

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

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

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PRESENCE ST. MARY'S HOSPITAL (14-0155) (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					1
2	SUBPROVIDER - IPF	-181,855	517,262	-135,460		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	-181,855	517,262	-135,460		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: 500 WEST COURT STREET P.O. BOX: 1
 2 CITY: KANKAKEE STATE: IL ZIP CODE: 60901 COUNTY: KANKAKEE 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 PRESENCE ST. MARY'S HOSPITAL	14-0155	16974	1	07/01/1969	N	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 PROVENA ST. MARY S RENAL	14-2318	16974		07/01/1973				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	Y 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.							3	N 23

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID UNPAID DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE UNPAID DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6		
							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.
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 ELIGIBLE UNPAID 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

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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.	1 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)	Y			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 FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT	
	PROGRAM NAME 1	PROGRAM CODE 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		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)

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

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

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

		V	XIX		
TITLE V AND XIX INPATIENT SERVICES		1	2		
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	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.	N	N	N	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.		N	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: 47,000 SELF INSURANCE:			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 HEALTHCARE	CONTRACTOR'S NAME: NGS	CONTRACTOR'S NUMBER: 06101	141
142	STREET: 9223 WEST ST. FRANCIS RD.	P.O. BOX:		142
143	CITY: FRANKFORT	STATE: IL	ZIP CODE: 60423	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.		N	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 V	TITLE XIX
	PART A	PART B		
	1	2	3	4
155	HOSPITAL	N	N	N
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. (mmdyyyy) (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	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	1	
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	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	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.	N		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y		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					
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	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	2	N	4
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	03/05/2014	Y	03/05/2014
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

Y/N DATE
1 2

HOME OFFICE COSTS

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: TOM	LAST NAME: VERTIN	TITLE: DIR. OF REIMBURSEMEN	41
42	EMPLOYER: PRESENCE HEALTH			42
43	PHONE NUMBER: 815-806-3126	E-MAIL ADDRESS: THOMAS.VERTIN@PRESENCEHEALTH.O		43

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

LINE	COMPONENT	WKST A LINE NO.	NO OF BEDS 2	BED DAYS AVAILABLE 3	CAH HOURS 4	INPATIENT DAYS / OUTPATIENT VISITS / TRIPS			TOTAL ALL PATIENTS 8
						TITLE V 5	TITLE XVIII 6	TITLE XIX 7	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)(SEE INSTRUCTIONS FOR COL. 2 FOR THE PORTION OF LDP ROOM AVAILABLE BEDS)	30	156	56,940		11,756	4,401	22,267	1
2	HMO AND OTHER (SEE INSTRUCTIONS)					400			2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)		156	56,940		11,756	4,401	22,267	7
8	INTENSIVE CARE UNIT	31	16	5,840		761	188	1,329	8
9	CORONARY CARE UNIT	32							9
10	BURN INTENSIVE CARE UNIT	33							10
11	SURGICAL INTENSIVE CARE UNIT	34	10	3,650		394	101	636	11
12	OTHER SPECIAL CARE (SPECIFY)	35							12
13	NURSERY	43					523	1,077	13
14	TOTAL (SEE INSTRUCTIONS)		182	66,430		12,911	5,213	25,309	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF	40							16
17	SUBPROVIDER - IRF	41							17
18	SUBPROVIDER I	42							18
19	SKILLED NURSING FACILITY	44							19
20	NURSING FACILITY	45							20
21	OTHER LONG TERM CARE	46							21
22	HOME HEALTH AGENCY	101							22
23	ASC (DISTINCT PART)	115							23
24	HOSPICE (DISTINCT PART)	116							24
24.10	HOSPICE (NON-DISTINCT PART)	30							24.10
25	CMHC	99							25
26	RHC	88							26
27	TOTAL (SUM OF LINES 14-26)		182						27
28	OBSERVATION BED DAYS						272	2,308	28
29	AMBULANCE TRIPS								29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)								30
31	EMPLOYEE DISCOUNT DAYS-IRF								31
32	LABOR & DELIVERY DAYS (SEE INSTR.)								32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (SEE INSTR.)								32.01
33	LTCH NON-COVERED DAYS								33

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

LINE	COMPONENT	WKST A LINE NO.	--- FULL TIME EQUIVALENTS ---			----- DISCHARGES -----			TOTAL ALL PATIENTS 15	
			INTERNS & RESIDENTS 9	ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14		
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)(SEE INSTRUCTIONS FOR COL. 2 FOR THE PORTION OF LDP ROOM AVAILABLE BEDS)	30					2,576	1,158	6,199	1
2	HMO AND OTHER (SEE INSTRUCTIONS)						86			2
3	HMO IPF									3
4	HMO IRF									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)									7
8	INTENSIVE CARE UNIT	31								8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43								13
14	TOTAL (SEE INSTRUCTIONS)			658.70			2,576	1,158	6,199	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101								22
23	ASC (DISTINCT PART)	115								23
24	HOSPICE (DISTINCT PART)	116								24
24.10	HOSPICE (NON-DISTINCT PART)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (SUM OF LINES 14-26)			658.70						27
28	OBSERVATION BED DAYS									28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (SEE INSTR.)									32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (SEE INSTR.)									32.01
33	LTCH NON-COVERED DAYS									33

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	37,512,988	37,512,988	1,422,796.00	26.37	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)		862,819	862,819	44,929.00	19.20	10	
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,538,419	1,538,419	12,881.00	119.43	11	
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12	
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		609,054	609,054	3,943.00	154.46	13	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						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)		10,601,177	10,601,177			17	
18	WAGE-RELATED COSTS (OTHER)						18	
19	EXCLUDED AREAS		286,382	286,382			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)						25	
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS DEPARTMENT		68,680	68,680	7.00	9,811.4	26	
27	ADMINISTRATIVE & GENERAL		3,204,440	3,204,440	129,729.00	24.70	27	
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28	
29	MAINTENANCE & REPAIRS						29	
30	OPERATION OF PLANT		883,619	883,619	47,712.00	18.52	30	
31	LAUNDRY & LINEN SERVICE		1,729	1,729	171.00	10.11	31	
32	HOUSEKEEPING		719,164	719,164	61,264.00	11.74	32	
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33	
34	DIETARY		791,801	-395,901	395,900	33,181.00	11.93	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		435,078	435,078	12,896.00	33.74	35	
36	CAFETERIA			395,901	395,901	33,182.00	11.93	36
37	MAINTENANCE OF PERSONNEL						37	
38	NURSING ADMINISTRATION		834,256	834,256	21,649.00	38.54	38	
39	CENTRAL SERVICES AND SUPPLY		259,193	259,193	16,148.00	16.05	39	
40	PHARMACY		1,261,696	1,261,696	34,544.00	36.52	40	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,236,578	1,236,578	48,449.00	25.52	41	
42	SOCIAL SERVICE		701,975	701,975	20,167.00	34.81	42	
43	OTHER GENERAL SERVICE						43	

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	37,948,066	37,948,066	1,435,692.00	26.43	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	862,819	862,819	44,929.00	19.20	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	37,085,247	37,085,247	1,390,763.00	26.67	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	2,147,473	2,147,473	16,824.00	127.64	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	10,601,177	10,601,177		28.59	5
6	TOTAL (SUM OF LINES 3 THRU 5)	49,833,897	49,833,897	1,407,587.00	35.40	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	10,398,209	10,398,209	459,099.00	22.65	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	1,810,280	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		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		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	4,870,970	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	138,923	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	-10,216	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	268,091	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	535,533	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	2,727,281	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	50,015	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)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	210,300	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	10,601,177	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2318

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----				
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6			
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	3			3	6	7	1		
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	5.50			5.50			2		
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP							3		
4 CAPD EXCHANGES PER DAY							4		
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312						5		
6 NUMBER OF STATIONS	24						6		
7 TREATMENT CAPACITY PER DAY PER STATION	3						7		
8 UTILIZATION (SEE INSTRUCTIONS)							8		
9 AVERAGE TIMES DIALYZERS RE-USED							9		
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10		
ESRD PPS					1	2			
10.01 IS THE DIALYSIS FACILITY APPROVED AS A LOW-VOLUME FACILITY FOR THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							10.01		
10.02 DID YOUR FACILITY ELECT 100% PPS EFFECTIVE JANUARY 1, 2011? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS FOR 'NEW' PROVIDERS.)							10.02		
10.03 IF YOU RESPONDED 'N' TO LINE 10.02, ENTER IN COLUMN 1 THE YEAR OF TRANSITION FOR PERIODS PRIOR TO JANUARY 1 AND ENTER IN COLUMN 2 THE YEAR OF TRANSITION FOR PERIODS AFTER DECEMBER 31. (SEE INSTRUCTIONS)							10.03		
TRANSPLANT INFORMATION									
11 NUMBER OF PATIENTS ON TRANSPLANT LIST							11		
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							12		
EPOETIN									
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13		
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14		
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							15		
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							16		
ARANESP									
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							17		
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							18		
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							19		
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							20		
21 PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S)) MCP X INITIAL METHOD							21		
ENTER IN COLUMN 1 THE ESA DESCRIPTION. ENTER IN COLUMN 2 THE NET COSTS OF ESAs FURNISHED TO ALL RENAL DIALYSIS PATIENTS. ENTER IN COLUMN 3 THE NET COST OF ESAs FURNISHED TO ALL HOME DIALYSIS PROGRAM PATIENTS. ENTER IN COLUMN 4 THE NUMBER OF ESA UNITS FURNISHED TO PATIENTS IN THE RENAL DIALYSIS DEPARTMENT. ENTER IN COLUMN 5 THE NUMBER OF UNITS FURNISHED TO PATIENTS IN THE HOME DIALYSIS PROGRAM. (SEE INSTR.)									
EPA DESCRIPTION	1	NET COST OF ESAs FOR RENAL PATIENTS	2	NET COST OF ESAs FOR HOME PATIENTS	3	NUMBER OF ESA UNITS RENAL DIALYSIS DEPT.	4	NUMBER OF ESA UNITS HOME DIALYSIS DEPT.	5
									22

