	21,274	139,824	31
32 CORONARY CARE UNIT						32
43 NURSERY	150,096	52,677	16,095	16,687	10,803	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	622,271	333,676	101,954	29,403	147,447	50
50.01 ENDOSCOPY	498,812	207,957	63,541	22,845	92,297	50.01
51 RECOVERY ROOM	140,662	30,725	9,388	15,850	9,343	51
52 DELIVERY ROOM & LABOR ROOM	457,175	142,368	43,500	19,472	85,484	52
53 ANESTHESIOLOGY	71,447	52,096	15,918			53
54 RADIOLOGY-DIAGNOSTIC	467,277	298,789	91,294	14,778	57,162	54
54.01 ULTRASOUND	162,743	23,049	7,043	5,057	130	54.01
54.02 MAMMOGRAPHY	91,909	14,389	4,397	4,437	36,302	54.02
55 RADIOLOGY-THERAPEUTIC	316,930	87,587	26,762	4,441	32,928	55
55.01 ONCOLOGY	335,840	136,706	41,770	3,806	32,928	55.01
56 RADIOISOTOPE	127,992	36,409	11,125	5,341	16,902	56
57 CT SCAN	528,473	33,656	10,284	9,484	11,679	57
58 MRI	149,928	61,114	18,673	7,164	10,024	58
59 CARDIAC CATHETERIZATION	17,463	13,337	4,075	44		59
60 LABORATORY	1,340,841	222,279	67,917		31,955	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	113,357					63
65 RESPIRATORY THERAPY	474,947	75,234	22,988	3,024	30,463	65
66 PHYSICAL THERAPY	119,929	40,235	12,294	2,269	12,166	66
67 OCCUPATIONAL THERAPY	86,284	38,177	11,665	2,269	4,931	67
68 SPEECH PATHOLOGY	21,539	4,140	1,265	1,135		68
69 ELECTROCARDIOLOGY	92,308					69
69.01 RADIOLOGY	295,809	18,081	5,525		9,278	69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	500,617			1,642		71
72 IMPL. DEV. CHARGED TO PATIENTS	401,897					72
73 DRUGS CHARGED TO PATIENTS	2,324,143					73
74 RENAL DIALYSIS	31,214	14,747	4,506		5,126	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,381,801	309,888	94,686	83,548	242,177	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	18,995,507	4,275,377	1,306,330	501,431	2,011,189	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,465	37,617	11,494			190
192 PHYSICIANS' PRIVATE OFFICES	582,453	29,315	8,957		5,645	192
192.01 APOTHECARY	336,693	31,307	9,566		8,273	192.01
192.02 REAL ESTATE	59,066	199,566	60,977		97,260	192.02

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COST CENTER DESCRIPTION	OTHER ADM &GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
192.03 FOUNDATION	89,945					192.03
192.04 OUTREACH PROGRAMS	237,471	38,356	11,719		779	192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	20,342,600	4,611,538	1,409,043	501,431	2,123,146	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	1,101,029					10
11 CAFETERIA		1,464,458				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		37,338	2,492,908			13
14 CENTRAL SERVICES & SUPPLY		53,464	35,891	2,555,099		14
15 PHARMACY		54,114	109,424	24,589	2,777,261	15
16 MEDICAL RECORDS & LIBRARY		61,112		1,488		16
17 SOCIAL SERVICE		24,279		401		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	964,561	430,203	869,925	135,475	3,483	30
31 INTENSIVE CARE UNIT	136,468	86,654	175,225	41,413	560	31
32 CORONARY CARE UNIT						32
43 NURSERY		15,982	32,317	6,602	155	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		53,392	107,965	67,135	21,320	50
50.01 ENDOSCOPY		47,945	96,950	18,275	77	50.01
51 RECOVERY ROOM		16,090	32,536	6,229	10	51
52 DELIVERY ROOM & LABOR ROOM		59,164	119,637	3,772	185	52
53 ANESTHESIOLOGY		3,968	8,024	247	12	53
54 RADIOLOGY-DIAGNOSTIC		51,660	104,464	4,937	218	54
54.01 ULTRASOUND		14,033	28,377	6,769	38	54.01
54.02 MAMMOGRAPHY		8,297	16,778	31,447	12	54.02
55 RADIOLOGY-THERAPEUTIC		18,868	38,153	568		55
55.01 ONCOLOGY		35,390	71,564	46,508	290	55.01
56 RADIOISOTOPE		8,947	18,092	1,533	695	56
57 CT SCAN		25,650	51,867	39,800	3,265	57
58 MRI		10,751	21,739	1,385	319	58
59 CARDIAC CATHETERIZATION		1,515	3,064	669	160	59
60 LABORATORY				8		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		62,988	127,370	1,454	149	65
66 PHYSICAL THERAPY				538		66
67 OCCUPATIONAL THERAPY				1		67
68 SPEECH PATHOLOGY				19		68
69 ELECTROCARDIOLOGY		10,859	21,958			69
69.01 RADIOLOGY		27,418	55,442	2,969	133	69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,272,563	563	71
72 IMPL. DEV. CHARGED TO PATIENTS				820,269		72
73 DRUGS CHARGED TO PATIENTS					2,742,476	73
74 RENAL DIALYSIS				1,001	55	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		171,179	346,146	14,146	3,081	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	1,101,029	1,391,260	2,492,908	2,552,210	2,777,256	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,447		4		190
192 PHYSICIANS' PRIVATE OFFICES		23,161		795	5	192
192.01 APOTHECARY		7,468		1,216		192.01
192.02 REAL ESTATE						192.02

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 IN LIEU OF FORM CMS-2552-10 (08/2011)