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)				0.192644	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				12,678,117	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				93,089,252	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				17,933,086	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.				5,254,969	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					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				5,254,969	19
		UNINSURED	INSURED			
		PATIENTS	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	17,130,229	735,038	17,865,267		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	3,300,036	141,601	3,441,637		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	106,848	126,343	233,191		22
23	COST OF CHARITY CARE	3,193,188	15,258	3,208,446		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)			7,886,994		25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			825,350		26
27	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			7,061,644		27
28	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			1,360,383		28
29	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			4,568,829		29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			9,823,798		30
31						31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		3,924,477	3,924,477	4,213,133	1
2	00200				3,124,069	2
3	00300					3
4	00400	68,680	10,597,454	10,666,134	-5,061	4
5	00500	3,204,440	25,651,617	28,856,057	-495,803	5
6	00600					6
7	00700	883,619	3,489,241	4,372,860	-747,996	7
7.01	00701					7.01
8	00800	1,729	1,680,196	1,680,196	172,434	8
9	00900	719,164	689,562	691,291	-8,076	9
10	01000	791,801	477,257	1,196,421	-942,433	10
11	01100		1,048,121	1,839,922	919,962	11
12	01200					12
13	01300	834,256	103,583	937,839	-85,325	13
14	01400		847,052	847,052	-249,248	14
14.01	01401	259,193	316,339	575,532	-242,491	14.01
15	01500	1,261,696	6,798,214	8,059,910	-6,428,285	15
16	01600	1,236,578	485,108	1,721,686	-6,384	16
17	01700	701,975	164,621	866,596		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300	163,508	85,496	249,004	-13,793	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	7,965,418	651,465	8,616,883	-1,102,915	30
31	03100	1,733,463	398,393	2,131,856	-72,018	31
34	03400	1,216,882	233,827	1,450,709	-48,158	34
43	04300					43
ANCILLARY SERVICE COST CENTERS						
50	05000	1,535,178	6,248,979	7,784,157	-5,375,237	50
50.01	03330					50.01
51	05100	1,262,555	53,067	1,315,622	-36,414	51
51.01	05101	731,195	1,203,813	1,935,008	-13,021	51.01
52.02	05201	233,408	54,698	288,106		52.02
52.04	05202	50,787	3,523	54,310		52.04
52.05	05203					52.05
52.06	05204	306,241	17,887	324,128	-10,955	52.06
53	05300	24,542	4,266,237	4,290,779	-158,355	53
54	05400	2,547,514	1,765,841	4,313,355	-1,308,050	54
56	05600	466,307	694,207	1,160,514	-338,358	56
59	05900	513,986	2,074,720	2,588,706	-2,047,828	59
60	06000		4,744,207	4,744,207	-533,569	60
62.30	06250					62.30
65	06500	1,136,468	358,019	1,494,487	26,616	65
66	06600	807,568	115,835	923,403	-31,335	66
66.01	06601	46,161	1,464,991	1,511,152	-221,568	66.01
67	06700	154,366	7,816	162,182	13,500	67
68	06800	169,074	6,192	175,266	2,479	68
69	06900	306,825	98,238	405,063	-37,682	69
70	07000	25,484	30,858	56,342	-20,443	70
71	07100				5,170,495	71
72	07200				4,183,942	72
73	07300				7,776,523	73
74	07400	1,705,269	3,200,002	4,905,271	-1,028,919	74
76	03951					76
76.97	07697	178,690	4,717	183,407	-180,615	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	905,280	359,057	1,264,337	-106,852	90.01
91	09100	2,664,377	1,048,367	3,712,744	-373,596	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
95	09500		3	3	-3	95
SPECIAL PURPOSE COST CENTERS						
113	11300		3,168,089	3,168,089	-3,168,089	113
118		36,813,677	88,631,386	125,445,063	164,278	118
NONREIMBURSABLE COST CENTERS						
190	19000	79,880	17,380	97,260		190
194	07950	619,431	1,827,133	2,446,564	-163,528	194
194.01	07951		750	750	-750	194.01
200		37,512,988	90,476,649	127,989,637		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	8,137,610	-2,592,132	5,545,478	1
2	00200	3,124,069	404,601	3,528,670	2
3	00300				3
4	00400	10,661,073	-302,802	10,358,271	4
5	00500	28,360,254	-2,118,008	26,242,246	5
6	00600				6
7	00700	3,624,864	21,531	3,646,395	7
7.01	00701	1,680,196		1,680,196	7.01
8	00800	863,725	-500,651	363,074	8
9	00900	1,188,345		1,188,345	9
10	01000	897,489		897,489	10
11	01100	919,962	-415,433	504,529	11
12	01200				12
13	01300	852,514		852,514	13
14	01400	597,804	-442,113	155,691	14
14.01	01401	333,041		333,041	14.01
15	01500	1,631,625		1,631,625	15
16	01600	1,715,302	-1,170	1,714,132	16
17	01700	866,596		866,596	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300	235,211	-75,649	159,562	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	7,513,968	-4,612	7,509,356	30
31	03100	2,059,838	237,798	2,297,636	31
34	03400	1,402,551	133,171	1,535,722	34
43	04300				43
ANCILLARY SERVICE COST CENTERS					
50	05000	2,408,920	-4,178	2,404,742	50
50.01	03330				50.01
51	05100	1,279,208		1,279,208	51
51.01	05101	1,921,987	-915,801	1,006,186	51.01
52.02	05201	288,106	-285	287,821	52.02
52.04	05202	54,310		54,310	52.04
52.05	05203				52.05
52.06	05204	313,173		313,173	52.06
53	05300	4,132,424		4,132,424	53
54	05400	3,005,305	-67,296	2,938,009	54
56	05600	822,156		822,156	56
59	05900	540,878	-5,642	535,236	59
60	06000	4,210,638	-7,496	4,203,142	60
62.30	06250				62.30
65	06500	1,521,103	-1,632	1,519,471	65
66	06600	892,068		892,068	66
66.01	06601	1,289,584		1,289,584	66.01
67	06700	175,682		175,682	67
68	06800	177,745	-170	177,575	68
69	06900	367,381	-42,384	324,997	69
70	07000	35,899		35,899	70
71	07100	5,170,495		5,170,495	71
72	07200	4,183,942		4,183,942	72
73	07300	7,776,523		7,776,523	73
74	07400	3,876,352	-72,753	3,803,599	74
76	03951				76
76.97	07697	2,792		2,792	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	1,157,485	-306,099	851,386	90.01
91	09100	3,339,148	-380,347	2,958,801	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
95	09500				95
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		125,609,341	-7,459,552	118,149,789	118
NONREIMBURSABLE COST CENTERS					
190	19000	97,260		97,260	190
194	07950	2,283,036		2,283,036	194
194.01	07951				194.01
200		127,989,637	-7,459,552	120,530,085	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 SUPPLIES RECLASS	A	MEDICAL SUPPLIES CHARGED TO P	71		9,354,437	1
2 SUPPLIES RECLASS	A					2
3 SUPPLIES RECLASS	A					3
4 SUPPLIES RECLASS	A					4
5 SUPPLIES RECLASS	A					5
6 SUPPLIES RECLASS	A					6
7						7
8 SUPPLIES RECLASS	A					8
9 SUPPLIES RECLASS	A					9
10 SUPPLIES RECLASS	A					10
11 SUPPLIES RECLASS	A					11
12 SUPPLIES RECLASS	A					12
13 SUPPLIES RECLASS	A					13
14 SUPPLIES RECLASS	A					14
15 SUPPLIES RECLASS	A					15
16 SUPPLIES RECLASS	A					16
17 SUPPLIES RECLASS	A					17
18 SUPPLIES RECLASS	A					18
19 SUPPLIES RECLASS	A					19
20 SUPPLIES RECLASS	A					20
21 SUPPLIES RECLASS	A					21
22 SUPPLIES RECLASS	A					22
23 SUPPLIES RECLASS	A					23
24 SUPPLIES RECLASS	A					24
25 SUPPLIES RECLASS	A					25
26 SUPPLIES RECLASS	A					26
27 SUPPLIES RECLASS	A					27
28 SUPPLIES RECLASS	A					28
29 SUPPLIES RECLASS	A					29
30 SUPPLIES RECLASS	A					30
31 SUPPLIES RECLASS	A					31
32 SUPPLIES RECLASS	A					32
33 SUPPLIES RECLASS	A					33
34 SUPPLIES RECLASS	A					34
35 SUPPLIES RECLASS	A					35
36 SUPPLIES RECLASS	A					36
500 TOTAL RECLASSIFICATIONS					9,354,437	500
CODE LETTER - A						

1						1
2						2
3						3
4						4
5						5
6						6
7 DRUGS	B	DRUGS CHARGED TO PATIENTS	73		7,073,750	7
8 DRUGS	B					8
9 DRUGS	B					9
10 DRUGS	B					10
11 DRUGS	B					11
12 DRUGS	B					12
13 DRUGS	B					13
14 DRUGS	B					14
15 DRUGS	B					15
16 DRUGS	B					16
17 DRUGS	B					17
18 DRUGS	B					18
19 DRUGS	B					19
20 DRUGS	B					20
21 DRUGS	B					21
22 DRUGS	B					22
23 DRUGS	B					23
24 DRUGS	B					24
25 DRUGS	B					25
26 DRUGS	B					26
27 DRUGS	B					27
28 DRUGS	B					28
29 DRUGS	B					29
30 DRUGS	B					30
31 DRUGS	B					31
32 DRUGS	B					32
33 DRUGS	B					33
34 DRUGS	B					34
500 TOTAL RECLASSIFICATIONS					7,073,750	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 DEPRECIATION	C	CAP REL COSTS-BLDG & FIXT	1		1,045,044	1
2 DEPRECIATION	C	CAP REL COSTS-MVBLE EQUIP	2		3,124,069	2
3 DEPRECIATION	C					3
4 DEPRECIATION	C					4
5 DEPRECIATION	C					5
6 DEPRECIATION	C					6
7 DEPRECIATION	C					7
8 DEPRECIATION	C					8
9 DEPRECIATION	C					9
10 DEPRECIATION	C					10
11 DEPRECIATION	C					11
12 DEPRECIATION	C					12
13 DEPRECIATION	C					13
14 DEPRECIATION	C					14
15 DEPRECIATION	C					15
16 DEPRECIATION	C					16
17 DEPRECIATION	C					17
18 DEPRECIATION	C					18
19 DEPRECIATION	C					19
20 DEPRECIATION	C					20
21 DEPRECIATION	C					21
22 DEPRECIATION	C					22
23 DEPRECIATION	C					23
24 DEPRECIATION	C					24
25 DEPRECIATION	C					25
26 DEPRECIATION	C					26
27 DEPRECIATION	C					27
28 DEPRECIATION	C					28
29 DEPRECIATION	C					29
30 DEPRECIATION	C					30
31 DEPRECIATION	C					31
32 DEPRECIATION	C					32
33 DEPRECIATION	C					33
34 DEPRECIATION	C					34
500 TOTAL RECLASSIFICATIONS					4,169,113	500
CODE LETTER - C						
1 REHAB RECLASS	D	OCCUPATIONAL THERAPY	67	12,581	1,157	1
2 REHAB RECLASS	D	SPEECH PATHOLOGY	68	3,479	320	2
500 TOTAL RECLASSIFICATIONS				16,060	1,477	500
CODE LETTER - D						
1 CARDIAC REHAB RECLASS	E	RESPIRATORY THERAPY	65	174,449	4,605	1
500 TOTAL RECLASSIFICATIONS				174,449	4,605	500
CODE LETTER - E						
1 CAPITAL INTEREST	F	CAP REL COSTS-BLDG & FIXT	1		3,168,089	1
500 TOTAL RECLASSIFICATIONS					3,168,089	500
CODE LETTER - F						
1 CAFETERIA	G	CAFETERIA	11	395,901	524,061	1
500 TOTAL RECLASSIFICATIONS				395,901	524,061	500
CODE LETTER - G						
1 IMPLANTS	J	IMPL. DEV. CHARGED TO PATIENT	72		4,183,942	1
500 TOTAL RECLASSIFICATIONS					4,183,942	500
CODE LETTER - J						
1 EMT TRAINERS	K					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - K						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		OTHER
	1	2	3	4	5	
1 LINEN SERVICE	M	LAUNDRY & LINEN SERVICE	8		172,471	1
2 LINEN SERVICE	M					2
3 LINEN SERVICE	M					3
4 LINEN SERVICE	M					4
5 LINEN SERVICE	M					5
6 LINEN SERVICE	M					6
7 LINEN SERVICE	M					7
8 LINEN SERVICE	M					8
9 LINEN SERVICE	M					9
10 LINEN SERVICE	M					10
11 LINEN SERVICE	M					11
12 LINEN SERVICE	M					12
13 LINEN SERVICE	M					13
14 LINEN SERVICE	M					14
15 LINEN SERVICE	M					15
16 LINEN SERVICE	M					16
17 LINEN SERVICE	M					17
18 LINEN SERVICE	M					18
500 TOTAL RECLASSIFICATIONS					172,471	500
CODE LETTER - M						
1 IV THERAPY	N	DRUGS CHARGED TO PATIENTS	73	649,641	53,132	1
500 TOTAL RECLASSIFICATIONS				649,641	53,132	500
CODE LETTER - N						
GRAND TOTAL (INCREASES)				1,236,051	28,705,077	

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 SUPPLIES RECLASS	A	EMPLOYEE BENEFITS DEPARTMENT	4		1,420	1
2 SUPPLIES RECLASS	A	ADMINISTRATIVE & GENERAL	5		4,247	2
3 SUPPLIES RECLASS	A	OPERATION OF PLANT	7		315	3
4 SUPPLIES RECLASS	A	LAUNDRY & LINEN SERVICE	8		37	4
5 SUPPLIES RECLASS	A	HOUSEKEEPING	9		2,764	5
6 SUPPLIES RECLASS	A	DIETARY	10		4,925	6
7		NURSING ADMINISTRATION	13		557	7
8 SUPPLIES RECLASS	A	CENTRAL SERVICES & SUPPLY	14		96,539	8
9 SUPPLIES RECLASS	A	STERILE PROCESSING	14.01		97,944	9
10 SUPPLIES RECLASS	A	PHARMACY	15		1,333	10
11 SUPPLIES RECLASS	A	MEDICAL RECORDS & LIBRARY	16		2	11
12 SUPPLIES RECLASS	A	PARAMED ED PRGM-(SPECIFY)	23		4,089	12
13 SUPPLIES RECLASS	A	ADULTS & PEDIATRICS	30		142,238	13
14 SUPPLIES RECLASS	A	INTENSIVE CARE UNIT	31		32,983	14
15 SUPPLIES RECLASS	A	SURGICAL INTENSIVE CARE UNIT	34		20,739	15
16 SUPPLIES RECLASS	A	OPERATING ROOM	50		4,840,618	16
17 SUPPLIES RECLASS	A	RECOVERY ROOM	51		18,856	17
18 SUPPLIES RECLASS	A	OP ONCOLOGY	51.01		5,995	18
19 SUPPLIES RECLASS	A	INFUSION CLINIC	52.06		2,912	19
20 SUPPLIES RECLASS	A	ANESTHESIOLOGY	53		95,259	20
21 SUPPLIES RECLASS	A	RADIOLOGY-DIAGNOSTIC	54		214,839	21
22 SUPPLIES RECLASS	A	RADIOISOTOPE	56		7,953	22
23 SUPPLIES RECLASS	A	CARDIAC CATHETERIZATION	59		1,912,905	23
24 SUPPLIES RECLASS	A	LABORATORY	60		412,952	24
25 SUPPLIES RECLASS	A	RESPIRATORY THERAPY	65		97,931	25
26 SUPPLIES RECLASS	A	PHYSICAL THERAPY	66		4,483	26
27 SUPPLIES RECLASS	A	WOUND CARE	66.01		164,607	27
28 SUPPLIES RECLASS	A	OCCUPATIONAL THERAPY	67		238	28
29 SUPPLIES RECLASS	A	SPEECH PATHOLOGY	68		1,320	29
30 SUPPLIES RECLASS	A	ELECTROCARDIOLOGY	69		396	30
31 SUPPLIES RECLASS	A	ELECTROENCEPHALOGRAPHY	70		16,455	31
32 SUPPLIES RECLASS	A	RENAL DIALYSIS	74		945,146	32
33 SUPPLIES RECLASS	A	CARDIAC REHABILITATION	76.97		621	33
34 SUPPLIES RECLASS	A	OCCUPATIONAL HEALTH	90.01		11,849	34
35 SUPPLIES RECLASS	A	EMERGENCY	91		183,774	35
36 SUPPLIES RECLASS	A	OTHER NRCC	194		5,196	36
500 TOTAL RECLASSIFICATIONS					9,354,437	500
CODE LETTER - A						

1						1
2						2
3						3
4						4
5						5
6						6
7 DRUGS	B	EMPLOYEE BENEFITS DEPARTMENT	4		2,919	7
8 DRUGS	B	OPERATION OF PLANT	7		28	8
9 DRUGS	B	DIETARY	10		160	9
10 DRUGS	B	NURSING ADMINISTRATION	13		84	10
11 DRUGS	B	CENTRAL SERVICES & SUPPLY	14		152,439	11
12 DRUGS	B	STERILE PROCESSING	14.01		165	12
13 DRUGS	B	PHARMACY	15		6,420,490	13
14 DRUGS	B	PARAMED ED PRGM-(SPECIFY)	23		6,098	14
15 DRUGS	B	ADULTS & PEDIATRICS	30		19,421	15
16 DRUGS	B	INTENSIVE CARE UNIT	31		6,673	16
17 DRUGS	B	SURGICAL INTENSIVE CARE UNIT	34		4,000	17
18 DRUGS	B	OPERATING ROOM	50		41,067	18
19 DRUGS	B	RECOVERY ROOM	51		2,102	19
20 DRUGS	B	OP ONCOLOGY	51.01		3,833	20
21 DRUGS	B	INFUSION CLINIC	52.06		4,604	21
22 DRUGS	B	ANESTHESIOLOGY	53		22,338	22
23 DRUGS	B	RADIOLOGY-DIAGNOSTIC	54		16,269	23
24 DRUGS	B	RADIOISOTOPE	56		127,132	24
25 DRUGS	B	CARDIAC CATHETERIZATION	59		6,758	25
26 DRUGS	B	RESPIRATORY THERAPY	65		1,872	26
27 DRUGS	B	PHYSICAL THERAPY	66		84	27
28 DRUGS	B	WOUND CARE	66.01		52,424	28
29 DRUGS	B	ELECTROCARDIOLOGY	69		2,591	29
30 DRUGS	B	OCCUPATIONAL HEALTH	90.01		53,442	30
31 DRUGS	B	EMERGENCY	91		87,369	31
32 DRUGS	B	AMBULANCE SERVICES	95		3	32
33 DRUGS	B	OTHER NRCC	194		39,385	33
34 DRUGS	B					34
500 TOTAL RECLASSIFICATIONS					7,073,750	500
CODE LETTER -						