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
192.03 FOUNDATION		8,766		620		192.03
192.04 OUTREACH PROGRAMS		28,356		254		192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,101,029	1,464,458	2,492,908	2,555,099	2,777,261	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,169,330					16
17 SOCIAL SERVICE		1,161,910				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,029,970	895,251	20,315,470		20,315,470	30
31 INTENSIVE CARE UNIT	139,584	126,648	4,612,639		4,612,639	31
32 CORONARY CARE UNIT						32
43 NURSERY	4,302	70,296	966,037		966,037	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	291,572		4,222,273		4,222,273	50
50.01 ENDOSCOPY	89,813		3,099,335		3,099,335	50.01
51 RECOVERY ROOM	840		814,612		814,612	51
52 DELIVERY ROOM & LABOR ROOM	61,179		2,789,084		2,789,084	52
53 ANESTHESIOLOGY	11,595		444,165		444,165	53
54 RADIOLOGY-DIAGNOSTIC	14,003		2,941,443		2,941,443	54
54.01 ULTRASOUND	2,154		889,135		889,135	54.01
54.02 MAMMOGRAPHY			569,263		569,263	54.02
55 RADIOLOGY-THERAPEUTIC	1,201		1,773,285		1,773,285	55
55.01 ONCOLOGY	1,987		2,026,972		2,026,972	55.01
56 RADIOISOTOPE	674		730,844		730,844	56
57 CT SCAN	5,531		2,797,111		2,797,111	57
58 MRI	1,276		871,737		871,737	58
59 CARDIAC CATHETERIZATION	3,271		112,245		112,245	59
60 LABORATORY	12,029		6,945,859		6,945,859	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			558,960		558,960	63
65 RESPIRATORY THERAPY	2,181		2,667,810		2,667,810	65
66 PHYSICAL THERAPY	2,936		661,805		661,805	66
67 OCCUPATIONAL THERAPY	2,074		484,584		484,584	67
68 SPEECH PATHOLOGY	718		113,487		113,487	68
69 ELECTROCARDIOLOGY	105		488,090		488,090	69
69.01 RADIOLOGY	1,436		1,578,913		1,578,913	69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,940		3,753,243		3,753,243	71
72 IMPL. DEV. CHARGED TO PATIENTS			2,802,017		2,802,017	72
73 DRUGS CHARGED TO PATIENTS	21,299		14,224,096		14,224,096	73
74 RENAL DIALYSIS			179,350		179,350	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	457,660	69,715	8,605,868		8,605,868	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	2,169,330	1,161,910	93,039,732		93,039,732	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			259,025		259,025	190
192 PHYSICIANS' PRIVATE OFFICES			2,939,947		2,939,947	192
192.01 APOTHECARY			1,718,058		1,718,058	192.01
192.02 REAL ESTATE			649,057		649,057	192.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192.03 FOUNDATION			452,902		452,902	192.03
192.04 OUTREACH PROGRAMS			1,250,430		1,250,430	192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,169,330	1,161,910	100,309,151		100,309,151	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS DEPARTMENT	DEPARTMENT
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5.01		28,518	2,074	30,592	30,592	4
5.02		5,287	85,601	90,888	214	5.01
5.02	1,608,602	11,454	377,111	1,997,167	55	5.02
5.03	3,600	6,675		10,275	3	5.03
5.04		8,264	2,211	10,475	809	5.04
5.05	259,755	12,175	16,420	288,350	4	5.05
5.06	500,462	97,932	133,895	732,289	2,596	5.06
6	141	239,993	528,048	768,182	970	6
7						7
8		4,539		4,539	40	8
9		21,013	31,146	52,159	972	9
10	2,274	20,614	20,185	43,073	246	10
11		56,255	21,408	77,663	397	11
12						12
13		9,029	745,264	754,293	723	13
14	149,405	29,671	328,865	507,941	424	14
15	235,635	19,282	11,283	266,200	1,155	15
16		26,344	9,889	36,233	805	16
17		3,113		3,113	517	17
19						19
20						20
21						21
22						22
23						23
PARAMED ED PRGM-(SPECIFY)						
INPATIENT ROUTINE SERV COST CENTERS						
30	7,806	276,800	56,900	341,506	6,224	30
31	12,096	28,371	8,873	49,340	1,431	31
32						32
43		12,858	8,211	21,069	342	43
ANCILLARY SERVICE COST CENTERS						
50	180,929	81,447	203,720	466,096	884	50
50.01		50,760	400,791	451,551	895	50.01
51		7,500	941	8,441	315	51
52		34,751	81,481	116,232	1,045	52
53		12,716	69,804	82,520	49	53
54		72,931	229,722	302,653	830	54
54.01		5,626	149,010	154,636	220	54.01
54.02		3,512	27,584	31,096	149	54.02
55	113	21,379	320,673	342,165	460	55
55.01	113	33,369	236,461	269,943	549	55.01
56		8,887	1,646	10,533	190	56
57		8,215	562,481	570,696	453	57
58		14,917	8,527	23,444	192	58
59		3,255	3,390	6,645	27	59
60	96,449	54,256	6,332	157,037		60
62.30						62.30
63						63
65	65,179	18,364	48,108	131,651	936	65
66	2,010	9,821		11,831		66
67		9,319		9,319		67
68		1,011		1,011		68
69					188	69
69.01		4,413	162,623	167,036	472	69.01
71						71
72						72
73						73
74		3,600	1,772	5,372		74
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
91		75,641	58,011	133,652	2,596	91
92						92
OBSERVATION BEDS (NON-DISTINCT PART)						
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113						113
118	3,124,569	1,453,877	4,960,461	9,538,907	28,377	118
NONREIMBURSABLE COST CENTERS						
190	50	9,182	476	9,708	54	190
192	34,543	7,156	6,936	48,635	1,377	192
192.01	4,943	7,642	579	13,164	170	192.01
192.02	51,108	48,712		99,820		192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE		BENEFITS	DEPARTMENT
	COSTS	FIXTURES	EQUIPMENT	2A	4	
	0	1	2			
192.03 FOUNDATION	125		11,482	11,607	197	192.03
192.04 OUTREACH PROGRAMS	27,906	9,362	2,198	39,466	417	192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,243,244	1,535,931	4,982,132	9,761,307	30,592	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT	DATA	PURCHASE,	ADMITTING	CASHIERING	
	TELEPHONES	PROCESSING	RCV&STORES		ACCTS REC	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES	91,102					5.01
5.02 DATA PROCESSING	1,358	1,998,580				5.02
5.03 PURCHASING RECEIVING AND STORES	1,019		11,297			5.03
5.04 ADMITTING	2,490		34	13,808		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	4,187		1		292,542	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	9,167		110			5.06
6 MAINTENANCE & REPAIRS	6,451		347			6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE			75			8
9 HOUSEKEEPING	1,471		177			9
10 DIETARY	1,132		42			10
11 CAFETERIA	1,132		45			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,698		3			13
14 CENTRAL SERVICES & SUPPLY	3,169		28			14
15 PHARMACY	3,056		62			15
16 MEDICAL RECORDS & LIBRARY	4,979		96			16
17 SOCIAL SERVICE	1,245		2			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,017	159,625	432	2,200	23,383	30
31 INTENSIVE CARE UNIT	1,584	38,831	129	646	5,688	31
32 CORONARY CARE UNIT						32
43 NURSERY	113	9,264	26	154	1,357	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,093	83,191	184	667	12,187	50
50.01 ENDOSCOPY	2,150	16,587	94	103	2,430	50.01
51 RECOVERY ROOM	340	15,000	19	115	2,197	51
52 DELIVERY ROOM & LABOR ROOM	905	22,107	47	285	3,238	52
53 ANESTHESIOLOGY	1,132	23,622	5	209	3,460	53
54 RADIOLOGY-DIAGNOSTIC	2,829	53,280	56	217	7,805	54
54.01 ULTRASOUND	905	23,033	107	49	3,374	54.01
54.02 MAMMOGRAPHY	792	6,984	125	2	1,023	54.02
55 RADIOLOGY-THERAPEUTIC	1,584	43,978	23	10	6,442	55
55.01 ONCOLOGY	1,584	26,723	150	2	3,915	55.01
56 RADIOISOTOPE	1,019	19,108	185	80	2,799	56
57 CT SCAN	1,811	160,296	213	609	23,481	57
58 MRI	1,358	53,651	72	119	7,859	58
59 CARDIAC CATHETERIZATION	113	4,179	4	24	612	59
60 LABORATORY	4,979	275,879	5	1,896	40,413	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		12,075	773	128	1,769	63
65 RESPIRATORY THERAPY	679	53,523	28	516	7,841	65
66 PHYSICAL THERAPY	905	9,804	12	59	1,436	66
67 OCCUPATIONAL THERAPY	792	6,838		40	1,002	67
68 SPEECH PATHOLOGY	113	1,804		12	264	68
69 ELECTROCARDIOLOGY		18,564		123	2,719	69
69.01 RADIOLOGY	1,584	35,728	33	260	5,234	69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		87,623	4,359	782	12,836	71
72 IMPL. DEV. CHARGED TO PATIENTS		30,738	2,769	375	4,503	72
73 DRUGS CHARGED TO PATIENTS		412,021		3,130	60,131	73
74 RENAL DIALYSIS	226	1,886	3	29	276	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	5,319	292,638	78	967	42,868	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	87,480	1,998,580	10,953	13,808	292,542	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	566		136			190
192 PHYSICIANS' PRIVATE OFFICES	679		9			192
192.01 APOTHECARY	1,019		20			192.01
192.02 REAL ESTATE	226					192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASE, RCV&STORES	ADMITTING	CASHIERING ACCTS REC	
	5.01	5.02	5.03	5.04	5.05	
192.03 FOUNDATION	1,132		16			192.03
192.04 OUTREACH PROGRAMS			163			192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	91,102	1,998,580	11,297	13,808	292,542	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OTHER ADM &GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	744,162					5.06
6 MAINTENANCE & REPAIRS	34,212	810,162				6
7 OPERATION OF PLANT	10,453		10,453			7
8 LAUNDRY & LINEN SERVICE	3,540	3,267	42	11,503		8