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	C	EMPLOYEE BENEFITS DEPARTMENT	4		722	9 1
2 DEPRECIATION	C	ADMINISTRATIVE & GENERAL	5		491,556	9 2
3 DEPRECIATION	C	OPERATION OF PLANT	7		747,653	9 3
4 DEPRECIATION	C	HOUSEKEEPING	9		5,312	9 4
5 DEPRECIATION	C	DIETARY	10		17,386	9 5
6 DEPRECIATION	C	NURSING ADMINISTRATION	13		84,684	9 6
7 DEPRECIATION	C	CENTRAL SERVICES & SUPPLY	14		270	9 7
8 DEPRECIATION	C	STERILE PROCESSING	14.01		141,409	9 8
9 DEPRECIATION	C	PHARMACY	15		6,462	9 9
10 DEPRECIATION	C	MEDICAL RECORDS & LIBRARY	16		6,382	9 10
11 DEPRECIATION	C	PARAMED ED PRGM-(SPECIFY)	23		3,606	9 11
12 DEPRECIATION	C	ADULTS & PEDIATRICS	30		172,058	9 12
13 DEPRECIATION	C	INTENSIVE CARE UNIT	31		22,186	9 13
14 DEPRECIATION	C	SURGICAL INTENSIVE CARE UNIT	34		16,344	9 14
15 DEPRECIATION	C	OPERATING ROOM	50		474,271	9 15
16 DEPRECIATION	C	RECOVERY ROOM	51		3,623	9 16
17 DEPRECIATION	C	OP ONCOLOGY	51.01		2,531	9 17
18 DEPRECIATION	C	INFUSION CLINIC	52.06		3,018	9 18
19 DEPRECIATION	C	ANESTHESIOLOGY	53		40,758	9 19
20 DEPRECIATION	C	RADIOLOGY-DIAGNOSTIC	54		1,064,095	9 20
21 DEPRECIATION	C	RADIOISOTOPE	56		201,894	9 21
22 DEPRECIATION	C	CARDIAC CATHETERIZATION	59		125,720	9 22
23 DEPRECIATION	C	LABORATORY	60		120,617	9 23
24 DEPRECIATION	C	RESPIRATORY THERAPY	65		51,514	9 24
25 DEPRECIATION	C	PHYSICAL THERAPY	66		9,186	9 25
26 DEPRECIATION	C	WOUND CARE	66.01		598	9 26
27 DEPRECIATION	C	ELECTROCARDIOLOGY	69		34,695	9 27
28 DEPRECIATION	C	ELECTROENCEPHALOGRAPHY	70		2,828	9 28
29 DEPRECIATION	C	RENAL DIALYSIS	74		83,773	9 29
30 DEPRECIATION	C	CARDIAC REHABILITATION	76.97		930	9 30
31 DEPRECIATION	C	OCCUPATIONAL HEALTH	90.01		40,733	9 31
32 DEPRECIATION	C	EMERGENCY	91		72,602	9 32
33 DEPRECIATION	C	OTHER NRCC	194		118,947	9 33
34 DEPRECIATION	C	SISTERS RESIDENCE	194.01		750	9 34
500 TOTAL RECLASSIFICATIONS					4,169,113	500
CODE LETTER - C						
1 REHAB RECLASS	D	PHYSICAL THERAPY	66	16,060	1,477	1
2 REHAB RECLASS	D					2
500 TOTAL RECLASSIFICATIONS				16,060	1,477	500
CODE LETTER - D						
1 CARDIAC REHAB RECLASS	E	CARDIAC REHABILITATION	76.97	174,449	4,605	1
500 TOTAL RECLASSIFICATIONS				174,449	4,605	500
CODE LETTER - E						
1 CAPITAL INTEREST	F	INTEREST EXPENSE	113		3,168,089	11 1
500 TOTAL RECLASSIFICATIONS					3,168,089	500
CODE LETTER - F						
1 CAFETERIA	G	DIETARY	10	395,901	524,061	1
500 TOTAL RECLASSIFICATIONS				395,901	524,061	500
CODE LETTER - G						
1 IMPLANTS	J	MEDICAL SUPPLIES CHARGED TO P	71		4,183,942	1
500 TOTAL RECLASSIFICATIONS					4,183,942	500
CODE LETTER - J						
1 EMT TRAINERS	K					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - K						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 LINEN SERVICE	M	STERILE PROCESSING	14.01		2,973	1
2 LINEN SERVICE	M	ADULTS & PEDIATRICS	30		66,425	2
3 LINEN SERVICE	M	INTENSIVE CARE UNIT	31		10,176	3
4 LINEN SERVICE	M	SURGICAL INTENSIVE CARE UNIT	34		7,075	4
5 LINEN SERVICE	M	OPERATING ROOM	50		19,281	5
6 LINEN SERVICE	M	RECOVERY ROOM	51		11,833	6
7 LINEN SERVICE	M	OP ONCOLOGY	51.01		662	7
8 LINEN SERVICE	M	INFUSION CLINIC	52.06		421	8
9 LINEN SERVICE	M	RADIOLOGY-DIAGNOSTIC	54		12,847	9
10 LINEN SERVICE	M	RADIOISOTOPE	56		1,379	10
11 LINEN SERVICE	M	CARDIAC CATHETERIZATION	59		2,445	11
12 LINEN SERVICE	M	RESPIRATORY THERAPY	65		1,121	12
13 LINEN SERVICE	M	PHYSICAL THERAPY	66		45	13
14 LINEN SERVICE	M	WOUND CARE	66.01		3,939	14
15 LINEN SERVICE	M	ELECTROENCEPHALOGRAPHY	70		1,160	15
16 LINEN SERVICE	M	CARDIAC REHABILITATION	76.97		10	16
17 LINEN SERVICE	M	OCCUPATIONAL HEALTH	90.01		828	17
18 LINEN SERVICE	M	EMERGENCY	91		29,851	18
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					172,471	500
1 IV THERAPY	N	ADULTS & PEDIATRICS	30	649,641	53,132	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				649,641	53,132	500
GRAND TOTAL (DECREASES)				1,236,051	28,705,077	

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	5,113,245					5,113,245	1
2 LAND IMPROVEMENTS	1,933,152					1,933,152	2
3 BUILDINGS AND FIXTURES	86,901,875	73,714		73,714		86,975,589	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	42,116,663	1,818,437		1,818,437	17,614	43,917,486	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	136,064,935	1,892,151		1,892,151	17,614	137,939,472	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	136,064,935	1,892,151		1,892,151	17,614	137,939,472	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 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	3,924,477						3,924,477 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	3,924,477						3,924,477 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIOS		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4				
1 CAP REL COSTS-BLDG & FIXT	94,031,268		94,031,268	0.681685				1
2 CAP REL COSTS-MVBLE EQUIP	43,908,204		43,908,204	0.318315				2
3 TOTAL (SUM OF LINES 1-2)	137,939,472		137,939,472	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 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	4,969,521		1,364,854			-788,897	5,545,478 1
2 CAP REL COSTS-MVBLE EQUIP	3,528,670						3,528,670 2
3 TOTAL	8,498,191		1,364,854			-788,897	9,074,148 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	-783,069	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (chapter 2)					
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-2,261	ADMINISTRATIVE & GENERAL	5	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-75,716	ADMINISTRATIVE & GENERAL	5	5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (chapter 21)					8
9 PARKING LOT (chapter 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,822,850			10 11
11 SALE OF SCRAP, WASTE, ETC. (chapter 23)					
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-2,584,167			12
13 LAUNDRY AND LINEN SERVICE	B	-83	LAUNDRY & LINEN SERVICE	8	13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-408,027	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	-1,170	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-7,406	CAFETERIA	11	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 A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			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 A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND RADIOLOGY OTHER OPER INCOME	B	-28,821	RADIOLOGY-DIAGNOSTIC	54	32 33
33					34
34					35
35 OTHER OPER INC 211077000 651900	B	10,917	ADMINISTRATIVE & GENERAL	5	36
36 OB NURSERY PHOTOS & OTHER OPER	B	-510	ADULTS & PEDIATRICS	30	37
37					38
38 VOLUNTEER HOURS CONTRIBUTION	B	-309,458	ADMINISTRATIVE & GENERAL	5	39
39 REAL ESTATE TAXES 211085000 772	A	-36,300	ADMINISTRATIVE & GENERAL	5	40
40 MEDICAL AFFAIRS ADJUSTMENT	A	-200,546	ADMINISTRATIVE & GENERAL	5	41
41 MARKETING EXPENSES	A	-287,907	ADMINISTRATIVE & GENERAL	5	42
42 MARKETING DEPRECIATION	A	-10,407	ADMINISTRATIVE & GENERAL	5	9 42.10
42.10 AHA DUES	A	-5,209	ADMINISTRATIVE & GENERAL	5	42.20
42.20 IHA DUES	A	-28,544	ADMINISTRATIVE & GENERAL	5	42.30
42.30 ADMIN NON-ALLOWABLE EXP	A	-679	ADMINISTRATIVE & GENERAL	5	43
43					43.10
43.10 MISC INCOME 211061300 651900	B	-8,445	CENTRAL SERVICES & SUPPLY	14	43.20
43.20 MISC INCOME 211063700 651900	B	-4,178	OPERATING ROOM	50	43.30
43.30 MISC INCOME 211065100 651900	B	-170	SPEECH PATHOLOGY	68	44
43.40 MISC INCOME EMS EDUCATION	B	-75,649	PARAMED ED PRGM-(SPECIFY)	23	45
44					46
45 OFFSET RENTAL INCOME	B	-788,897	CAP REL COSTS-BLDG & FIXT	1	14 47
46					48
47					49
48					50
49					
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,459,552			
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	1	CAP REL COSTS-BLDG & FIXT	2,142,232	3,162,398	-1,020,166	11 1
2	2	CAP REL COSTS-MVBLE EQUIP	2,220,766	1,816,165	404,601	9 2
3	31	INTENSIVE CARE UNIT	544,765	306,967	237,798	3
3.01	34	SURGICAL INTENSIVE CARE UNIT	305,078	171,907	133,171	4.01
3.02	69	ELECTROCARDIOLOGY		42,384	-42,384	4.02
3.03	54	RADIOLOGY-DIAGNOSTIC	122,637	161,112	-38,475	4.03
3.04	14	CENTRAL SERVICES & SUPPLY		433,668	-433,668	4.04
3.05	8	LAUNDRY & LINEN SERVICE		500,568	-500,568	4.05
3.06	5	ADMINISTRATIVE & GENERAL	10,507,391	11,550,596	-1,043,205	4.06
3.07	4	EMPLOYEE BENEFITS DEPARTMENT	523,092	825,894	-302,802	4.07
3.08	7	OPERATION OF PLANT	97,491	75,960	21,531	4.08
4						4
5		TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.	16,463,452	19,047,619	-2,584,167	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP	
1	2	3	4	5
6	B PROVENA HEALTH		PROVENA HEALTH	MANAGEMENT
7				
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:

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	5	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE		342,611	342,611	177,200	2,511	213,918	10,696	1
2	30	ADULTS & PEDIATRICS	ADULTS & PEDIAT		10,570	10,570	138,700	97	6,468	323	2
3	52.02	SUBSTANCE ABUSE	SUBSTANCE ABUSE		3,685	3,685	208,000	34	3,400	170	3
4	51.01	OP ONCOLOGY	OP ONCOLOGY	910,811	922,361	11,550	177,200	77	6,560	328	4
5	59	CARDIAC CATHETERIZATION	CARDIAC CATHETE		11,094	11,094	177,200	64	5,452	273	5
6	60	LABORATORY	LABORATORY		44,206	44,206	215,700	354	36,710	1,836	6
7	65	RESPIRATORY THERAPY	RESPIRATORY THE		5,125	5,125	177,200	41	3,493	175	7
8	90.01	OCCUPATIONAL HEALTH	OCCUPATIONAL HE	306,099	306,099						8
9	74	RENAL DIALYSIS	RENAL DIALYSIS		106,053	106,053	208,000	333	33,300	1,665	9
10	91	EMERGENCY	EMERGENCY		417,150	74,160	177,200	432	36,803	1,840	10
200		TOTAL		1,559,900	2,168,954	609,054		3,943	346,104	17,306	200

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	5 ADMINISTRATIVE & GENERAL	ADMINISTRATIVE				213,918	128,693	128,693	1
2	30 ADULTS & PEDIATRICS	ADULTS & PEDIAT				6,468	4,102	4,102	2
3	52.02 SUBSTANCE ABUSE	SUBSTANCE ABUSE				3,400	285	285	3
4	51.01 OP ONCOLOGY	OP ONCOLOGY				6,560	4,990	915,801	4
5	59 CARDIAC CATHETERIZATION	CARDIAC CATHETE				5,452	5,642	5,642	5
6	60 LABORATORY	LABORATORY				36,710	7,496	7,496	6
7	65 RESPIRATORY THERAPY	RESPIRATORY THE				3,493	1,632	1,632	7
8	90.01 OCCUPATIONAL HEALTH	OCCUPATIONAL HE						306,099	8
9	74 RENAL DIALYSIS	RENAL DIALYSIS				33,300	72,753	72,753	9
10	91 EMERGENCY	EMERGENCY				36,803	37,357	380,347	10
200	TOTAL					346,104	262,950	1,822,850	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL. 7) 0	CAP BLDGS & FIXTURES 1	CAP MOVEABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS. 0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	5,545,478	5,545,478				1
2 CAP REL COSTS-MVBLE EQUIP	3,528,670		3,528,670			2
4 EMPLOYEE BENEFITS DEPARTMENT	10,358,271	65,690	936	10,424,897		4
5 ADMINISTRATIVE & GENERAL	26,242,246	244,833	162,584	922,934	27,572,597	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	3,646,395	1,490,594	401,872	217,492	5,756,353	7
7.01 BIO MED	1,680,196	6,528	516		1,687,240	7.01
8 LAUNDRY & LINEN SERVICE	363,074	15,939		10,458	389,471	8
9 HOUSEKEEPING	1,188,345	16,491	7,974	180,059	1,392,869	9
10 DIETARY	897,489	110,362	24,307	106,361	1,138,519	10
11 CAFETERIA	504,529	60,308		106,360	671,197	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	852,514	8,418	111,268	200,251	1,172,451	13
14 CENTRAL SERVICES & SUPPLY	155,691	109,354	3,494	57,456	325,995	14
14.01 STERILE PROCESSING	333,041	99,335	153,544	74,802	660,722	14.01
15 PHARMACY	1,631,625	28,056	7,857	364,876	2,032,414	15
16 MEDICAL RECORDS & LIBRARY	1,714,132	94,615	7,677	339,084	2,155,508	16
17 SOCIAL SERVICE	866,596	4,140		168,984	1,039,720	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)	159,562	2,760	915	47,956	211,193	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,509,356	679,931	198,848	2,217,113	10,605,248	30
31 INTENSIVE CARE UNIT	2,297,636	100,481	31,660	502,766	2,932,543	31
34 SURGICAL INTENSIVE CARE UNIT	1,535,722	80,042	9,222	335,658	1,960,644	34
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,404,742	161,189	514,263	418,227	3,498,421	50
50.01 SPECIAL PROCEDURES						50.01
51 RECOVERY ROOM	1,279,208	59,714	3,719	343,730	1,686,371	51
51.01 OP ONCOLOGY	1,006,186	402,102	1,526	238,654	1,648,468	51.01
52.02 SUBSTANCE ABUSE	287,821	67,815		58,368	414,004	52.02
52.04 DIABETES EDUCATION	54,310	14,035		17,895	86,240	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	313,173	32,652	3,862	75,718	425,405	52.06
53 ANESTHESIOLOGY	4,132,424	4,278	37,813	8,130	4,182,645	53
54 RADIOLOGY-DIAGNOSTIC	2,938,009	199,291	699,194	699,930	4,536,424	54
56 RADIOISOTOPE	822,156	24,841	252,086	126,295	1,225,378	56
59 CARDIAC CATHETERIZATION	535,236	55,685	268,759	137,425	997,105	59
60 LABORATORY	4,203,142	163,328	225,740		4,592,210	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,519,471	38,172	48,624	352,714	1,958,981	65
66 PHYSICAL THERAPY	892,068	102,702	12,547	198,149	1,205,466	66
66.01 WOUND CARE	1,289,584	45,417	730	26,512	1,362,243	66.01
67 OCCUPATIONAL THERAPY	175,682	5,603		38,233	219,518	67
68 SPEECH PATHOLOGY	177,575	3,312	87	33,145	214,119	68
69 ELECTROCARDIOLOGY	324,997	41,870	40,030	94,420	501,317	69
70 ELECTROENCEPHALOGRAPHY	35,899	11,027	3,065	2,525	52,516	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,170,495				5,170,495	71
72 IMPL. DEV. CHARGED TO PATIENTS	4,183,942				4,183,942	72
73 DRUGS CHARGED TO PATIENTS	7,776,523			128,003	7,904,526	73
74 RENAL DIALYSIS	3,803,599	183,890	74,686	430,604	4,492,779	74
76 OTHER						76
76.97 CARDIAC REHABILITATION	2,792	95,181	6,186	750	104,909	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	851,386	110,403	2,436	242,078	1,206,303	90.01
91 EMERGENCY	2,958,801	141,012	135,844	690,627	3,926,284	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	118,149,789	5,181,396	3,453,871	10,214,742	117,500,753	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	97,260			19,811	117,071	190
194 OTHER NRCC	2,283,036	364,082	74,799	190,344	2,912,261	194
194.01 SISTERS RESIDENCE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	120,530,085	5,545,478	3,528,670	10,424,897	120,530,085	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	BIO MED 7.01	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 ADMINISTRATIVE & GENERAL	27,572,597					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,707,421	7,463,774				7
7.01 BIO MED	500,461	13,012	2,200,713			7.01
8 LAUNDRY & LINEN SERVICE	115,523	31,773		536,767		8
9 HOUSEKEEPING	413,146	32,873			1,838,888	9
10 DIETARY	337,702	219,988			99,189	10
11 CAFETERIA	199,087	120,214				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	347,767	16,780	24,801		30,593	13
14 CENTRAL SERVICES & SUPPLY	96,695	217,980			23,686	14
14.01 STERILE PROCESSING	195,980	198,008	222,703		28,523	14.01
15 PHARMACY	602,844	55,925			55,737	15
16 MEDICAL RECORDS & LIBRARY	639,356	188,600			71,870	16
17 SOCIAL SERVICE	308,397	8,253			25,041	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)	62,643	5,502			5,282	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,145,688	1,355,329	405,927	201,411	474,937	30
31 INTENSIVE CARE UNIT	869,836	200,292		30,772	95,167	31
34 SURGICAL INTENSIVE CARE UNIT	581,556	159,551		20,759	57,249	34
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,037,684	321,303	1,518	68,979	83,983	50
50.01 SPECIAL PROCEDURES						50.01
51 RECOVERY ROOM	500,203	119,031		34,106	60,277	51
51.01 OP ONCOLOGY	488,960	801,524	23,283	1,666	29,919	51.01
52.02 SUBSTANCE ABUSE	122,800	135,178			13,752	52.02
52.04 DIABETES EDUCATION	25,580	27,976			3,086	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	126,182	65,086	9,617	1,074	11,298	52.06
53 ANESTHESIOLOGY	1,240,635	8,528	135,140		3,010	53
54 RADIOLOGY-DIAGNOSTIC	1,345,571	397,255	66,811	34,899	153,525	54
56 RADIOISOTOPE	363,465	49,516		3,115	7,058	56
59 CARDIAC CATHETERIZATION	295,756	110,998	75,922	7,103	21,680	59
60 LABORATORY	1,362,118	325,567	96,167			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	581,063	76,089	14,678	2,059	56,647	65
66 PHYSICAL THERAPY	357,559	204,721		6,225	36,560	66
66.01 WOUND CARE	404,062	90,532		5,955	16,619	66.01
67 OCCUPATIONAL THERAPY	65,112	11,169			6,404	67
68 SPEECH PATHOLOGY	63,511	6,602			3,695	68
69 ELECTROCARDIOLOGY	148,698	83,462	7,592	3,290	18,063	69
70 ELECTROENCEPHALOGRAPHY	15,577	21,980		590	472	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,533,646					71
72 IMPL. DEV. CHARGED TO PATIENTS	1,241,020					72
73 DRUGS CHARGED TO PATIENTS	2,344,601					73
74 RENAL DIALYSIS	1,332,626	366,555	214,605		90,795	74
76 OTHER						76
76.97 CARDIAC REHABILITATION	31,118	189,728	200,433		6,452	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	357,808	220,071		2,451	39,055	90.01
91 EMERGENCY	1,164,595	281,085	594,214	97,423	138,221	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	26,674,052	6,738,036	2,093,411	521,877	1,767,845	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,725				9,869	190
194 OTHER NRCC	863,820	725,738	107,302	14,890	61,174	194
194.01 SISTERS RESIDENCE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	27,572,597	7,463,774	2,200,713	536,767	1,838,888	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	STERILE PR OCCESSING	
	10	11	13	14	14.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIO MED						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	1,795,398					10
11 CAFETERIA		990,498				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		17,418	1,609,810			13
14 CENTRAL SERVICES & SUPPLY		13,486		677,842		14
14.01 STERILE PROCESSING		16,239		43,408	1,365,583	14.01
15 PHARMACY		31,734		16,597		15
16 MEDICAL RECORDS & LIBRARY		40,919	101,933	29,528		16
17 SOCIAL SERVICE		14,257		548		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)		3,008	7,492	11,252		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,688,768	270,405	673,613	79,623	33,319	30
31 INTENSIVE CARE UNIT	76,291	54,183	134,976	7,537		31
34 SURGICAL INTENSIVE CARE UNIT	30,339	32,595	81,196	6,073		34
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		47,816	118,265	123,303	1,223,505	50
50.01 SPECIAL PROCEDURES						50.01
51 RECOVERY ROOM		34,319	85,492	4,900		51
51.01 OP ONCOLOGY		17,034	42,434	7,299		51.01
52.02 SUBSTANCE ABUSE		7,830		3,158		52.02
52.04 DIABETES EDUCATION		1,757		803		52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC		6,432	16,024	648		52.06
53 ANESTHESIOLOGY		1,714		2,461		53
54 RADIOLOGY-DIAGNOSTIC		87,409		100,378	4,337	54
56 RADIOISOTOPE		4,019		48		56
59 CARDIAC CATHETERIZATION		12,344		49,738	7,393	59
60 LABORATORY				22,508		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		32,252		18,646	1,521	65
66 PHYSICAL THERAPY		20,816		2,666		66
66.01 WOUND CARE		9,462	23,570	3,385	66,357	66.01
67 OCCUPATIONAL THERAPY		3,646		736		67
68 SPEECH PATHOLOGY		2,104		8		68
69 ELECTROCARDIOLOGY		10,284		3,953		69
70 ELECTROENCEPHALOGRAPHY		269		71		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				9,174		71
72 IMPL. DEV. CHARGED TO PATIENTS				8,854		72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		51,694	128,775	57,177		74
76 OTHER						76
76.97 CARDIAC REHABILITATION		3,673				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH		22,236		16,023	2,380	90.01
91 EMERGENCY		78,696	196,040	25,678	26,771	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	1,795,398	950,050	1,609,810	656,181	1,365,583	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,619				190
194 OTHER NRCC		34,829		21,661		194
194.01 SISTERS RESIDENCE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,795,398	990,498	1,609,810	677,842	1,365,583	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIO MED						7.01
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
14.01 STERILE PROCESSING						14.01
15 PHARMACY	2,795,251					15
16 MEDICAL RECORDS & LIBRARY		3,227,714				16
17 SOCIAL SERVICE			1,396,216			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)				306,372		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		2,485,662	1,056,556	28,949	22,505,435	30
31 INTENSIVE CARE UNIT		350,530	148,963	28,949	4,930,039	31
34 SURGICAL INTENSIVE CARE UNIT		230,136	97,873		3,257,971	34
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM				28,949	6,553,726	50
50.01 SPECIAL PROCEDURES						50.01
51 RECOVERY ROOM				19,299	2,543,998	51
51.01 OP ONCOLOGY					3,060,587	51.01
52.02 SUBSTANCE ABUSE					696,722	52.02
52.04 DIABETES EDUCATION					145,442	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC					661,766	52.06
53 ANESTHESIOLOGY					5,574,133	53
54 RADIOLOGY-DIAGNOSTIC				9,650	6,736,259	54
56 RADIOISOTOPE					1,652,599	56
59 CARDIAC CATHETERIZATION				9,650	1,587,689	59
60 LABORATORY					6,398,570	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY				19,299	2,761,235	65
66 PHYSICAL THERAPY					1,834,013	66
66.01 WOUND CARE					1,982,185	66.01
67 OCCUPATIONAL THERAPY					306,585	67
68 SPEECH PATHOLOGY					290,039	68
69 ELECTROCARDIOLOGY				9,650	786,309	69
70 ELECTROENCEPHALOGRAPHY					91,475	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					6,713,315	71
72 IMPL. DEV. CHARGED TO PATIENTS					5,433,816	72
73 DRUGS CHARGED TO PATIENTS	2,795,251				13,044,378	73
74 RENAL DIALYSIS		161,386	92,824	9,650	6,998,866	74
76 OTHER						76
76.97 CARDIAC REHABILITATION					536,313	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH					1,866,327	90.01
91 EMERGENCY				142,327	6,671,334	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	2,795,251	3,227,714	1,396,216	306,372	115,621,126	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					167,284	190
194 OTHER NRCC					4,741,675	194
194.01 SISTERS RESIDENCE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,795,251	3,227,714	1,396,216	306,372	120,530,085	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS		TOTAL
	25	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 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
7.01 BIO MED			7.01
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
14.01 STERILE PROCESSING			14.01
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 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		22,505,435	30
31 INTENSIVE CARE UNIT		4,930,039	31