9 HOUSEKEEPING	14,917	15,124	195		85,015	9
10 DIETARY	7,229	14,837	191		653	10
11 CAFETERIA	8,504	40,489	522		694	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	17,794	6,499	84		349	13
14 CENTRAL SERVICES & SUPPLY	17,015	21,355	276		542	14
15 PHARMACY	18,355	13,878	179		474	15
16 MEDICAL RECORDS & LIBRARY	14,509	18,961	245		405	16
17 SOCIAL SERVICE	8,313	2,241	29			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	99,145	199,222	2,572	5,216	36,597	30
31 INTENSIVE CARE UNIT	26,657	20,420	263	488	5,599	31
32 CORONARY CARE UNIT						32
43 NURSERY	5,491	9,254	119	383	433	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	22,764	58,621	756	675	5,904	50
50.01 ENDOSCOPY	18,247	36,534	471	524	3,696	50.01
51 RECOVERY ROOM	5,146	5,398	70	364	374	51
52 DELIVERY ROOM & LABOR ROOM	16,724	25,011	323	447	3,423	52
53 ANESTHESIOLOGY	2,614	9,152	118			53
54 RADIOLOGY-DIAGNOSTIC	17,094	52,492	677	339	2,289	54
54.01 ULTRASOUND	5,953	4,049	52	116	5	54.01
54.02 MAMMOGRAPHY	3,362	2,528	33	102	1,454	54.02
55 RADIOLOGY-THERAPEUTIC	11,594	15,387	199	102	1,319	55
55.01 ONCOLOGY	12,286	24,017	310	87	1,319	55.01
56 RADIOISOTOPE	4,682	6,396	83	123	677	56
57 CT SCAN	19,332	5,913	76	218	468	57
58 MRI	5,485	10,737	139	164	401	58
59 CARDIAC CATHETERIZATION	639	2,343	30	1		59
60 LABORATORY	49,050	39,050	504		1,280	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	4,147					63
65 RESPIRATORY THERAPY	17,374	13,217	171	69	1,220	65
66 PHYSICAL THERAPY	4,387	7,069	91	52	487	66
67 OCCUPATIONAL THERAPY	3,156	6,707	87	52	197	67
68 SPEECH PATHOLOGY	788	727	9	26		68
69 ELECTROCARDIOLOGY	3,377					69
69.01 RADIOLOGY	10,821	3,177	41		372	69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,313			38		71
72 IMPL. DEV. CHARGED TO PATIENTS	14,702					72
73 DRUGS CHARGED TO PATIENTS	85,021					73
74 RENAL DIALYSIS	1,142	2,591	33		205	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	50,549	54,442	702	1,917	9,697	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	694,883	751,105	9,692	11,503	80,533	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,517	6,609	85			190
192 PHYSICIANS' PRIVATE OFFICES	21,307	5,150	66		226	192
192.01 APOTHECARY	12,317	5,500	71		331	192.01
192.02 REAL ESTATE	2,161	35,060	452		3,894	192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OTHER ADM &GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
	5.06	6	7	8	9	
192.03 FOUNDATION	3,290					192.03
192.04 OUTREACH PROGRAMS	8,687	6,738	87		31	192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	744,162	810,162	10,453	11,503	85,015	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	67,403					10
11 CAFETERIA		129,446				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,300	784,743			13
14 CENTRAL SERVICES & SUPPLY		4,726	11,298	566,774		14
15 PHARMACY		4,783	34,446	5,454	348,042	15
16 MEDICAL RECORDS & LIBRARY		5,402		330		16
17 SOCIAL SERVICE		2,146		89		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	59,049	38,028	273,844	30,051	436	30
31 INTENSIVE CARE UNIT	8,354	7,659	55,159	9,186	70	31
32 CORONARY CARE UNIT						32
43 NURSERY		1,413	10,173	1,464	19	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		4,719	33,986	14,892	2,672	50
50.01 ENDOSCOPY		4,238	30,519	4,054	10	50.01
51 RECOVERY ROOM		1,422	10,242	1,382	1	51
52 DELIVERY ROOM & LABOR ROOM		5,230	37,661	837	23	52
53 ANESTHESIOLOGY		351	2,526	55	2	53
54 RADIOLOGY-DIAGNOSTIC		4,566	32,884	1,095	27	54
54.01 ULTRASOUND		1,240	8,933	1,502	5	54.01
54.02 MAMMOGRAPHY		733	5,282	6,975	2	54.02
55 RADIOLOGY-THERAPEUTIC		1,668	12,010	126		55
55.01 ONCOLOGY		3,128	22,528	10,316	36	55.01
56 RADIOISOTOPE		791	5,695	340	87	56
57 CT SCAN		2,267	16,327	8,828	409	57
58 MRI		950	6,843	307	40	58
59 CARDIAC CATHETERIZATION		134	964	148	20	59
60 LABORATORY				2		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		5,568	40,095	322	19	65
66 PHYSICAL THERAPY				119		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY				4		68
69 ELECTROCARDIOLOGY		960	6,912			69
69.01 RADIOLOGY		2,423	17,453	658	17	69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				282,285	71	71
72 IMPL. DEV. CHARGED TO PATIENTS				181,952		72
73 DRUGS CHARGED TO PATIENTS					343,682	73
74 RENAL DIALYSIS				222	7	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		15,131	108,963	3,138	386	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	67,403	122,976	784,743	566,133	348,041	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		482		1		190
192 PHYSICIANS' PRIVATE OFFICES		2,047		176	1	192
192.01 APOTHECARY		660		270		192.01
192.02 REAL ESTATE						192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
192.03 FOUNDATION		775		138		192.03
192.04 OUTREACH PROGRAMS		2,506		56		192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	67,403	129,446	784,743	566,774	348,042	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	81,965					16
17 SOCIAL SERVICE		17,695				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	38,919	13,633	1,337,099		1,337,099	30
31 INTENSIVE CARE UNIT	5,274	1,929	238,707		238,707	31
32 CORONARY CARE UNIT						32
43 NURSERY	163	1,071	62,308		62,308	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,016		724,307		724,307	50
50.01 ENDOSCOPY	3,393		575,496		575,496	50.01
51 RECOVERY ROOM	32		50,858		50,858	51
52 DELIVERY ROOM & LABOR ROOM	2,311		235,849		235,849	52
53 ANESTHESIOLOGY	438		126,253		126,253	53
54 RADIOLOGY-DIAGNOSTIC	529		479,662		479,662	54
54.01 ULTRASOUND	81		204,260		204,260	54.01
54.02 MAMMOGRAPHY			60,642		60,642	54.02
55 RADIOLOGY-THERAPEUTIC	45		437,112		437,112	55
55.01 ONCOLOGY	75		376,968		376,968	55.01
56 RADIOISOTOPE	25		52,813		52,813	56
57 CT SCAN	209		811,606		811,606	57
58 MRI	48		111,809		111,809	58
59 CARDIAC CATHETERIZATION	124		16,007		16,007	59
60 LABORATORY	454		570,549		570,549	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			18,892		18,892	63
65 RESPIRATORY THERAPY	82		273,311		273,311	65
66 PHYSICAL THERAPY	111		36,363		36,363	66
67 OCCUPATIONAL THERAPY	78		28,268		28,268	67
68 SPEECH PATHOLOGY	27		4,785		4,785	68
69 ELECTROCARDIOLOGY	4		32,847		32,847	69
69.01 RADIOLOGY	54		245,363		245,363	69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	376		406,683		406,683	71
72 IMPL. DEV. CHARGED TO PATIENTS			235,039		235,039	72
73 DRUGS CHARGED TO PATIENTS	805		904,790		904,790	73
74 RENAL DIALYSIS			11,992		11,992	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	17,292	1,062	741,397		741,397	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	81,965	17,695	9,412,035		9,412,035	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			19,158		19,158	190
192 PHYSICIANS' PRIVATE OFFICES			79,673		79,673	192
192.01 APOTHECARY			33,522		33,522	192.01
192.02 REAL ESTATE			141,613		141,613	192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192.03 FOUNDATION			17,155		17,155	192.03
192.04 OUTREACH PROGRAMS			58,151		58,151	192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	81,965	17,695	9,761,307		9,761,307	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NONPATIENT TELEPHONES # OF LINES	DATA PROCESSING GROSS REVENUE	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	281,192					1
2 CAP REL COSTS-MVBLE EQUIP		2,176,447				2
4 EMPLOYEE BENEFITS DEPARTMENT	5,221	906	32,616,490			4
5.01 NONPATIENT TELEPHONES	968	37,395	228,225	805		5.01
5.02 DATA PROCESSING	2,097	164,741	58,835	12	461,755,556	5.02
5.03 PURCHASING RECEIVING AND STORES	1,222		2,728	9		5.03
5.04 ADMITTING	1,513	966	862,703	22		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	2,229	7,173	3,917	37		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	17,929	58,492	2,767,202	81		5.06
6 MAINTENANCE & REPAIRS	43,937	230,678	1,034,147	57		6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	831		42,174			8
9 HOUSEKEEPING	3,847	13,606	1,036,521	13		9
10 DIETARY	3,774	8,818	262,783	10		10
11 CAFETERIA	10,299	9,352	422,932	10		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,653	325,570	770,819	15		13
14 CENTRAL SERVICES & SUPPLY	5,432	143,665	452,202	28		14
15 PHARMACY	3,530	4,929	1,231,588	27		15
16 MEDICAL RECORDS & LIBRARY	4,823	4,320	858,387	44		16
17 SOCIAL SERVICE	570		550,793	11		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	50,675	24,857	6,638,118	62	36,881,980	30
31 INTENSIVE CARE UNIT	5,194	3,876	1,526,103	14	8,971,985	31
32 CORONARY CARE UNIT						32
43 NURSERY	2,354	3,587	364,947	1	2,140,486	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,911	88,995	942,579	45	19,221,629	50
50.01 ENDOSCOPY	9,293	175,086	954,312	19	3,832,407	50.01
51 RECOVERY ROOM	1,373	411	335,324	3	3,465,754	51