34 SURGICAL INTENSIVE CARE UNIT		3,257,971	34
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM		6,553,726	50
50.01 SPECIAL PROCEDURES			50.01
51 RECOVERY ROOM		2,543,998	51
51.01 OP ONCOLOGY		3,060,587	51.01
52.02 SUBSTANCE ABUSE		696,722	52.02
52.04 DIABETES EDUCATION		145,442	52.04
52.05 PODIATRY			52.05
52.06 INFUSION CLINIC		661,766	52.06
53 ANESTHESIOLOGY		5,574,133	53
54 RADIOLOGY-DIAGNOSTIC		6,736,259	54
56 RADIOISOTOPE		1,652,599	56
59 CARDIAC CATHETERIZATION		1,587,689	59
60 LABORATORY		6,398,570	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY		2,761,235	65
66 PHYSICAL THERAPY		1,834,013	66
66.01 WOUND CARE		1,982,185	66.01
67 OCCUPATIONAL THERAPY		306,585	67
68 SPEECH PATHOLOGY		290,039	68
69 ELECTROCARDIOLOGY		786,309	69
70 ELECTROENCEPHALOGRAPHY		91,475	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,713,315	71
72 IMPL. DEV. CHARGED TO PATIENTS		5,433,816	72
73 DRUGS CHARGED TO PATIENTS		13,044,378	73
74 RENAL DIALYSIS		6,998,866	74
76 OTHER			76
76.97 CARDIAC REHABILITATION		536,313	76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 OCCUPATIONAL HEALTH		1,866,327	90.01
91 EMERGENCY		6,671,334	91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES			95
SPECIAL PURPOSE COST CENTERS			
113 INTEREST EXPENSE			113
118 SUBTOTALS (sum of lines 1-117)		115,621,126	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		167,284	190
194 OTHER NRCC		4,741,675	194
194.01 SISTERS RESIDENCE			194.01
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		120,530,085	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVEABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT		65,690	936	66,626	66,626	4
5 ADMINISTRATIVE & GENERAL		244,833	162,584	407,417	5,897	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		1,490,594	401,872	1,892,466	1,390	7
7.01 BIO MED		6,528	516	7,044		7.01
8 LAUNDRY & LINEN SERVICE		15,939		15,939	67	8
9 HOUSEKEEPING		16,491	7,974	24,465	1,150	9
10 DIETARY		110,362	24,307	134,669	680	10
11 CAFETERIA		60,308		60,308	680	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		8,418	111,268	119,686	1,279	13
14 CENTRAL SERVICES & SUPPLY		109,354	3,494	112,848	367	14
14.01 STERILE PROCESSING		99,335	153,544	252,879	478	14.01
15 PHARMACY		28,056	7,857	35,913	2,331	15
16 MEDICAL RECORDS & LIBRARY		94,615	7,677	102,292	2,166	16
17 SOCIAL SERVICE		4,140		4,140	1,080	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)		2,760	915	3,675	306	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		679,931	198,848	878,779	14,184	30
31 INTENSIVE CARE UNIT		100,481	31,660	132,141	3,212	31
34 SURGICAL INTENSIVE CARE UNIT		80,042	9,222	89,264	2,145	34
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		161,189	514,263	675,452	2,672	50
50.01 SPECIAL PROCEDURES						50.01
51 RECOVERY ROOM		59,714	3,719	63,433	2,196	51
51.01 OP ONCOLOGY		402,102	1,526	403,628	1,525	51.01
52.02 SUBSTANCE ABUSE		67,815		67,815	373	52.02
52.04 DIABETES EDUCATION		14,035		14,035	114	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC		32,652	3,862	36,514	484	52.06
53 ANESTHESIOLOGY		4,278	37,813	42,091	52	53
54 RADIOLOGY-DIAGNOSTIC		199,291	699,194	898,485	4,472	54
56 RADIOISOTOPE		24,841	252,086	276,927	807	56
59 CARDIAC CATHETERIZATION		55,685	268,759	324,444	878	59
60 LABORATORY		163,328	225,740	389,068		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		38,172	48,624	86,796	2,254	65
66 PHYSICAL THERAPY		102,702	12,547	115,249	1,266	66
66.01 WOUND CARE		45,417	730	46,147	169	66.01
67 OCCUPATIONAL THERAPY		5,603		5,603	244	67
68 SPEECH PATHOLOGY		3,312	87	3,399	212	68
69 ELECTROCARDIOLOGY		41,870	40,030	81,900	603	69
70 ELECTROENCEPHALOGRAPHY		11,027	3,065	14,092	16	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS					818	73
74 RENAL DIALYSIS		183,890	74,686	258,576	2,751	74
76 OTHER						76
76.97 CARDIAC REHABILITATION		95,181	6,186	101,367	5	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH		110,403	2,436	112,839	1,547	90.01
91 EMERGENCY		141,012	135,844	276,856	4,413	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)		5,181,396	3,453,871	8,635,267	65,283	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					127	190
194 OTHER NRCC		364,082	74,799	438,881	1,216	194
194.01 SISTERS RESIDENCE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		5,545,478	3,528,670	9,074,148	66,626	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	BIO MED 7.01	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	ADMINISTRATIVE & GENERAL	413,314					5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	25,593	1,919,449				7
7.01	BIO MED	7,501	3,346	17,891			7.01
8	LAUNDRY & LINEN SERVICE	1,732	8,171		25,909		8
9	HOUSEKEEPING	6,193	8,454			40,262	9
10	DIETARY	5,062	56,574			2,172	10
11	CAFETERIA	2,984	30,915				11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	5,213	4,315	202		670	13
14	CENTRAL SERVICES & SUPPLY	1,449	56,058			519	14
14.01	STERILE PROCESSING	2,938	50,922	1,810		624	14.01
15	PHARMACY	9,036	14,382			1,220	15
16	MEDICAL RECORDS & LIBRARY	9,583	48,502			1,574	16
17	SOCIAL SERVICE	4,623	2,122			548	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)	939	1,415			116	23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	47,175	348,549	3,300	9,726	10,400	30
31	INTENSIVE CARE UNIT	13,038	51,509		1,485	2,084	31
34	SURGICAL INTENSIVE CARE UNIT	8,717	41,032		1,002	1,253	34
43	NURSERY						43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	15,554	82,629	12	3,329	1,839	50
50.01	SPECIAL PROCEDURES						50.01
51	RECOVERY ROOM	7,498	30,611		1,646	1,320	51
51.01	OP ONCOLOGY	7,329	206,127	189	80	655	51.01
52.02	SUBSTANCE ABUSE	1,841	34,764			301	52.02
52.04	DIABETES EDUCATION	383	7,195			68	52.04
52.05	PODIATRY						52.05
52.06	INFUSION CLINIC	1,891	16,738	78	52	247	52.06
53	ANESTHESIOLOGY	18,596	2,193	1,099		66	53
54	RADIOLOGY-DIAGNOSTIC	20,169	102,161	543	1,684	3,361	54
56	RADIOISOTOPE	5,448	12,734		150	155	56
59	CARDIAC CATHETERIZATION	4,433	28,545	617	343	475	59
60	LABORATORY	20,417	83,726	782			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	8,710	19,568	119	99	1,240	65
66	PHYSICAL THERAPY	5,360	52,648		300	800	66
66.01	WOUND CARE	6,057	23,282		287	364	66.01
67	OCCUPATIONAL THERAPY	976	2,872			140	67
68	SPEECH PATHOLOGY	952	1,698			81	68
69	ELECTROCARDIOLOGY	2,229	21,464	62	159	395	69
70	ELECTROENCEPHALOGRAPHY	233	5,652		28	10	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,988					71
72	IMPL. DEV. CHARGED TO PATIENTS	18,602					72
73	DRUGS CHARGED TO PATIENTS	35,144					73
74	RENAL DIALYSIS	19,975	94,266	1,745		1,988	74
76	OTHER						76
76.97	CARDIAC REHABILITATION	466	48,792	1,629		141	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OCCUPATIONAL HEALTH	5,363	56,595		118	855	90.01
91	EMERGENCY	17,456	72,286	4,832	4,702	3,026	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE						113
118	SUBTOTALS (sum of lines 1-117)	399,846	1,732,812	17,019	25,190	38,707	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	520				216	190
194	OTHER NRCC	12,948	186,637	872	719	1,339	194
194.01	SISTERS RESIDENCE						194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	413,314	1,919,449	17,891	25,909	40,262	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	STERILE PR OCCESSING	
	10	11	13	14	14.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIO MED						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	199,157					10
11 CAFETERIA		94,887				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,669	133,034			13
14 CENTRAL SERVICES & SUPPLY		1,292		172,533		14
14.01 STERILE PROCESSING		1,556		11,049	322,256	14.01
15 PHARMACY		3,040		4,225		15
16 MEDICAL RECORDS & LIBRARY		3,920	8,424	7,516		16
17 SOCIAL SERVICE		1,366		139		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)		288	619	2,864		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	187,329	25,902	55,667	20,267	7,863	30
31 INTENSIVE CARE UNIT	8,463	5,191	11,154	1,918		31
34 SURGICAL INTENSIVE CARE UNIT	3,365	3,122	6,710	1,546		34
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		4,581	9,773	31,383	288,726	50
50.01 SPECIAL PROCEDURES						50.01
51 RECOVERY ROOM		3,288	7,065	1,247		51
51.01 OP ONCOLOGY		1,632	3,507	1,858		51.01
52.02 SUBSTANCE ABUSE		750		804		52.02
52.04 DIABETES EDUCATION		168		204		52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC		616	1,324	165		52.06
53 ANESTHESIOLOGY		164		627		53
54 RADIOLOGY-DIAGNOSTIC		8,374		25,550	1,024	54
56 RADIOISOTOPE		385		12		56
59 CARDIAC CATHETERIZATION		1,183		12,660	1,745	59
60 LABORATORY				5,729		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY				4,746	359	65
66 PHYSICAL THERAPY		3,090		679		66
66.01 WOUND CARE		1,994		862	15,659	66.01
67 OCCUPATIONAL THERAPY		906	1,948	187		67
68 SPEECH PATHOLOGY		349		2		68
69 ELECTROCARDIOLOGY		202		1,006		69
70 ELECTROENCEPHALOGRAPHY		985		18		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		26		2,335		71
72 IMPL. DEV. CHARGED TO PATIENTS				2,254		72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		4,952	10,642	14,554		74
76 OTHER						76
76.97 CARDIAC REHABILITATION		352				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH		2,130		4,078	562	90.01
91 EMERGENCY		7,539	16,201	6,536	6,318	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	199,157	91,012	133,034	167,020	322,256	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		538				190
194 OTHER NRCC		3,337		5,513		194
194.01 SISTERS RESIDENCE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	199,157	94,887	133,034	172,533	322,256	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIO MED						7.01
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
14.01 STERILE PROCESSING						14.01
15 PHARMACY	70,147					15
16 MEDICAL RECORDS & LIBRARY		183,977				16
17 SOCIAL SERVICE			14,018			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)				10,222		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		141,680	10,607		1,761,428	30
31 INTENSIVE CARE UNIT		19,980	1,496		251,671	31
34 SURGICAL INTENSIVE CARE UNIT		13,118	983		172,257	34
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					1,115,950	50
50.01 SPECIAL PROCEDURES						50.01
51 RECOVERY ROOM					118,304	51
51.01 OP ONCOLOGY					626,530	51.01
52.02 SUBSTANCE ABUSE					106,648	52.02
52.04 DIABETES EDUCATION					22,167	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC					58,109	52.06
53 ANESTHESIOLOGY					64,888	53
54 RADIOLOGY-DIAGNOSTIC					1,065,823	54
56 RADIOISOTOPE					296,618	56
59 CARDIAC CATHETERIZATION					375,323	59
60 LABORATORY					499,722	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					126,981	65
66 PHYSICAL THERAPY					178,296	66
66.01 WOUND CARE					95,681	66.01
67 OCCUPATIONAL THERAPY					10,371	67
68 SPEECH PATHOLOGY					6,546	68
69 ELECTROCARDIOLOGY					108,803	69
70 ELECTROENCEPHALOGRAPHY					20,075	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					25,323	71
72 IMPL. DEV. CHARGED TO PATIENTS					20,856	72
73 DRUGS CHARGED TO PATIENTS	70,147				106,109	73
74 RENAL DIALYSIS		9,199	932		419,580	74
76 OTHER						76
76.97 CARDIAC REHABILITATION					152,752	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH					184,087	90.01
91 EMERGENCY					420,165	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	70,147	183,977	14,018		8,411,063	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					1,401	190
194 OTHER NRCC					651,462	194
194.01 SISTERS RESIDENCE						194.01
200 CROSS FOOT ADJUSTMENTS				10,222	10,222	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	70,147	183,977	14,018	10,222	9,074,148	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS		TOTAL
	25	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 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
7.01 BIO MED			7.01
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
14.01 STERILE PROCESSING			14.01
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 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	1,761,428		30
31 INTENSIVE CARE UNIT	251,671		31
34 SURGICAL INTENSIVE CARE UNIT	172,257		34
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	1,115,950		50
50.01 SPECIAL PROCEDURES			50.01
51 RECOVERY ROOM	118,304		51
51.01 OP ONCOLOGY	626,530		51.01
52.02 SUBSTANCE ABUSE	106,648		52.02
52.04 DIABETES EDUCATION	22,167		52.04
52.05 PODIATRY			52.05
52.06 INFUSION CLINIC	58,109		52.06
53 ANESTHESIOLOGY	64,888		53
54 RADIOLOGY-DIAGNOSTIC	1,065,823		54
56 RADIOISOTOPE	296,618		56