52 DELIVERY ROOM & LABOR ROOM	6,362	35,595	1,113,912	8	5,107,788	52
53 ANESTHESIOLOGY	2,328	30,494	51,853	10	5,457,891	53
54 RADIOLOGY-DIAGNOSTIC	13,352	100,354	885,062	25	12,310,635	54
54.01 ULTRASOUND	1,030	65,095	234,674	8	5,321,797	54.01
54.02 MAMMOGRAPHY	643	12,050	159,237	7	1,613,589	54.02
55 RADIOLOGY-THERAPEUTIC	3,914	140,086	489,954	14	10,161,299	55
55.01 ONCOLOGY	6,109	103,298	585,650	14	6,174,371	55.01
56 RADIOISOTOPE	1,627	719	202,527	9	4,414,945	56
57 CT SCAN	1,504	245,720	482,777	16	37,036,960	57
58 MRI	2,731	3,725	205,109	12	12,396,316	58
59 CARDIAC CATHETERIZATION	596	1,481	28,375	1	965,566	59
60 LABORATORY	9,933	2,766		44	63,742,740	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					2,789,863	63
65 RESPIRATORY THERAPY	3,362	21,016	997,353	6	12,366,740	65
66 PHYSICAL THERAPY	1,798			8	2,265,276	66
67 OCCUPATIONAL THERAPY	1,706			7	1,579,970	67
68 SPEECH PATHOLOGY	185			1	416,885	68
69 ELECTROCARDIOLOGY			200,905		4,289,382	69
69.01 RADIOLOGY	808	71,042	502,790	14	8,255,125	69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					20,245,578	71
72 IMPL. DEV. CHARGED TO PATIENTS					7,102,160	72
73 DRUGS CHARGED TO PATIENTS					95,175,736	73
74 RENAL DIALYSIS	659	774		2	435,666	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	13,848	25,342	2,767,980	47	67,615,037	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (sum of lines 1-117)	266,170	2,166,980	30,255,497	773	461,755,556	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,681	208	57,166	5		190
192 PHYSICIANS' PRIVATE OFFICES	1,310	3,030	1,468,143	6		192
192.01 APOTHECARY	1,399	253	180,823	9		192.01
192.02 REAL ESTATE	8,918			2		192.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	NONPATIENT TELEPHONES # OF LINES 5.01	DATA PROCESSING GROSS REVENUE 5.02	
192.03 FOUNDATION		5,016	210,326	10		192.03
192.04 OUTREACH PROGRAMS	1,714	960	444,535			192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,535,931	4,982,132	12,296,329	601,580	5,541,085	202
203 UNIT COST MULT-WS B PT I	5.462214	2.289112	0.376997	747.304348	0.012000	203
204 COST TO BE ALLOC PER B PT II			30,592	91,102	1,998,580	204
205 UNIT COST MULT-WS B PT II			0.000938	113.170186	0.004328	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASE, RCV&STORES	ADMITTING	CASHIERING ACCTS REC	RECON- CILIATION	OTHER ADM &GENERAL	
	SUPPLY COST 5.03	INPATIENT REVENUE 5.04	GROSS REVENUE 5.05	5A.06	ACCUM COST 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES	5,580,279					5.03
5.04 ADMITTING	17,011	192,246,297				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	447		461,755,556			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	54,321			-20,342,600	79,966,551	5.06
6 MAINTENANCE & REPAIRS	171,273				3,676,322	6
7 OPERATION OF PLANT					1,123,290	7
8 LAUNDRY & LINEN SERVICE	36,920				380,387	8
9 HOUSEKEEPING	87,279				1,602,975	9
10 DIETARY	20,882				776,834	10
11 CAFETERIA	22,147				913,788	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,591				1,912,126	13
14 CENTRAL SERVICES & SUPPLY	13,616				1,828,395	14
15 PHARMACY	30,816				1,972,405	15
16 MEDICAL RECORDS & LIBRARY	47,443				1,559,088	16
17 SOCIAL SERVICE	1,011				893,326	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	213,465	30,554,025	36,881,980		10,654,341	30
31 INTENSIVE CARE UNIT	63,740	8,971,985	8,971,985		2,864,537	31
32 CORONARY CARE UNIT						32
43 NURSERY	12,860	2,140,486	2,140,486		590,025	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	90,698	9,258,857	19,221,629		2,446,138	50
50.01 ENDOSCOPY	46,581	1,423,824	3,832,407		1,960,823	50.01
51 RECOVERY ROOM	9,282	1,596,804	3,465,754		552,939	51
52 DELIVERY ROOM & LABOR ROOM	22,993	3,953,397	5,107,788		1,797,148	52
53 ANESTHESIOLOGY	2,503	2,909,703	5,457,891		280,858	53
54 RADIOLOGY-DIAGNOSTIC	27,636	3,010,829	12,310,635		1,836,861	54
54.01 ULTRASOUND	53,037	682,828	5,321,797		639,742	54.01
54.02 MAMMOGRAPHY	61,935	27,833	1,613,589		361,295	54.02
55 RADIOLOGY-THERAPEUTIC	11,362	138,890	10,161,299		1,245,847	55
55.01 ONCOLOGY	74,152	27,407	6,174,371		1,320,183	55.01
56 RADIOISOTOPE	91,624	1,111,832	4,414,945		503,134	56
57 CT SCAN	105,361	8,460,090	37,036,960		2,077,422	57
58 MRI	35,717	1,655,869	12,396,316		589,364	58
59 CARDIAC CATHETERIZATION	1,738	333,583	965,566		68,647	59
60 LABORATORY	2,596	26,335,818	63,742,740		5,270,830	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	382,119	1,776,362	2,789,863		445,603	63
65 RESPIRATORY THERAPY	13,915	7,170,484	12,366,740		1,867,012	65
66 PHYSICAL THERAPY	6,157	816,759	2,265,276		471,438	66
67 OCCUPATIONAL THERAPY	97	556,095	1,579,970		339,183	67
68 SPEECH PATHOLOGY	144	159,926	416,885		84,671	68
69 ELECTROCARDIOLOGY		1,706,716	4,289,382		362,860	69
69.01 RADIOLOGY	16,515	3,609,544	8,255,125		1,162,822	69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,151,115	10,858,801	20,245,578		1,967,918	71
72 IMPL. DEV. CHARGED TO PATIENTS	1,368,105	5,203,922	7,102,160		1,579,851	72
73 DRUGS CHARGED TO PATIENTS		43,959,141	95,175,736		9,136,178	73
74 RENAL DIALYSIS	1,537	407,076	435,666		122,701	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	38,333	13,427,411	67,615,037		5,431,841	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (sum of lines 1-117)	5,410,074	192,246,297	461,755,556	-20,342,600	74,671,148	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	67,400				162,998	190
192 PHYSICIANS' PRIVATE OFFICES	4,447				2,289,616	192
192.01 APOTHECARY	9,873				1,323,535	192.01
192.02 REAL ESTATE					232,188	192.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASE, RCV&STORES	ADMITTING	CASHIERING ACCTS REC	RECON- CILIATION	OTHER ADM &GENERAL	
	SUPPLY COST	INPATIENT REVENUE	GROSS REVENUE	5A.06	ACCUM COST	
192.03 FOUNDATION	7,844				353,571	192.03
192.04 OUTREACH PROGRAMS	80,641				933,495	192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	45,551	1,238,012	2,556,616		20,342,600	202
203 UNIT COST MULT-WS B PT I	0.008163	0.006440	0.005537		0.254389	203
204 COST TO BE ALLOC PER B PT II	11,297	13,808	292,542		744,162	204
205 UNIT COST MULT-WS B PT II	0.002024	0.000072	0.000634		0.009306	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING HOURS OF SERVICE	MEALS SERVED	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS	206,076					6
7 OPERATION OF PLANT		206,076				7
8 LAUNDRY & LINEN SERVICE	831	831	941,880			8
9 HOUSEKEEPING	3,847	3,847		65,445		9
10 DIETARY	3,774	3,774		503	177,795	10
11 CAFETERIA	10,299	10,299		534		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,653	1,653		269		13
14 CENTRAL SERVICES & SUPPLY	5,432	5,432		417		14
15 PHARMACY	3,530	3,530		365		15
16 MEDICAL RECORDS & LIBRARY	4,823	4,823		312		16
17 SOCIAL SERVICE	570	570				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	50,675	50,675	427,261	28,173	155,758	30
31 INTENSIVE CARE UNIT	5,194	5,194	39,960	4,310	22,037	31
32 CORONARY CARE UNIT						32
43 NURSERY	2,354	2,354	31,345	333		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,911	14,911	55,230	4,545		50
50.01 ENDOSCOPY	9,293	9,293	42,912	2,845		50.01
51 RECOVERY ROOM	1,373	1,373	29,772	288		51
52 DELIVERY ROOM & LABOR ROOM	6,362	6,362	36,575	2,635		52
53 ANESTHESIOLOGY	2,328	2,328				53
54 RADIOLOGY-DIAGNOSTIC	13,352	13,352	27,758	1,762		54
54.01 ULTRASOUND	1,030	1,030	9,499	4		54.01
54.02 MAMMOGRAPHY	643	643	8,334	1,119		54.02
55 RADIOLOGY-THERAPEUTIC	3,914	3,914	8,342	1,015		55
55.01 ONCOLOGY	6,109	6,109	7,150	1,015		55.01
56 RADIOISOTOPE	1,627	1,627	10,032	521		56
57 CT SCAN	1,504	1,504	17,815	360		57
58 MRI	2,731	2,731	13,456	309		58
59 CARDIAC CATHETERIZATION	596	596	83			59
60 LABORATORY	9,933	9,933		985		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	3,362	3,362	5,680	939		65
66 PHYSICAL THERAPY	1,798	1,798	4,262	375		66
67 OCCUPATIONAL THERAPY	1,706	1,706	4,262	152		67
68 SPEECH PATHOLOGY	185	185	2,132			68
69 ELECTROCARDIOLOGY						69
69.01 RADIOLOGY	808	808		286		69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			3,084			71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	659	659		158		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	13,848	13,848	156,936	7,465		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (sum of lines 1-117)	191,054	191,054	941,880	61,994	177,795	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,681	1,681				190
192 PHYSICIANS' PRIVATE OFFICES	1,310	1,310		174		192
192.01 APOTHECARY	1,399	1,399		255		192.01
192.02 REAL ESTATE	8,918	8,918		2,998		192.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	DIETARY MEALS SERVED 10	
192.03 FOUNDATION						192.03
192.04 OUTREACH PROGRAMS	1,714	1,714		24		192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,611,538	1,409,043	501,431	2,123,146	1,101,029	202
203 UNIT COST MULT-WS B PT I	22.377851	6.837492	0.532372	32.441684	6.192688	203
204 COST TO BE ALLOC PER B PT II	810,162	10,453	11,503	85,015	67,403	204
205 UNIT COST MULT-WS B PT II	3.931375	0.050724	0.012213	1.299030	0.379105	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	MEALS SERVED	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	40,594					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,035	34,173				13
14 CENTRAL SERVICES & SUPPLY	1,482	492	3,749,287			14
15 PHARMACY	1,500	1,500	36,081	7,161,943		15
16 MEDICAL RECORDS & LIBRARY	1,694		2,184		6,923,679	16
17 SOCIAL SERVICE	673		588			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	11,925	11,925	198,793	8,982	3,287,268	30
31 INTENSIVE CARE UNIT	2,402	2,402	60,769	1,443	445,500	31
32 CORONARY CARE UNIT						32
43 NURSERY	443	443	9,687	399	13,730	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,480	1,480	98,512	54,979	930,590	50
50.01 ENDOSCOPY	1,329	1,329	26,816	198	286,650	50.01
51 RECOVERY ROOM	446	446	9,140	26	2,682	51
52 DELIVERY ROOM & LABOR ROOM	1,640	1,640	5,535	476	195,260	52
53 ANESTHESIOLOGY	110	110	362	32	37,008	53
54 RADIOLOGY-DIAGNOSTIC	1,432	1,432	7,244	561	44,692	54
54.01 ULTRASOUND	389	389	9,933	97	6,874	54.01
54.02 MAMMOGRAPHY	230	230	46,144	32		54.02
55 RADIOLOGY-THERAPEUTIC	523	523	833		3,832	55
55.01 ONCOLOGY	981	981	68,245	747	6,341	55.01
56 RADIOISOTOPE	248	248	2,249	1,792	2,150	56
57 CT SCAN	711	711	58,401	8,419	17,652	57
58 MRI	298	298	2,032	823	4,072	58
59 CARDIAC CATHETERIZATION	42	42	981	412	10,440	59
60 LABORATORY			12		38,393	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	1,746	1,746	2,133	383	6,960	65
66 PHYSICAL THERAPY			789		9,372	66
67 OCCUPATIONAL THERAPY			1		6,618	67
68 SPEECH PATHOLOGY			28		2,292	68
69 ELECTROCARDIOLOGY	301	301			336	69
69.01 RADIOLOGY	760	760	4,356	343	4,584	69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			1,867,330	1,451	31,724	71
72 IMPL. DEV. CHARGED TO PATIENTS			1,203,643			72
73 DRUGS CHARGED TO PATIENTS				7,072,246	67,979	73
74 RENAL DIALYSIS			1,469	143		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,745	4,745	20,757	7,946	1,460,680	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (sum of lines 1-117)	38,565	34,173	3,745,047	7,161,930	6,923,679	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	151		6			190
192 PHYSICIANS' PRIVATE OFFICES	642		1,166	13		192
192.01 APOTHECARY	207		1,785			192.01
192.02 REAL ESTATE						192.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	MEALS SERVED 11	ADMINIS- TRATION DIRECT NRSING HRS 13	SERVICES & SUPPLY COSTED REQUIS. 14	COSTED REQUIS. 15	RECORDS & LIBRARY TIME SPENT 16	
192.03 FOUNDATION	243		910			192.03
192.04 OUTREACH PROGRAMS	786		373			192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,464,458	2,492,908	2,555,099	2,777,261	2,169,330	202
203 UNIT COST MULT-WS B PT I	36.075725	72.949639	0.681489	0.387780	0.313320	203
204 COST TO BE ALLOC PER B PT II	129,446	784,743	566,774	348,042	81,965	204
205 UNIT COST MULT-WS B PT II	3.188796	22.963831	0.151168	0.048596	0.011838	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		17	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			4
5.01 NONPATIENT TELEPHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING RECEIVING AND STORES			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE	10,000		17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SERVICES-SALARY & FRINGES APPRVD			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	7,705		30
31 INTENSIVE CARE UNIT	1,090		31
32 CORONARY CARE UNIT			32
43 NURSERY	605		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM			50
50.01 ENDOSCOPY			50.01
51 RECOVERY ROOM			51
52 DELIVERY ROOM & LABOR ROOM			52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
54.01 ULTRASOUND			54.01
54.02 MAMMOGRAPHY			54.02
55 RADIOLOGY-THERAPEUTIC			55
55.01 ONCOLOGY			55.01
56 RADIOISOTOPE			56
57 CT SCAN			57
58 MRI			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY			69
69.01 CARDIOLOGY			69.01
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENTS			72
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	600		91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (sum of lines 1-117)	10,000		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192
192.01 APOTHECARY			192.01
192.02 REAL ESTATE			192.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
192.03 FOUNDATION			192.03
192.04 OUTREACH PROGRAMS			192.04
192.05 UNASSIGNED			192.05
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I		1,161,910	202
203 UNIT COST MULT-WS B PT I		116.191000	203
204 COST TO BE ALLOC PER B PT II		17,695	204
205 UNIT COST MULT-WS B PT II		1.769500	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20,315,470		20,315,470		20,315,470	30
31 INTENSIVE CARE UNIT	4,612,639		4,612,639		4,612,639	31
32 CORONARY CARE UNIT						32
43 NURSERY	966,037		966,037		966,037	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,222,273		4,222,273	2,786	4,225,059	50
50.01 ENDOSCOPY	3,099,335		3,099,335		3,099,335	50.01
51 RECOVERY ROOM	814,612		814,612		814,612	51
52 DELIVERY ROOM & LABOR ROOM	2,789,084		2,789,084		2,789,084	52
53 ANESTHESIOLOGY	444,165		444,165		444,165	53
54 RADIOLOGY-DIAGNOSTIC	2,941,443		2,941,443	2,300	2,943,743	54
54.01 ULTRASOUND	889,135		889,135	1,240	890,375	54.01
54.02 MAMMOGRAPHY	569,263		569,263	1,240	570,503	54.02
55 RADIOLOGY-THERAPEUTIC	1,773,285		1,773,285		1,773,285	55
55.01 ONCOLOGY	2,026,972		2,026,972	3,009	2,029,981	55.01
56 RADIOISOTOPE	730,844		730,844		730,844	56
57 CT SCAN	2,797,111		2,797,111		2,797,111	57
58 MRI	871,737		871,737		871,737	58
59 CARDIAC CATHETERIZATION	112,245		112,245		112,245	59
60 LABORATORY	6,945,859		6,945,859	26,224	6,972,083	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	558,960		558,960		558,960	63
65 RESPIRATORY THERAPY	2,667,810		2,667,810	12,978	2,680,788	65
66 PHYSICAL THERAPY	661,805		661,805		661,805	66
67 OCCUPATIONAL THERAPY	484,584		484,584		484,584	67
68 SPEECH PATHOLOGY	113,487		113,487		113,487	68
69 ELECTROCARDIOLOGY	488,090		488,090		488,090	69
69.01 RADIOLOGY	1,578,913		1,578,913		1,578,913	69.01
71 MEDICAL SUPPLIES CHARGED TO	3,753,243		3,753,243		3,753,243	71
72 IMPL. DEV. CHARGED TO PATIE	2,802,017		2,802,017		2,802,017	72
73 DRUGS CHARGED TO PATIENTS	14,224,096		14,224,096		14,224,096	73
74 RENAL DIALYSIS	179,350		179,350		179,350	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	8,605,868		8,605,868		8,605,868	91
92 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS	4,045,676		4,045,676		4,045,676	92
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	97,085,408		97,085,408	49,777	97,135,185	200
201 LESS OBSERVATION BEDS	4,045,676		4,045,676		4,045,676	201
202 TOTAL (SEE INSTRUCTIONS)	93,039,732		93,039,732		93,089,509	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	30,554,025		30,554,025			30
31 INTENSIVE CARE UNIT	8,971,985		8,971,985			31
32 CORONARY CARE UNIT						32
43 NURSERY	2,140,486		2,140,486			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,258,857	9,962,772	19,221,629	0.219663	0.219663	0.219808 50
50.01 ENDOSCOPY	1,423,824	2,408,583	3,832,407	0.808718	0.808718	0.808718 50.01
51 RECOVERY ROOM	1,596,804	1,868,950	3,465,754	0.235046	0.235046	0.235046 51
52 DELIVERY ROOM & LABOR ROOM	3,953,397	1,154,391	5,107,788	0.546045	0.546045	0.546045 52
53 ANESTHESIOLOGY	2,909,703	2,548,188	5,457,891	0.081380	0.081380	0.081380 53
54 RADIOLOGY-DIAGNOSTIC	3,010,829	9,299,806	12,310,635	0.238935	0.238935	0.239122 54
54.01 ULTRASOUND	682,828	4,638,969	5,321,797	0.167074	0.167074	0.167307 54.01
54.02 MAMMOGRAPHY	27,833	1,585,756	1,613,589	0.352793	0.352793	0.353562 54.02
55 RADIOLOGY-THERAPEUTIC	138,890	10,022,409	10,161,299	0.174514	0.174514	0.174514 55
55.01 ONCOLOGY	27,407	6,146,964	6,174,371	0.328288	0.328288	0.328775 55.01
56 RADIOISOTOPE	1,111,832	3,303,113	4,414,945	0.165539	0.165539	0.165539 56
57 CT SCAN	8,460,090	28,576,870	37,036,960	0.075522	0.075522	0.075522 57
58 MRI	1,655,869	10,740,447	12,396,316	0.070322	0.070322	0.070322 58
59 CARDIAC CATHETERIZATION	333,583	631,983	965,566	0.116248	0.116248	0.116248 59
60 LABORATORY	26,335,818	37,406,922	63,742,740	0.108967	0.108967	0.109378 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	1,776,362	1,013,501	2,789,863	0.200354	0.200354	0.200354 63
65 RESPIRATORY THERAPY	7,170,484	5,196,256	12,366,740	0.215725	0.215725	0.216774 65