59 CARDIAC CATHETERIZATION	375,323		59
60 LABORATORY	499,722		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	126,981		65
66 PHYSICAL THERAPY	178,296		66
66.01 WOUND CARE	95,681		66.01
67 OCCUPATIONAL THERAPY	10,371		67
68 SPEECH PATHOLOGY	6,546		68
69 ELECTROCARDIOLOGY	108,803		69
70 ELECTROENCEPHALOGRAPHY	20,075		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,323		71
72 IMPL. DEV. CHARGED TO PATIENTS	20,856		72
73 DRUGS CHARGED TO PATIENTS	106,109		73
74 RENAL DIALYSIS	419,580		74
76 OTHER			76
76.97 CARDIAC REHABILITATION	152,752		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 OCCUPATIONAL HEALTH	184,087		90.01
91 EMERGENCY	420,165		91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES			95
SPECIAL PURPOSE COST CENTERS			
113 INTEREST EXPENSE			113
118 SUBTOTALS (sum of lines 1-117)	8,411,063		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,401		190
194 OTHER NRCC	651,462		194
194.01 SISTERS RESIDENCE			194.01
200 CROSS FOOT ADJUSTMENTS	10,222		200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	9,074,148		202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVEABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT SQUARE FEET	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	401,835					1
2 CAP REL COSTS-MVBLE EQUIP		1,628,123				2
4 EMPLOYEE BENEFITS DEPARTMENT	4,760	432	39,553,028			4
5 ADMINISTRATIVE & GENERAL	17,741	75,016	3,501,694	-27,572,597	92,957,488	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	108,011	185,423	825,184		5,756,353	7
7.01 BIO MED	473	238			1,687,240	7.01
8 LAUNDRY & LINEN SERVICE	1,155		39,677		389,471	8
9 HOUSEKEEPING	1,195	3,679	683,159		1,392,869	9
10 DIETARY	7,997	11,215	403,542		1,138,519	10
11 CAFETERIA	4,370		403,541		671,197	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	610	51,339	759,770		1,172,451	13
14 CENTRAL SERVICES & SUPPLY	7,924	1,612	217,994		325,995	14
14.01 STERILE PROCESSING	7,198	70,845	283,806		660,722	14.01
15 PHARMACY	2,033	3,625	1,384,372		2,032,414	15
16 MEDICAL RECORDS & LIBRARY	6,856	3,542	1,286,516		2,155,508	16
17 SOCIAL SERVICE	300		641,141		1,039,720	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)	200	422	181,951		211,193	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	49,269	91,748	8,411,978		10,605,248	30
31 INTENSIVE CARE UNIT	7,281	14,608	1,907,539		2,932,543	31
34 SURGICAL INTENSIVE CARE UNIT	5,800	4,255	1,273,515		1,960,644	34
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,680	237,280	1,586,788		3,498,421	50
50.01 SPECIAL PROCEDURES						50.01
51 RECOVERY ROOM	4,327	1,716	1,304,142		1,686,371	51
51.01 OP ONCOLOGY	29,137	704	905,475		1,648,468	51.01
52.02 SUBSTANCE ABUSE	4,914		221,452		414,004	52.02
52.04 DIABETES EDUCATION	1,017		67,896		86,240	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	2,366	1,782	287,279		425,405	52.06
53 ANESTHESIOLOGY	310	17,447	30,846		4,182,645	53
54 RADIOLOGY-DIAGNOSTIC	14,441	322,609	2,655,594		4,536,424	54
56 RADIOISOTOPE	1,800	116,312	479,174		1,225,378	56
59 CARDIAC CATHETERIZATION	4,035	124,005	521,401		997,105	59
60 LABORATORY	11,835	104,156			4,592,210	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,766	22,435	1,338,229		1,958,981	65
66 PHYSICAL THERAPY	7,442	5,789	751,796		1,205,466	66
66.01 WOUND CARE	3,291	337	100,589		1,362,243	66.01
67 OCCUPATIONAL THERAPY	406		145,061		219,518	67
68 SPEECH PATHOLOGY	240	40	125,754		214,119	68
69 ELECTROCARDIOLOGY	3,034	18,470	358,238		501,317	69
70 ELECTROENCEPHALOGRAPHY	799	1,414	9,579		52,516	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					5,170,495	71
72 IMPL. DEV. CHARGED TO PATIENTS					4,183,942	72
73 DRUGS CHARGED TO PATIENTS			485,653		7,904,526	73
74 RENAL DIALYSIS	13,325	34,460	1,633,748		4,492,779	74
76 OTHER						76
76.97 CARDIAC REHABILITATION	6,897	2,854	2,845		104,909	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	8,000	1,124	918,464		1,206,303	90.01
91 EMERGENCY	10,218	62,678	2,620,300		3,926,284	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (sum of lines 1-117)	375,453	1,593,611	38,755,682	-27,572,597	89,928,156	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			75,164		117,071	190
194 OTHER NRCC	26,382	34,512	722,182		2,912,261	194
194.01 SISTERS RESIDENCE						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVEABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS DEPARTMENT SQUARE FEET 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	5,545,478	3,528,670	10,424,897		27,572,597	202
203	UNIT COST MULT-WS B PT I	13.800386	2.167324	0.263568		0.296615	203
204	COST TO BE ALLOC PER B PT II			66,626		413,314	204
205	UNIT COST MULT-WS B PT II			0.001684		0.004446	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY
	SQUARE FEET	WORKORDERS	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED
	7	7.01	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 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	271,323				7
7.01 BIO MED	473	4,348			7.01
8 LAUNDRY & LINEN SERVICE	1,155		788,553		8
9 HOUSEKEEPING	1,195			1,191,946	9
10 DIETARY	7,997			64,293	85,215
11 CAFETERIA	4,370				10
12 MAINTENANCE OF PERSONNEL					11
13 NURSING ADMINISTRATION	610	49		19,830	12
14 CENTRAL SERVICES & SUPPLY	7,924			15,353	13
14.01 STERILE PROCESSING	7,198	440		18,488	14
15 PHARMACY	2,033			36,128	14.01
16 MEDICAL RECORDS & LIBRARY	6,856			46,585	15
17 SOCIAL SERVICE	300			16,231	16
19 NONPHYSICIAN ANESTHETISTS					17
20 NURSING SCHOOL					19
21 I&R SERVICES-SALARY & FRINGES APPRVD					20
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					21
23 PARAMED ED PRGM-(SPECIFY)	200			3,424	22
INPATIENT ROUTINE SERV COST CENTERS					23
30 ADULTS & PEDIATRICS	49,269	802	295,887	307,851	80,154
31 INTENSIVE CARE UNIT	7,281		45,207	61,686	3,621
34 SURGICAL INTENSIVE CARE UNIT	5,800		30,496	37,108	1,440
43 NURSERY					34
ANCILLARY SERVICE COST CENTERS					43
50 OPERATING ROOM	11,680	3	101,336	54,437	50
50.01 SPECIAL PROCEDURES					50.01
51 RECOVERY ROOM	4,327		50,104	39,071	51
51.01 OP ONCOLOGY	29,137	46	2,448	19,393	51.01
52.02 SUBSTANCE ABUSE	4,914			8,914	52.02
52.04 DIABETES EDUCATION	1,017			2,000	52.04
52.05 PODIATRY					52.05
52.06 INFUSION CLINIC	2,366	19	1,578	7,323	52.06
53 ANESTHESIOLOGY	310	267		1,951	53
54 RADIOLOGY-DIAGNOSTIC	14,441	132	51,269	99,513	54
56 RADIOISOTOPE	1,800		4,576	4,575	56
59 CARDIAC CATHETERIZATION	4,035	150	10,435	14,053	59
60 LABORATORY	11,835	190			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	2,766	29	3,025	36,718	65
66 PHYSICAL THERAPY	7,442		9,145	23,698	66
66.01 WOUND CARE	3,291		8,749	10,772	66.01
67 OCCUPATIONAL THERAPY	406			4,151	67
68 SPEECH PATHOLOGY	240			2,395	68
69 ELECTROCARDIOLOGY	3,034	15	4,833	11,708	69
70 ELECTROENCEPHALOGRAPHY	799		867	306	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS	13,325	424		58,852	74
76 OTHER					76
76.97 CARDIAC REHABILITATION	6,897	396		4,182	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OCCUPATIONAL HEALTH	8,000		3,601	25,315	90.01
91 EMERGENCY	10,218	1,174	143,122	89,593	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (sum of lines 1-117)	244,941	4,136	766,678	1,145,897	85,215
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				6,397	190
194 OTHER NRCC	26,382	212	21,875	39,652	194
194.01 SISTERS RESIDENCE					194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		SQUARE FEET	WORKORDERS	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	7,463,774	2,200,713	536,767	1,838,888	1,795,398	202
203	UNIT COST MULT-WS B PT I	27.508814	506.143744	0.680699	1.542761	21.069037	203
204	COST TO BE ALLOC PER B PT II	1,919,449	17,891	25,909	40,262	199,157	204
205	UNIT COST MULT-WS B PT II	7.074406	4.114765	0.032856	0.033778	2.337112	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA HOURS OF SERVICE 11	NURSING ADMINIS- TRATION HOURS OF SERVICE 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	STERILE PR OCCESSING TIME SERV 14.01	PHARMACY COSTED REQUIS. 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 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIO MED						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,127,653					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	19,830	735,707				13
14 CENTRAL SERVICES & SUPPLY	15,353		535,908			14
14.01 STERILE PROCESSING	18,488		34,319	96,970		14.01
15 PHARMACY	36,128		13,122		100	15
16 MEDICAL RECORDS & LIBRARY	46,585	46,585	23,345			16
17 SOCIAL SERVICE	16,231		433			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)	3,424	3,424	8,896			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	307,851	307,851	62,951	2,366		30
31 INTENSIVE CARE UNIT	61,686	61,686	5,959			31
34 SURGICAL INTENSIVE CARE UNIT	37,108	37,108	4,801			34
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	54,437	54,049	97,484	86,881		50
50.01 SPECIAL PROCEDURES						50.01
51 RECOVERY ROOM	39,071	39,071	3,874			51
51.01 OP ONCOLOGY	19,393	19,393	5,771			51.01
52.02 SUBSTANCE ABUSE	8,914		2,497			52.02
52.04 DIABETES EDUCATION	2,000		635			52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	7,323	7,323	512			52.06
53 ANESTHESIOLOGY	1,951		1,946			53
54 RADIOLOGY-DIAGNOSTIC	99,513		79,360	308		54
56 RADIOISOTOPE	4,575		38			56
59 CARDIAC CATHETERIZATION	14,053		39,323	525		59
60 LABORATORY			17,795			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	36,718		14,742	108		65
66 PHYSICAL THERAPY	23,698		2,108			66
66.01 WOUND CARE	10,772	10,772	2,676	4,712		66.01
67 OCCUPATIONAL THERAPY	4,151		582			67
68 SPEECH PATHOLOGY	2,395		6			68
69 ELECTROCARDIOLOGY	11,708		3,125			69
70 ELECTROENCEPHALOGRAPHY	306		56			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			7,253			71
72 IMPL. DEV. CHARGED TO PATIENTS			7,000			72
73 DRUGS CHARGED TO PATIENTS					100	73
74 RENAL DIALYSIS	58,852	58,852	45,205			74
76 OTHER						76
76.97 CARDIAC REHABILITATION	4,182					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	25,315		12,668	169		90.01
91 EMERGENCY	89,593	89,593	20,301	1,901		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (sum of lines 1-117)	1,081,604	735,707	518,783	96,970	100	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,397					190
194 OTHER NRCC	39,652		17,125			194
194.01 SISTERS RESIDENCE						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	STERILE PR OCESSING	PHARMACY	
		HOURS OF SERVICE	HOURS OF SERVICE	COSTED REQUIS.	TIME SERV	COSTED REQUIS.	
		11	13	14	14.01	15	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	990,498	1,609,810	677,842	1,365,583	2,795,251	202
203	UNIT COST MULT-WS B PT I	0.878371	2.188113	1.264848	14.082531	27,952.510000	203
204	COST TO BE ALLOC PER B PT II	94,887	133,034	172,533	322,256	70,147	204
205	UNIT COST MULT-WS B PT II	0.084146	0.180825	0.321945	3.323255	701.470000	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	PARAMED EDUCATION ASSIGNED TIME 23	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS DEPARTMENT				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
7.01 BIO MED				7.01
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
14.01 STERILE PROCESSING				14.01
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY	10,000			16
17 SOCIAL SERVICE		9,401		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)			2,286	23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	7,701	7,114	216	30
31 INTENSIVE CARE UNIT	1,086	1,003	216	31
34 SURGICAL INTENSIVE CARE UNIT	713	659		34
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM			216	50
50.01 SPECIAL PROCEDURES				50.01
51 RECOVERY ROOM			144	51
51.01 OP ONCOLOGY				51.01
52.02 SUBSTANCE ABUSE				52.02
52.04 DIABETES EDUCATION				52.04
52.05 PODIATRY				52.05
52.06 INFUSION CLINIC				52.06
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC			72	54
56 RADIOISOTOPE				56
59 CARDIAC CATHETERIZATION			72	59
60 LABORATORY				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY			144	65
66 PHYSICAL THERAPY				66
66.01 WOUND CARE				66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY			72	69
70 ELECTROENCEPHALOGRAPHY				70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENTS				72
73 DRUGS CHARGED TO PATIENTS				73
74 RENAL DIALYSIS	500	625	72	74
76 OTHER				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OCCUPATIONAL HEALTH				90.01
91 EMERGENCY			1,062	91
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (sum of lines 1-117)	10,000	9,401	2,286	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
194 OTHER NRCC				194
194.01 SISTERS RESIDENCE				194.01