66 PHYSICAL THERAPY	816,759	1,448,517	2,265,276	0.292152	0.292152	0.292152 66
67 OCCUPATIONAL THERAPY	556,095	1,023,875	1,579,970	0.306705	0.306705	0.306705 67
68 SPEECH PATHOLOGY	159,926	256,959	416,885	0.272226	0.272226	0.272226 68
69 ELECTROCARDIOLOGY	1,706,716	2,582,666	4,289,382	0.113790	0.113790	0.113790 69
69.01 RADIOLOGY	3,609,544	4,645,581	8,255,125	0.191265	0.191265	0.191265 69.01
71 MEDICAL SUPPLIES CHARGED TO	10,858,801	9,386,777	20,245,578	0.185386	0.185386	0.185386 71
72 IMPL. DEV. CHARGED TO PATIE	5,203,922	1,898,238	7,102,160	0.394530	0.394530	0.394530 72
73 DRUGS CHARGED TO PATIENTS	43,959,141	51,216,595	95,175,736	0.149451	0.149451	0.149451 73
74 RENAL DIALYSIS	407,076	28,590	435,666	0.411669	0.411669	0.411669 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	13,427,411	54,187,626	67,615,037	0.127277	0.127277	0.127277 91
92 OBSERVATION BEDS (NON-DISTI	1,178,802	5,149,153	6,327,955	0.639334	0.639334	0.639334 92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	193,425,099	268,330,457	461,755,556			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	193,425,099	268,330,457	461,755,556			202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 + COL.4)		
	1	2	3		5		
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	1,337,099		1,337,099	21,457	62.32		30
31 INTENSIVE CARE UNIT	238,707		238,707	2,452	97.35		31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	62,308		62,308	1,354	46.02		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,638,114		1,638,114	25,263			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	724,307	19,221,629	0.037682		50
50.01 ENDOSCOPY	575,496	3,832,407	0.150166		50.01
51 RECOVERY ROOM	50,858	3,465,754	0.014674		51
52 DELIVERY ROOM & LABOR ROOM	235,849	5,107,788	0.046174		52
53 ANESTHESIOLOGY	126,253	5,457,891	0.023132		53
54 RADIOLOGY-DIAGNOSTIC	479,662	12,310,635	0.038963		54
54.01 ULTRASOUND	204,260	5,321,797	0.038382		54.01
54.02 MAMMOGRAPHY	60,642	1,613,589	0.037582		54.02
55 RADIOLOGY-THERAPEUTIC	437,112	10,161,299	0.043017		55
55.01 ONCOLOGY	376,968	6,174,371	0.061054		55.01
56 RADIOISOTOPE	52,813	4,414,945	0.011962		56
57 CT SCAN	811,606	37,036,960	0.021913		57
58 MRI	111,809	12,396,316	0.009020		58
59 CARDIAC CATHETERIZATION	16,007	965,566	0.016578		59
60 LABORATORY	570,549	63,742,740	0.008951		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	18,892	2,789,863	0.006772		63
65 RESPIRATORY THERAPY	273,311	12,366,740	0.022100		65
66 PHYSICAL THERAPY	36,363	2,265,276	0.016052		66
67 OCCUPATIONAL THERAPY	28,268	1,579,970	0.017891		67
68 SPEECH PATHOLOGY	4,785	416,885	0.011478		68
69 ELECTROCARDIOLOGY	32,847	4,289,382	0.007658		69
69.01 CARDIOLOGY	245,363	8,255,125	0.029723		69.01
71 MEDICAL SUPPLIES CHARGED TO P	406,683	20,245,578	0.020087		71
72 IMPL. DEV. CHARGED TO PATIENT	235,039	7,102,160	0.033094		72
73 DRUGS CHARGED TO PATIENTS	904,790	95,175,736	0.009507		73
74 RENAL DIALYSIS	11,992	435,666	0.027526		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	741,397	67,615,037	0.010965		91
92 OBSERVATION BEDS (NON-DISTINC	266,274	6,327,955	0.042079		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	8,040,195	420,089,060			200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	21,457				30
31 INTENSIVE CARE UNIT	2,452				31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,354				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	25,263				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[XX] TITLE V [] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0093) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	19,221,629						50	
50.01	ENDOSCOPY	3,832,407						50.01	
51	RECOVERY ROOM	3,465,754						51	
52	DELIVERY ROOM & LABOR ROOM	5,107,788						52	
53	ANESTHESIOLOGY	5,457,891						53	
54	RADIOLOGY-DIAGNOSTIC	12,310,635						54	
54.01	ULTRASOUND	5,321,797						54.01	
54.02	MAMMOGRAPHY	1,613,589						54.02	
55	RADIOLOGY-THERAPEUTIC	10,161,299						55	
55.01	ONCOLOGY	6,174,371						55.01	
56	RADIOISOTOPE	4,414,945						56	
57	CT SCAN	37,036,960						57	
58	MRI	12,396,316						58	
59	CARDIAC CATHETERIZATION	965,566						59	
60	LABORATORY	63,742,740						60	
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30	
63	BLOOD STORING, PROCESSING &	2,789,863						63	
65	RESPIRATORY THERAPY	12,366,740						65	
66	PHYSICAL THERAPY	2,265,276						66	
67	OCCUPATIONAL THERAPY	1,579,970						67	
68	SPEECH PATHOLOGY	416,885						68	
69	ELECTROCARDIOLOGY	4,289,382						69	
69.01	CARDIOLOGY	8,255,125						69.01	
71	MEDICAL SUPPLIES CHARGED TO	20,245,578						71	
72	IMPL. DEV. CHARGED TO PATIEN	7,102,160						72	
73	DRUGS CHARGED TO PATIENTS	95,175,736						73	
74	RENAL DIALYSIS	435,666						74	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
91	EMERGENCY	67,615,037						91	
92	OBSERVATION BEDS (NON-DISTIN	6,327,955						92	
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	420,089,060						200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.219663						50
50.01 ENDOSCOPY	0.808718						50.01
51 RECOVERY ROOM	0.235046						51
52 DELIVERY ROOM & LABOR ROOM	0.546045						52
53 ANESTHESIOLOGY	0.081380						53
54 RADIOLOGY-DIAGNOSTIC	0.238935						54
54.01 ULTRASOUND	0.167074						54.01
54.02 MAMMOGRAPHY	0.352793						54.02
55 RADIOLOGY-THERAPEUTIC	0.174514						55
55.01 ONCOLOGY	0.328288						55.01
56 RADIOISOTOPE	0.165539						56
57 CT SCAN	0.075522						57
58 MRI	0.070322						58
59 CARDIAC CATHETERIZATION	0.116248						59
60 LABORATORY	0.108967						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.200354						63
65 RESPIRATORY THERAPY	0.215725						65
66 PHYSICAL THERAPY	0.292152						66
67 OCCUPATIONAL THERAPY	0.306705						67
68 SPEECH PATHOLOGY	0.272226						68
69 ELECTROCARDIOLOGY	0.113790						69
69.01 RADIOLOGY	0.191265						69.01
71 MEDICAL SUPPLIES CHARGED TO PAT	0.185386						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.394530						72
73 DRUGS CHARGED TO PATIENTS	0.149451						73
74 RENAL DIALYSIS	0.411669						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.127277						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.639334						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,337,099		1,337,099	21,457	62.32	8,813	549,226	30
31 INTENSIVE CARE UNIT	238,707		238,707	2,452	97.35	1,269	123,537	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	62,308		62,308	1,354	46.02			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	1,638,114		1,638,114	25,263		10,082	672,763	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x	
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	724,307	19,221,629	0.037682	3,093,997	116,588	50
50.01 ENDOSCOPY	575,496	3,832,407	0.150166	769,433	115,543	50.01
51 RECOVERY ROOM	50,858	3,465,754	0.014674	563,862	8,274	51
52 DELIVERY ROOM & LABOR ROOM	235,849	5,107,788	0.046174	27,603	1,275	52
53 ANESTHESIOLOGY	126,253	5,457,891	0.023132	674,766	15,609	53
54 RADIOLOGY-DIAGNOSTIC	479,662	12,310,635	0.038963	1,812,254	70,611	54
54.01 ULTRASOUND	204,260	5,321,797	0.038382	47,536	1,825	54.01
54.02 MAMMOGRAPHY	60,642	1,613,589	0.037582	525	20	54.02
55 RADIOLOGY-THERAPEUTIC	437,112	10,161,299	0.043017	102,091	4,392	55
55.01 ONCOLOGY	376,968	6,174,371	0.061054	20,868	1,274	55.01
56 RADIOISOTOPE	52,813	4,414,945	0.011962	602,305	7,205	56
57 CT SCAN	811,606	37,036,960	0.021913	4,792,572	105,020	57
58 MRI	111,809	12,396,316	0.009020	843,000	7,604	58
59 CARDIAC CATHETERIZATION	16,007	965,566	0.016578	152,831	2,534	59
60 LABORATORY	570,549	63,742,740	0.008951	13,540,664	121,202	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	18,892	2,789,863	0.006772	855,135	5,791	63
65 RESPIRATORY THERAPY	273,311	12,366,740	0.022100	3,966,021	87,649	65
66 PHYSICAL THERAPY	36,363	2,265,276	0.016052	476,027	7,641	66
67 OCCUPATIONAL THERAPY	28,268	1,579,970	0.017891	329,198	5,890	67
68 SPEECH PATHOLOGY	4,785	416,885	0.011478	90,531	1,039	68
69 ELECTROCARDIOLOGY	32,847	4,289,382	0.007658	907,962	6,953	69
69.01 CARDIOLOGY	245,363	8,255,125	0.029723	2,446,473	72,717	69.01
71 MEDICAL SUPPLIES CHARGED TO P	406,683	20,245,578	0.020087	5,243,015	105,316	71
72 IMPL. DEV. CHARGED TO PATIENT	235,039	7,102,160	0.033094	2,813,315	93,104	72
73 DRUGS CHARGED TO PATIENTS	904,790	95,175,736	0.009507	23,793,667	226,206	73
74 RENAL DIALYSIS	11,992	435,666	0.027526	325,838	8,969	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	741,397	67,615,037	0.010965	6,882,345	75,465	91
92 OBSERVATION BEDS (NON-DISTINC	266,274	6,327,955	0.042079	810,632	34,111	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	8,040,195	420,089,060		75,984,466	1,309,827	200