PROVIDER CCN: 14-0155 PRESENCE ST. MARY'S HOSPITAL
PERIOD FROM 01/01/2013 TO 12/31/2013

KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	PARAMED EDUCATION ASSIGNED TIME 23	
200	CROSS FOOT ADJUSTMENTS				200
201	NEGATIVE COST CENTER				201
202	COST TO BE ALLOC PER B PT I	3,227,714	1,396,216	306,372	202
203	UNIT COST MULT-WS B PT I	322.771400	148.517817	134.020997	203
204	COST TO BE ALLOC PER B PT II	183,977	14,018	10,222	204
205	UNIT COST MULT-WS B PT II	18.397700	1.491118	4.471566	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	22,505,435		22,505,435	4,102	22,509,537	30
31 INTENSIVE CARE UNIT	4,930,039		4,930,039		4,930,039	31
34 SURGICAL INTENSIVE CARE UNI	3,257,971		3,257,971		3,257,971	34
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,553,726		6,553,726		6,553,726	50
50.01 SPECIAL PROCEDURES						50.01
51 RECOVERY ROOM	2,543,998		2,543,998		2,543,998	51
51.01 OP ONCOLOGY	3,060,587		3,060,587	4,990	3,065,577	51.01
52.02 SUBSTANCE ABUSE	696,722		696,722	285	697,007	52.02
52.04 DIABETES EDUCATION	145,442		145,442		145,442	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	661,766		661,766		661,766	52.06
53 ANESTHESIOLOGY	5,574,133		5,574,133		5,574,133	53
54 RADIOLOGY-DIAGNOSTIC	6,736,259		6,736,259		6,736,259	54
56 RADIOISOTOPE	1,652,599		1,652,599		1,652,599	56
59 CARDIAC CATHETERIZATION	1,587,689		1,587,689	5,642	1,593,331	59
60 LABORATORY	6,398,570		6,398,570	7,496	6,406,066	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,761,235		2,761,235	1,632	2,762,867	65
66 PHYSICAL THERAPY	1,834,013		1,834,013		1,834,013	66
66.01 WOUND CARE	1,982,185		1,982,185		1,982,185	66.01
67 OCCUPATIONAL THERAPY	306,585		306,585		306,585	67
68 SPEECH PATHOLOGY	290,039		290,039		290,039	68
69 ELECTROCARDIOLOGY	786,309		786,309		786,309	69
70 ELECTROENCEPHALOGRAPHY	91,475		91,475		91,475	70
71 MEDICAL SUPPLIES CHARGED TO	6,713,315		6,713,315		6,713,315	71
72 IMPL. DEV. CHARGED TO PATIE	5,433,816		5,433,816		5,433,816	72
73 DRUGS CHARGED TO PATIENTS	13,044,378		13,044,378		13,044,378	73
74 RENAL DIALYSIS	6,998,866		6,998,866	72,753	7,071,619	74
76 OTHER						76
76.97 CARDIAC REHABILITATION	536,313		536,313		536,313	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	1,866,327		1,866,327		1,866,327	90.01
91 EMERGENCY	6,671,334		6,671,334	37,357	6,708,691	91
92 OBSERVATION BEDS (NON-DISTI	2,114,013		2,114,013		2,114,013	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	117,735,139		117,735,139	134,257	117,869,396	200
201 LESS OBSERVATION BEDS	2,114,013		2,114,013		2,114,013	201
202 TOTAL (SEE INSTRUCTIONS)	115,621,126		115,621,126		115,755,383	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	37,121,765		37,121,765			30
31 INTENSIVE CARE UNIT	21,409,211		21,409,211			31
34 SURGICAL INTENSIVE CARE UNI	15,101,612		15,101,612			34
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,649,626	29,791,326	40,440,952	0.162057	0.162057	50
50.01 SPECIAL PROCEDURES						50.01
51 RECOVERY ROOM	2,145,020	6,842,356	8,987,376	0.283063	0.283063	51
51.01 OP ONCOLOGY		3,090,162	3,090,162	0.990429	0.990429	51.01
52.02 SUBSTANCE ABUSE	60,713	792,642	853,355	0.816450	0.816450	52.02
52.04 DIABETES EDUCATION	1,522,299	290,228	1,812,527	0.080243	0.080243	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	357,200	3,268,804	3,626,004	0.182506	0.182506	52.06
53 ANESTHESIOLOGY	2,333,151	7,015,591	9,348,742	0.596244	0.596244	53
54 RADIOLOGY-DIAGNOSTIC	26,257,140	72,080,099	98,337,239	0.068502	0.068502	54
56 RADIOISOTOPE	1,366,372	9,581,431	10,947,803	0.150953	0.150953	56
59 CARDIAC CATHETERIZATION	6,192,897	8,790,114	14,983,011	0.105966	0.105966	59
60 LABORATORY	25,146,505	34,092,433	59,238,938	0.108013	0.108013	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	7,977,154	3,478,844	11,455,998	0.241030	0.241030	65
66 PHYSICAL THERAPY	2,013,205	4,590,554	6,603,759	0.277723	0.277723	66
66.01 WOUND CARE	153,419	7,146,326	7,299,745	0.271542	0.271542	66.01
67 OCCUPATIONAL THERAPY	778,372	917,675	1,696,047	0.180764	0.180764	67
68 SPEECH PATHOLOGY	132,130	336,897	469,027	0.618384	0.618384	68
69 ELECTROCARDIOLOGY	5,355,749	6,594,400	11,950,149	0.065799	0.065799	69
70 ELECTROENCEPHALOGRAPHY	216,881	310,113	526,994	0.173579	0.173579	70
71 MEDICAL SUPPLIES CHARGED TO	28,615,558	20,634,730	49,250,288	0.136310	0.136310	71
72 IMPL. DEV. CHARGED TO PATIE	8,905,171	6,096,075	15,001,246	0.362224	0.362224	72
73 DRUGS CHARGED TO PATIENTS	42,132,135	30,049,318	72,181,453	0.180716	0.180716	73
74 RENAL DIALYSIS	1,195,656	34,348,779	35,544,435	0.196905	0.196905	74
76 OTHER						76
76.97 CARDIAC REHABILITATION	4,429	317,519	321,948	1.665837	1.665837	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH		1,426,128	1,426,128	1.308667	1.308667	90.01
91 EMERGENCY	13,753,652	40,563,401	54,317,053	0.122822	0.122822	91
92 OBSERVATION BEDS (NON-DISTI	1,055,323	5,781,607	6,836,930	0.309205	0.309205	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	261,952,345	338,227,552	600,179,897			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	261,952,345	338,227,552	600,179,897			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	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	1,761,428		1,761,428	24,575	71.68	11,756	842,670	30
31 INTENSIVE CARE UNIT	251,671		251,671	1,329	189.37	761	144,111	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT	172,257		172,257	636	270.84	394	106,711	34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY				1,077				43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,185,356		2,185,356	27,617		12,911	1,093,492	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0155) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	1,115,950	40,440,952	0.027595	7,458,666	205,822		50
50.01	SPECIAL PROCEDURES							50.01
51	RECOVERY ROOM	118,304	8,987,376	0.013163	998,222	13,140		51
51.01	OP ONCOLOGY	626,530	3,090,162	0.202750				51.01
52.02	SUBSTANCE ABUSE	106,648	853,355	0.124975	11,619	1,452		52.02
52.04	DIABETES EDUCATION	22,167	1,812,527	0.012230	929,731	11,371		52.04
52.05	PODIATRY							52.05
52.06	INFUSION CLINIC	58,109	3,626,004	0.016026	228,870	3,668		52.06
53	ANESTHESIOLOGY	64,888	9,348,742	0.006941	1,062,299	7,373		53
54	RADIOLOGY-DIAGNOSTIC	1,065,823	98,337,239	0.010838	13,775,098	149,295		54
56	RADIOISOTOPE	296,618	10,947,803	0.027094	928,058	25,145		56
59	CARDIAC CATHETERIZATION	375,323	14,983,011	0.025050	4,967,232	124,429		59
60	LABORATORY	499,722	59,238,938	0.008436	13,205,963	111,406		60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	126,981	11,455,998	0.011084	4,738,925	52,526		65
66	PHYSICAL THERAPY	178,296	6,603,759	0.026999	1,345,748	36,334		66
66.01	WOUND CARE	95,681	7,299,745	0.013107	141,720	1,858		66.01
67	OCCUPATIONAL THERAPY	10,371	1,696,047	0.006115	473,138	2,893		67
68	SPEECH PATHOLOGY	6,546	469,027	0.013957	104,086	1,453		68
69	ELECTROCARDIOLOGY	108,803	11,950,149	0.009105	3,178,588	28,941		69
70	ELECTROENCEPHALOGRAPHY	20,075	526,994	0.038093	116,939	4,455		70
71	MEDICAL SUPPLIES CHARGED TO P	25,323	49,250,288	0.000514	15,268,231	7,848		71
72	IMPL. DEV. CHARGED TO PATIENT	20,856	15,001,246	0.001390	320,453	445		72
73	DRUGS CHARGED TO PATIENTS	106,109	72,181,453	0.001470	24,076,424	35,392		73
74	RENAL DIALYSIS	419,580	35,544,435	0.011804	884,168	10,437		74
76	OTHER							76
76.97	CARDIAC REHABILITATION	152,752	321,948	0.474462	1,817	862		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	OCCUPATIONAL HEALTH	184,087	1,426,128	0.129082				90.01
91	EMERGENCY	420,165	54,317,053	0.007735	6,883,325	53,243		91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	165,428	6,836,930	0.024196	583,860	14,127		92
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)	6,391,135	526,547,309		101,683,180	903,915		200

PROVIDER CCN: 14-0155 PRESENCE ST. MARY'S HOSPITAL
 PERIOD FROM 01/01/2013 TO 12/31/2013

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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	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		28,949			28,949	30
31 INTENSIVE CARE UNIT		28,949			28,949	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		57,898			57,898	200

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	24,575	1.18	11,756	13,872	30
31 INTENSIVE CARE UNIT	1,329	21.78	761	16,575	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT	636		394		34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,077				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	27,617		12,911	30,447	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0155)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		28,949		28,949	28,949	50
50.01	SPECIAL PROCEDURES						50.01
51	RECOVERY ROOM		19,299		19,299	19,299	51
51.01	OP ONCOLOGY						51.01
52.02	SUBSTANCE ABUSE						52.02
52.04	DIABETES EDUCATION						52.04
52.05	PODIATRY						52.05
52.06	INFUSION CLINIC						52.06
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC		9,650		9,650	9,650	54
56	RADIOISOTOPE						56
59	CARDIAC CATHETERIZATION		9,650		9,650	9,650	59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY		19,299		19,299	19,299	65
66	PHYSICAL THERAPY						66
66.01	WOUND CARE						66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY		9,650		9,650	9,650	69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO P						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS		9,650		9,650	9,650	74
76	OTHER						76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OCCUPATIONAL HEALTH						90.01
91	EMERGENCY		142,327		142,327	142,327	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		2,719		2,719	2,719	92
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)		251,193		251,193	251,193	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0155) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/WR	[XX] 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	40,440,952	0.000716	0.000716	7,458,666	5,340	10,604,807	7,593	50
50.01	SPECIAL PROCEDURES								50.01
51	RECOVERY ROOM	8,987,376	0.002147	0.002147	998,222	2,143	2,016,091	4,329	51
51.01	OP ONCOLOGY	3,090,162					1,817,438		51.01
52.02	SUBSTANCE ABUSE	853,355			11,619		67,483		52.02
52.04	DIABETES EDUCATION	1,812,527			929,731		138,845		52.04
52.05	PODIATRY								52.05
52.06	INFUSION CLINIC	3,626,004			228,870		1,808,627		52.06
53	ANESTHESIOLOGY	9,348,742			1,062,299		1,620,332		53
54	RADIOLOGY-DIAGNOSTIC	98,337,239	0.000098	0.000098	13,775,098	1,350	20,434,432	2,003	54
56	RADIOISOTOPE	10,947,803			928,058		4,923,415		56
59	CARDIAC CATHETERIZATION	14,983,011	0.000644	0.000644	4,967,232	3,199	5,316,594	3,424	59
60	LABORATORY	59,238,938			13,205,963		412,775		60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
65	RESPIRATORY THERAPY	11,455,998	0.001685	0.001685	4,738,925	7,985	1,208,444	2,036	65
66	PHYSICAL THERAPY	6,603,759			1,345,748		360,693		66
66.01	WOUND CARE	7,299,745			141,720		4,096,295		66.01
67	OCCUPATIONAL THERAPY	1,696,047			473,138		54,107		67
68	SPEECH PATHOLOGY	469,027			104,086		23,505		68
69	ELECTROCARDIOLOGY	11,950,149	0.000808	0.000808	3,178,588	2,568	2,105,097	1,701	69
70	ELECTROENCEPHALOGRAPHY	526,994			116,939		81,313		70
71	MEDICAL SUPPLIES CHARGED TO	49,250,288			15,268,231		8,380,222		71
72	IMPL. DEV. CHARGED TO PATIEN	15,001,246			320,453		355,656		72
73	DRUGS CHARGED TO PATIENTS	72,181,453			24,076,424		12,187,442		73
74	RENAL DIALYSIS	35,544,435	0.000271	0.000271	884,168	240	58,152	16	74
76	OTHER								76
76.97	CARDIAC REHABILITATION	321,948			1,817		129,264		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	OCCUPATIONAL HEALTH	1,426,128					16,790		90.01
91	EMERGENCY	54,317,053	0.002620	0.002620	6,883,325	18,034	7,052,373	18,477	91
92	OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	6,836,930	0.000398	0.000398	583,860	232	1,997,370	795	92
95	AMBULANCE SERVICES								95
200	TOTAL (SUM OF LINES 50-199)	526,547,309			101,683,180	41,091	87,267,562	40,374	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0155) [] 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	RATIO	PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS	
	1		2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.162057		10,604,807			1,718,583		50
50.01 SPECIAL PROCEDURES								50.01
51 RECOVERY ROOM	0.283063		2,016,091			570,681		51
51.01 OP ONCOLOGY	0.990429		1,817,438			1,800,043		51.01
52.02 SUBSTANCE ABUSE	0.816450		67,483			55,096		52.02
52.04 DIABETES EDUCATION	0.080243		138,845			11,141		52.04
52.05 PODIATRY								52.05
52.06 INFUSION CLINIC	0.182506		1,808,627			330,085		52.06
53 ANESTHESIOLOGY	0.596244		1,620,332			966,113		53
54 RADIOLOGY-DIAGNOSTIC	0.068502		20,434,432			1,399,799		54
56 RADIOISOTOPE	0.150953		4,923,415			743,204		56
59 CARDIAC CATHETERIZATION	0.105966		5,316,594			563,378		59
60 LABORATORY	0.108013		412,775			44,585		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.241030		1,208,444			291,271		65
66 PHYSICAL THERAPY	0.277723		360,693			100,173		66
66.01 WOUND CARE	0.271542		4,096,295			1,112,316		66.01
67 OCCUPATIONAL THERAPY	0.180764		54,107			9,781		67
68 SPEECH PATHOLOGY	0.618384		23,505			14,535		68
69 ELECTROCARDIOLOGY	0.065799		2,105,097			138,513		69
70 ELECTROENCEPHALOGRAPHY	0.173579		81,313			14,114		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.136310		8,380,222			1,142,308		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.362224		355,656			128,827		72
73 DRUGS CHARGED TO PATIENTS	0.180716		12,187,442		56,300	2,202,466	10,174	73
74 RENAL DIALYSIS	0.196905		58,152			11,450		74
76 OTHER								76
76.97 CARDIAC REHABILITATION	1.665837		129,264			215,333		76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 OCCUPATIONAL HEALTH	1.308667		16,790			21,973		90.01
91 EMERGENCY	0.122822		7,052,373			866,187		91
92 OBSERVATION BEDS (NON-DISTINCT)	0.309205		1,997,370			617,597		92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES								95
200 SUBTOTAL (SEE INSTRUCTIONS)			87,267,562		56,300	15,089,552	10,174	200
201 LESS BPB CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			87,267,562		56,300	15,089,552	10,174	202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] 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	1,761,428		1,761,428	24,575	71.68	4,401	315,464	30
31 INTENSIVE CARE UNIT	251,671		251,671	1,329	189.37	188	35,602	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT	172,257		172,257	636	270.84	101	27,355	34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY				1,077		523		43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,185,356		2,185,356	27,617		5,213	378,421	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0155) [] IPF [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS										
50					1,115,950	40,440,952	0.027595			50
50.01										50.01
51					118,304	8,987,376	0.013163			51
51.01					626,530	3,090,162	0.202750			51.01
52.02					106,648	853,355	0.124975			52.02
52.04					22,167	1,812,527	0.012230			52.04
52.05										52.05
52.06					58,109	3,626,004	0.016026			52.06
53					64,888	9,348,742	0.006941			53
54					1,065,823	98,337,239	0.010838			54
56					296,618	10,947,803	0.027094			56
59					375,323	14,983,011	0.025050			59
60					499,722	59,238,938	0.008436			60
62.30										62.30
65					126,981	11,455,998	0.011084			65
66					178,296	6,603,759	0.026999			66
66.01					95,681	7,299,745	0.013107			66.01
67					10,371	1,696,047	0.006115			67
68					6,546	469,027	0.013957			68
69					108,803	11,950,149	0.009105			69
70					20,075	526,994	0.038093			70
71					25,323	49,250,288	0.000514			71
72					20,856	15,001,246	0.001390			72
73					106,109	72,181,453	0.001470			73
74					419,580	35,544,435	0.011804			74
76										76
76.97					152,752	321,948	0.474462			76.97
76.98										76.98
76.99										76.99
OUTPATIENT SERVICE COST CENTERS										
90.01					184,087	1,426,128	0.129082			90.01
91					420,165	54,317,053	0.007735			91
92					165,428	6,836,930	0.024196			92
OTHER REIMBURSABLE COST CENTERS										
95										95
200					6,391,135	526,547,309				200