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
04/23/2014 10:26

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED
 PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
 04/23/2014 10:26

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	21,457		8,813		30
31 INTENSIVE CARE UNIT	2,452		1,269		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,354				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	25,263		10,082		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0093)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	19,221,629		3,093,997		2,159,033	50
50.01	ENDOSCOPY	3,832,407		769,433		975,074	50.01
51	RECOVERY ROOM	3,465,754		563,862		407,394	51
52	DELIVERY ROOM & LABOR ROOM	5,107,788		27,603		32,770	52
53	ANESTHESIOLOGY	5,457,891		674,766		504,460	53
54	RADIOLOGY-DIAGNOSTIC	12,310,635		1,812,254		2,040,745	54
54.01	ULTRASOUND	5,321,797		47,536		668,424	54.01
54.02	MAMMOGRAPHY	1,613,589		525		127,231	54.02
55	RADIOLOGY-THERAPEUTIC	10,161,299		102,091		5,252,444	55
55.01	ONCOLOGY	6,174,371		20,868		2,555,479	55.01
56	RADIOISOTOPE	4,414,945		602,305		1,136,297	56
57	CT SCAN	37,036,960		4,792,572		6,517,978	57
58	MRI	12,396,316		843,000		2,813,167	58
59	CARDIAC CATHETERIZATION	965,566		152,831		210,496	59
60	LABORATORY	63,742,740		13,540,664		535,175	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	2,789,863		855,135		395,819	63
65	RESPIRATORY THERAPY	12,366,740		3,966,021		1,476,556	65
66	PHYSICAL THERAPY	2,265,276		476,027			66
67	OCCUPATIONAL THERAPY	1,579,970		329,198			67
68	SPEECH PATHOLOGY	416,885		90,531			68
69	ELECTROCARDIOLOGY	4,289,382		907,962		601,980	69
69.01	CARDIOLOGY	8,255,125		2,446,473		1,422,735	69.01
71	MEDICAL SUPPLIES CHARGED TO	20,245,578		5,243,015		2,180,583	71
72	IMPL. DEV. CHARGED TO PATIEN	7,102,160		2,813,315		784,676	72
73	DRUGS CHARGED TO PATIENTS	95,175,736		23,793,667		17,276,675	73
74	RENAL DIALYSIS	435,666		325,838		15,747	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	67,615,037		6,882,345		9,072,567	91
92	OBSERVATION BEDS (NON-DISTIN	6,327,955		810,632		1,862,774	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	420,089,060		75,984,466		61,026,279	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.219663	2,159,033			474,260			50
50.01 ENDOSCOPY	0.808718	975,074			788,560			50.01
51 RECOVERY ROOM	0.235046	407,394			95,756			51
52 DELIVERY ROOM & LABOR ROOM	0.546045	32,770			17,894			52
53 ANESTHESIOLOGY	0.081380	504,460			41,053			53
54 RADIOLOGY-DIAGNOSTIC	0.238935	2,040,745			487,605			54
54.01 ULTRASOUND	0.167074	668,424			111,676			54.01
54.02 MAMMOGRAPHY	0.352793	127,231			44,886			54.02
55 RADIOLOGY-THERAPEUTIC	0.174514	5,252,444			916,625			55
55.01 ONCOLOGY	0.328288	2,555,479			838,933			55.01
56 RADIOISOTOPE	0.165539	1,136,297			188,101			56
57 CT SCAN	0.075522	6,517,978			492,251			57
58 MRI	0.070322	2,813,167			197,828			58
59 CARDIAC CATHETERIZATION	0.116248	210,496			24,470			59
60 LABORATORY	0.108967	535,175	2,163		58,316	236		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.200354	395,819			79,304			63
65 RESPIRATORY THERAPY	0.215725	1,476,556			318,530			65
66 PHYSICAL THERAPY	0.292152							66
67 OCCUPATIONAL THERAPY	0.306705							67
68 SPEECH PATHOLOGY	0.272226							68
69 ELECTROCARDIOLOGY	0.113790	601,980			68,499			69
69.01 RADIOLOGY	0.191265	1,422,735			272,119			69.01
71 MEDICAL SUPPLIES CHARGED TO PAT	0.185386	2,180,583	276		404,250	51		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.394530	784,676			309,578			72
73 DRUGS CHARGED TO PATIENTS	0.149451	17,276,675		196,522	2,582,016		29,370	73
74 RENAL DIALYSIS	0.411669	15,747			6,483			74
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.127277	9,072,567			1,154,729			91
92 OBSERVATION BEDS (NON-DISTINCT)	0.639334	1,862,774			1,190,935			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		61,026,279	2,439	196,522	11,164,657	287	29,370	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		61,026,279	2,439	196,522	11,164,657	287	29,370	202

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	21,457	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,457	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17,184	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)		9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,354	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	20,315,470	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	20,315,470	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	20,315,470	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 946.80 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	966,037	1,354	713.47		42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS

43 INTENSIVE CARE UNIT	4,612,639	2,452	1,881.17		43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					49

PASS-THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)					4,273 87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2)					88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
		1	2	3	4	5
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	21,457	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,457	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17,184	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,813	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	20,315,470	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	20,315,470	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	20,315,470	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 946.80 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 8,344,148 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 8,344,148 41

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

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4,612,639	2,452	1,881.17	1,269	2,387,205	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					13,024,029	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					23,755,382	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 672,763 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,309,827 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,982,590 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 21,772,792 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,273 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 946.80 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,045,676 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
90 CAPITAL-RELATED COST	1,337,099	20,315,470	0.065817	4,045,676	266,274	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.219663				50
50.01 ENDOSCOPY	0.808718				50.01
51 RECOVERY ROOM	0.235046				51
52 DELIVERY ROOM & LABOR ROOM	0.546045				52
53 ANESTHESIOLOGY	0.081380				53
54 RADIOLOGY-DIAGNOSTIC	0.238935				54
54.01 ULTRASOUND	0.167074				54.01
54.02 MAMMOGRAPHY	0.352793				54.02
55 RADIOLOGY-THERAPEUTIC	0.174514				55
55.01 ONCOLOGY	0.328288				55.01
56 RADIOISOTOPE	0.165539				56
57 CT SCAN	0.075522				57
58 MRI	0.070322				58
59 CARDIAC CATHETERIZATION	0.116248				59
60 LABORATORY	0.108967				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.200354				63
65 RESPIRATORY THERAPY	0.215725				65
66 PHYSICAL THERAPY	0.292152				66
67 OCCUPATIONAL THERAPY	0.306705				67
68 SPEECH PATHOLOGY	0.272226				68
69 ELECTROCARDIOLOGY	0.113790				69
69.01 RADIOLOGY	0.191265				69.01
71 MEDICAL SUPPLIES CHARGED TO PAT	0.185386				71
72 IMPL. DEV. CHARGED TO PATIENTS	0.394530				72
73 DRUGS CHARGED TO PATIENTS	0.149451				73
74 RENAL DIALYSIS	0.411669				74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.127277				91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.639334				92
200 TOTAL (SUM OF LINES 50-94 AND 96-98)					200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)					202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		15,777,116		30
31 INTENSIVE CARE UNIT		4,575,863		31
32 CORONARY CARE UNIT				32
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.219808	3,093,997	680,085	50
50.01 ENDOSCOPY	0.808718	769,433	622,254	50.01
51 RECOVERY ROOM	0.235046	563,862	132,534	51
52 DELIVERY ROOM & LABOR ROOM	0.546045	27,603	15,072	52
53 ANESTHESIOLOGY	0.081380	674,766	54,912	53
54 RADIOLOGY-DIAGNOSTIC	0.239122	1,812,254	433,350	54
54.01 ULTRASOUND	0.167307	47,536	7,953	54.01
54.02 MAMMOGRAPHY	0.353562	525	186	54.02
55 RADIOLOGY-THERAPEUTIC	0.174514	102,091	17,816	55
55.01 ONCOLOGY	0.328775	20,868	6,861	55.01
56 RADIOISOTOPE	0.165539	602,305	99,705	56
57 CT SCAN	0.075522	4,792,572	361,945	57
58 MRI	0.070322	843,000	59,281	58
59 CARDIAC CATHETERIZATION	0.116248	152,831	17,766	59
60 LABORATORY	0.109378	13,540,664	1,481,051	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.200354	855,135	171,330	63
65 RESPIRATORY THERAPY	0.216774	3,966,021	859,730	65
66 PHYSICAL THERAPY	0.292152	476,027	139,072	66
67 OCCUPATIONAL THERAPY	0.306705	329,198	100,967	67
68 SPEECH PATHOLOGY	0.272226	90,531	24,645	68
69 ELECTROCARDIOLOGY	0.113790	907,962	103,317	69
69.01 RADIOLOGY	0.191265	2,446,473	467,925	69.01
71 MEDICAL SUPPLIES CHARGED TO PAT	0.185386	5,243,015	971,982	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.394530	2,813,315	1,109,937	72
73 DRUGS CHARGED TO PATIENTS	0.149451	23,793,667	3,555,987	73
74 RENAL DIALYSIS	0.411669	325,838	134,137	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.127277	6,882,345	875,964	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.639334	810,632	518,265	92
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		75,984,466	13,024,029	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		75,984,466		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	1	1.01	1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (SEE INSTRUCTIONS)	13,155,085		1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (SEE INSTRUCTIONS)	4,233,800		1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (SEE INSTRUCTIONS)			1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	142,934		2
2.01	OUTLIER RECONCILIATION AMOUNT			2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (SEE INSTRUCTIONS)			2.02
3	MANAGED CARE SIMULATED PAYMENTS			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	164.66		4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)			5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)			6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)			7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.			7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.			8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.			8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)			8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS			11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3			15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM			16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			17
18	ADJUSTED ROLLING AVERAGE FTE COUNT			18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)			19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)			20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)			21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)			22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)			23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)			25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)			26
27	IME PAYMENTS ADJUSTMENT FACTOR (SEE INSTRUCTIONS)			27
28	IME ADD-ON ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)			29
	DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0637		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.2141		31
32	SUM OF LINES 30 AND 31	0.2778		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1213		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,724,102		34
	UNCOMPENSATED CARE ADJUSTMENT			
35	TOTAL UNCOMPENSATED CARE AMOUNT (SEE INSTRUCTIONS)			
35.01	FACTOR 3 (SEE INSTRUCTIONS)			
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (IF LINE 34 IS ZERO, ENTER ZERO ON THIS LINE) (SEE INSTRUCTIONS)			
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (SEE INSTRUCTIONS)			
36	TOTAL UNCOMPENSATED CARE (SUM OF COLUMNS 1 AND 2 ON LINE 35.03)	347,569		36
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)			40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)			41

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	19,603,490	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	19,603,490	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,469,418	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	21,072,908	59
60	PRIMARY PAYER PAYMENTS	3,755	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	21,069,153	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,021,544	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	15,385	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	308,497	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	200,523	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	261,381	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	19,232,747	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	-21,307	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-200,986	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	19,010,454	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	287,058	71.01
72	INTERIM PAYMENTS	18,431,275	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	292,121	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	1,163,850	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL (14-0093) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	29,657	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	11,164,657	2
3	PPS PAYMENTS	8,779,170	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	21,437	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCLLLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	29,657	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCLLLARY SERVICE CHARGES	198,961	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	198,961	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	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)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	198,961	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	169,304	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	29,657	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	8,800,607	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	55	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	1,973,846	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	6,856,363	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	6,856,363	30
31	PRIMARY PAYER PAYMENTS	1,029	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	6,855,334	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	476,363	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	309,636	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	422,626	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	7,164,970	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	63	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	7,164,907	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	108,190	40.01
41	INTERIM PAYMENTS	6,938,906	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	117,811	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		18,456,115		7,007,043	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-24,840		-68,137	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		18,431,275		6,938,906	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT		579,179		226,001	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		19,010,454		7,164,907	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
04/23/2014 10:26

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0093) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	6,119	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	10,082	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,432	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	19,636	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	461,755,556	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	23,053,695	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	2,008,375	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	40,168	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	1,968,207	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	2,014,335	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-46,128	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	5,326,891			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	23,336,528			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-7,240,685			6
7	INVENTORY	2,152,385			7
8	PREPAID EXPENSES	616,553			8
9	OTHER CURRENT ASSETS	3,526,946			9
10	DUE FROM OTHER FUNDS	2,516,347			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	30,234,965			11
FIXED ASSETS					
12	LAND	2,237,638			12
13	LAND IMPROVEMENTS	1,465,738			13
14	ACCUMULATED DEPRECIATION	-1,234,304			14
15	BUILDINGS	26,670,319			15
16	ACCUMULATED DEPRECIATION	-14,515,967			16
17	LEASEHOLD IMPROVEMENTS	729,496			17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	10,023,583			19
20	ACCUMULATED DEPRECIATION	-8,097,365			20
21	AUTOMOBILES AND TRUCKS	206,767			21
22	ACCUMULATED DEPRECIATION	-189,745			22
23	MAJOR MOVABLE EQUIPMENT	31,053,541			23
24	ACCUMULATED DEPRECIATION	-25,745,150			24
25	MINOR EQUIPMENT DEPRECIABLE	92,058			25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	22,696,609			30
OTHER ASSETS					
31	INVESTMENTS	5,923,056			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	4,966,197			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	10,889,253			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	63,820,827			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	5,310,329			37
38	SALARIES, WAGES & FEES PAYABLE	3,530,541			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	163,087			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	7,598,321			43
44	OTHER CURRENT LIABILITIES	6,004,577			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	22,606,855			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	138,039			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	360,474			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	498,513			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	23,105,368			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	40,715,459			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	40,715,459			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	63,820,827			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		43,695,265							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		6,651,894							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		50,347,159							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFERS FROM CORP									5
6 CONTRIBUTIONS-TEMPORARY RESTRICTE		835,327							6
7 CONTRIBUTIONS-PERMANENT RESTRICTE									7
8 ROUNDING									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		835,327							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		51,182,486							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 NET ASSETS RELEASED OPERATIONS		327,330							13
14 TRANSFERS TO CORP		10,139,696							14
15 ROUNDING									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		10,467,027							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		40,715,459							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	41,258,295		41,258,295	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	41,258,295		41,258,295	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	41,258,295		41,258,295	18
19 ANCILLARY SERVICES	152,573,587	275,636,363	428,209,950	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	193,831,882	275,636,363	469,468,245	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		101,136,659	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38 ROUNDING ERROR	-1		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-1	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		101,136,658	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	469,468,245	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	368,696,421	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	100,771,824	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	101,136,658	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-364,834	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	371,379	6
7	INCOME FROM INVESTMENTS	784,374	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	209	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	442,517	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	1,524	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	127,542	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	167,920	22
23	GOVERNMENTAL APPROPRIATIONS	2,833,580	23
24			24
24.01	OTHER (OTHER OPERATING INCOME)	198,117	24.01
24.02	OTHER (ASSETS RELEASED FROM RESTRICTED)	327,330	24.02
24.03	OTHER (RETAIL PHARMACY)	1,193,098	24.03
24.04	OTHER (CONTRACT PHARMACE)	451,879	24.04
24.05	OTHER (DIETARY CATERING)	57,064	24.05
24.06	OTHER (WELLNESS CENTER)	21,030	24.06
24.07	OTHER (MANAGEMENT FEE)	39,165	24.07
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	7,016,728	25
26	TOTAL (LINE 5 PLUS LINE 25)	6,651,894	26
27			27
27.01	OTHER EXPENSES (NON OPERATING LOSSES)		27.01
27.02	OTHER EXPENSES (ROUNDING)		27.02
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	6,651,894	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	1,383,723	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	5,577	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	54.13	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (MULTIPLY LINE 5 BY THE SUM OF LINES 1 AND 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0637	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.2141	8
9	SUM OF LINES 7 AND 8	0.2778	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0579	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES THE SUM OF LINES 1 AND 1.01)	80,118	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1, 1.01, 2, 2.01, 6 AND 11)	1,469,418	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORE						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENER						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES						21
22 I&R SERVICES-OTHER PRGM COSTS						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
32 CORONARY CARE UNIT						32
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 ENDOSCOPY						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 MAMMOGRAPHY						54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY						55.01
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC						62.30
63 BLOOD STORING, PROCESSING & TR						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 RADIOLOGY						69.01
71 MEDICAL SUPPLIES CHARGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINCT						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 APOTHECARY						192.01
192.02 REAL ESTATE						192.02

PROVIDER CCN: 14-0093 PRESENCE UNITED SAMARITANS MED
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
04/23/2014 10:26

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

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

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period			
1	Wage index fiscal year ending date	12/31/2013	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	01/01/2013	12/31/2013 2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	07/01/2013	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	01/01/2012	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	01/01/2015	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)			
6	Effective date of pension plan		6
7	First day of the provider cost reporting period containing the pension plan effective date		7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)		8
If this date occurs after the period shown on line 2, stop here and see instructions.			
STEP 3: Average Pension Contributions During the Averaging Period			
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	01/01/2012	9
10	Ending date of averaging period from Line 5	01/01/2015	10
11	Enter provider contributions made during averaging period on Lines 9 & 10		11
11.01		10,197,819	11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36	12
13	Total contributions made during averaging period	10,197,819	13
14	Average monthly contribution (Line 13 divided by Line 12)	283,273	14
15	Number of months in provider cost reporting period on Line 2	12	15
16	Average pension contributions (Line 14 times Line 15)	3,399,276	16
STEP 4: Total Pension Cost for Wage Index			
17	Annual prefunding installment (SEE INSTRUCTIONS)		17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	3,399,276	19