PROVIDER CCN: 14-0155 PRESENCE ST. MARY'S HOSPITAL
 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 12:51

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] 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	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		28,949			28,949	30
31 INTENSIVE CARE UNIT		28,949			28,949	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		57,898			57,898	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] 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	24,575	1.18	4,401	5,193	30
31 INTENSIVE CARE UNIT	1,329	21.78	188	4,095	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT	636		101		34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,077		523		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	27,617		5,213	9,288	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0155)	[] SUB (OTHER)	[] ICF/MR	[] PPS	
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER	
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
50	ANCILLARY SERVICE COST CENTERS					
50.01	OPERATING ROOM		28,949		28,949	50
51	SPECIAL PROCEDURES					50.01
51.01	RECOVERY ROOM		19,299		19,299	51
52.02	OP ONCOLOGY					51.01
52.04	SUBSTANCE ABUSE					52.02
52.05	DIABETES EDUCATION					52.04
52.06	PODIATRY					52.05
53	INFUSION CLINIC					52.06
54	ANESTHESIOLOGY					53
56	RADIOLOGY-DIAGNOSTIC		9,650		9,650	54
59	RADIOISOTOPE					56
60	CARDIAC CATHETERIZATION		9,650		9,650	59
62.30	LABORATORY					60
65	BLOOD CLOTTING FOR HEMOPHILIA					62.30
66	RESPIRATORY THERAPY		19,299		19,299	65
66.01	PHYSICAL THERAPY					66
67	WOUND CARE					66.01
68	OCCUPATIONAL THERAPY					67
69	SPEECH PATHOLOGY					68
70	ELECTROCARDIOLOGY		9,650		9,650	69
71	ELECTROENCEPHALOGRAPHY					70
72	MEDICAL SUPPLIES CHARGED TO P					71
73	IMPL. DEV. CHARGED TO PATIENT					72
74	DRUGS CHARGED TO PATIENTS					73
76	RENAL DIALYSIS		9,650		9,650	74
76.97	OTHER					76
76.98	CARDIAC REHABILITATION					76.97
76.99	HYPERBARIC OXYGEN THERAPY					76.98
90.01	LITHOTRIPSY					76.99
91	OUTPATIENT SERVICE COST CENTERS					
92	OCCUPATIONAL HEALTH					90.01
95	EMERGENCY		142,327		142,327	91
200	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					92
	AMBULANCE SERVICES					95
	TOTAL (SUM OF LINES 50-199)		248,474		248,474	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0155) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER							
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	40,440,952	0.000716	0.000716								50
50.01	SPECIAL PROCEDURES											50.01
51	RECOVERY ROOM	8,987,376	0.002147	0.002147								51
51.01	OP ONCOLOGY	3,090,162										51.01
52.02	SUBSTANCE ABUSE	853,355										52.02
52.04	DIABETES EDUCATION	1,812,527										52.04
52.05	PODIATRY											52.05
52.06	INFUSION CLINIC	3,626,004										52.06
53	ANESTHESIOLOGY	9,348,742										53
54	RADIOLOGY-DIAGNOSTIC	98,337,239	0.000098	0.000098								54
56	RADIOISOTOPE	10,947,803										56
59	CARDIAC CATHETERIZATION	14,983,011	0.000644	0.000644								59
60	LABORATORY	59,238,938										60
62.30	BLOOD CLOTTING FOR HEMOPHILI											62.30
65	RESPIRATORY THERAPY	11,455,998	0.001685	0.001685								65
66	PHYSICAL THERAPY	6,603,759										66
66.01	WOUND CARE	7,299,745										66.01
67	OCCUPATIONAL THERAPY	1,696,047										67
68	SPEECH PATHOLOGY	469,027										68
69	ELECTROCARDIOLOGY	11,950,149	0.000808	0.000808								69
70	ELECTROENCEPHALOGRAPHY	526,994										70
71	MEDICAL SUPPLIES CHARGED TO	49,250,288										71
72	IMPL. DEV. CHARGED TO PATIEN	15,001,246										72
73	DRUGS CHARGED TO PATIENTS	72,181,453										73
74	RENAL DIALYSIS	35,544,435	0.000271	0.000271								74
76	OTHER											76
76.97	CARDIAC REHABILITATION	321,948										76.97
76.98	HYPERBARIC OXYGEN THERAPY											76.98
76.99	LITHOTRIPSY											76.99
OUTPATIENT SERVICE COST CENTERS												
90.01	OCCUPATIONAL HEALTH	1,426,128										90.01
91	EMERGENCY	54,317,053	0.002620	0.002620								91
92	OBSERVATION BEDS (NON-DISTIN	6,836,930										92
OTHER REIMBURSABLE COST CENTERS												
95	AMBULANCE SERVICES											95
200	TOTAL (SUM OF LINES 50-199)	526,547,309										200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0155) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO		
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	DED & COINS	DED & COINS	DED & COINS	DED & COINS		
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.162057							50
50.01 SPECIAL PROCEDURES								50.01
51 RECOVERY ROOM	0.283063							51
51.01 OP ONCOLOGY	0.990429							51.01
52.02 SUBSTANCE ABUSE	0.816450							52.02
52.04 DIABETES EDUCATION	0.080243							52.04
52.05 PODIATRY								52.05
52.06 INFUSION CLINIC	0.182506							52.06
53 ANESTHESIOLOGY	0.596244							53
54 RADIOLOGY-DIAGNOSTIC	0.068502							54
56 RADIOISOTOPE	0.150953							56
59 CARDIAC CATHETERIZATION	0.105966							59
60 LABORATORY	0.108013							60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.241030							65
66 PHYSICAL THERAPY	0.277723							66
66.01 WOUND CARE	0.271542							66.01
67 OCCUPATIONAL THERAPY	0.180764							67
68 SPEECH PATHOLOGY	0.618384							68
69 ELECTROCARDIOLOGY	0.065799							69
70 ELECTROENCEPHALOGRAPHY	0.173579							70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.136310							71
72 IMPL. DEV. CHARGED TO PATIENTS	0.362224							72
73 DRUGS CHARGED TO PATIENTS	0.180716							73
74 RENAL DIALYSIS	0.196905							74
76 OTHER								76
76.97 CARDIAC REHABILITATION	1.665837							76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 OCCUPATIONAL HEALTH	1.308667							90.01
91 EMERGENCY	0.122822							91
92 OBSERVATION BEDS (NON-DISTINCT)	0.309205							92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES								95
200 SUBTOTAL (SEE INSTRUCTIONS)								200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)								202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0155) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	24,575	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	24,575	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,267	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)	11,756	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)	22,509,537	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	22,509,537	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)	22,509,537	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0155) [] 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) 915.95 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 10,767,908 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) 10,767,908 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	4,930,039	1,329	3,709.59	761	2,822,998	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT	3,257,971	636	5,122.60	394	2,018,304	46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					14,982,937	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					30,592,147	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,123,939 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 945,006 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,068,945 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 28,523,202 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 XVII 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 XVII 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) 2,308 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 915.95 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,114,013 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	1,761,428	22,509,537	0.078253	2,114,013	165,428	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	28,949	22,509,537	0.001286	2,114,013	2,719	92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0155) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	24,575	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	24,575	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,267	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)	4,401	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)	1,077	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	523	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)	22,505,435	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	22,505,435	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)	22,505,435	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0155) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] 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) 915.79 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,030,392 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) 4,030,392 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)		1,077		523		42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4,930,039	1,329	3,709.59	188	697,403	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT	3,257,971	636	5,122.60	101	517,383	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)					5,245,178	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 387,709 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 387,709 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 XVII 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 XVII 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) 2,308 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

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST						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 [] TITLE V [XX] HOSPITAL (14-0155) [] 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		16,821,532			30
31 INTENSIVE CARE UNIT		12,889,907			31
34 SURGICAL INTENSIVE CARE UNIT		8,508,537			34
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.162057	7,458,666	1,208,729		50
50.01 SPECIAL PROCEDURES					50.01
51 RECOVERY ROOM	0.283063	998,222	282,560		51
51.01 OP ONCOLOGY	0.992044				51.01
52.02 SUBSTANCE ABUSE	0.816784	11,619	9,490		52.02
52.04 DIABETES EDUCATION	0.080243	929,731	74,604		52.04
52.05 PODIATRY					52.05
52.06 INFUSION CLINIC	0.182506	228,870	41,770		52.06
53 ANESTHESIOLOGY	0.596244	1,062,299	633,389		53
54 RADIOLOGY-DIAGNOSTIC	0.068502	13,775,098	943,622		54
56 RADIOISOTOPE	0.150953	928,058	140,093		56
59 CARDIAC CATHETERIZATION	0.106343	4,967,232	528,230		59
60 LABORATORY	0.108139	13,205,963	1,428,080		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.241172	4,738,925	1,142,896		65
66 PHYSICAL THERAPY	0.277723	1,345,748	373,745		66
66.01 WOUND CARE	0.271542	141,720	38,483		66.01
67 OCCUPATIONAL THERAPY	0.180764	473,138	85,526		67
68 SPEECH PATHOLOGY	0.618384	104,086	64,365		68
69 ELECTROCARDIOLOGY	0.065799	3,178,588	209,148		69
70 ELECTROENCEPHALOGRAPHY	0.173579	116,939	20,298		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.136310	15,268,231	2,081,213		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.362224	320,453	116,076		72
73 DRUGS CHARGED TO PATIENTS	0.180716	24,076,424	4,350,995		73
74 RENAL DIALYSIS	0.198952	884,168	175,907		74
76 OTHER					76
76.97 CARDIAC REHABILITATION	1.665837	1,817	3,027		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OCCUPATIONAL HEALTH	1.308667				90.01
91 EMERGENCY	0.123510	6,883,325	850,159		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.309205	583,860	180,532		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		101,683,180	14,982,937		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		101,683,180			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] 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
34 SURGICAL INTENSIVE CARE UNIT				34
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.162057			50
50.01 SPECIAL PROCEDURES				50.01
51 RECOVERY ROOM	0.283063			51
51.01 OP ONCOLOGY	0.990429			51.01
52.02 SUBSTANCE ABUSE	0.816450			52.02
52.04 DIABETES EDUCATION	0.080243			52.04
52.05 PODIATRY				52.05
52.06 INFUSION CLINIC	0.182506			52.06
53 ANESTHESIOLOGY	0.596244			53
54 RADIOLOGY-DIAGNOSTIC	0.068502			54
56 RADIOISOTOPE	0.150953			56
59 CARDIAC CATHETERIZATION	0.105966			59
60 LABORATORY	0.108013			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.241030			65
66 PHYSICAL THERAPY	0.277723			66
66.01 WOUND CARE	0.271542			66.01
67 OCCUPATIONAL THERAPY	0.180764			67
68 SPEECH PATHOLOGY	0.618384			68
69 ELECTROCARDIOLOGY	0.065799			69
70 ELECTROENCEPHALOGRAPHY	0.173579			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.136310			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.362224			72
73 DRUGS CHARGED TO PATIENTS	0.180716			73
74 RENAL DIALYSIS	0.196905			74
76 OTHER				76
76.97 CARDIAC REHABILITATION	1.665837			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OCCUPATIONAL HEALTH	1.308667			90.01
91 EMERGENCY	0.122822			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.309205			92
95 AMBULANCE SERVICES				95
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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0155)
 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)	14,886,159		1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (SEE INSTRUCTIONS)	5,154,651		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)	852,917		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)	175.68		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)	0.0809		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.2060		31
32	SUM OF LINES 30 AND 31	0.2869		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1288		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,083,317		34
	UNCOMPENSATED CARE ADJUSTMENT			
35	TOTAL UNCOMPENSATED CARE AMOUNT (SEE INSTRUCTIONS)			35
35.01	FACTOR 3 (SEE INSTRUCTIONS)			35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (IF LINE 34 IS ZERO, ENTER ZERO ON THIS LINE) (SEE INSTRUCTIONS)	1,929,477		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (SEE INSTRUCTIONS)		486,334	35.03
36	TOTAL UNCOMPENSATED CARE (SUM OF COLUMNS 1 AND 2 ON LINE 35.03)	486,334		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 (14-0155)
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)	23,463,378	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)	23,463,378	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,754,068	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	30,447	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	41,091	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	25,288,984	59
60	PRIMARY PAYER PAYMENTS	1,132	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	25,287,852	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,118,660	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	87,024	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	548,364	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	356,437	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	285,526	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	23,438,605	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)	-5,552	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-125,546	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	23,307,507	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	351,943	71.01
72	INTERIM PAYMENTS	23,137,419	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	-181,855	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	40,577	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK HOSPITAL (14-0155) SUB (OTHER)
 APPLICABLE IPF SNF
 BOX: IRF SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		22,805,437		9,100,942
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
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.	.01 12/17/2013	511,970		NONE
	.02			3.01
	.03			3.02
	.04			3.03
	.05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.50 07/02/2013	179,988	12/17/2013	3,962
	.51			3.09
	.52			3.50
	.53			3.51
	.54			3.52
	.55			3.53
	.56			3.54
	.57			3.55
	.58			3.56
	.59			3.57
	.99			3.58
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		331,982		-3,962
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		23,137,419		9,096,980

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.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01	170,088		664,663	6.01
	TO PROVIDER .02				6.02
	PROVIDER .02				6.02
	TO PROGRAM .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		23,307,507		9,761,643	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 14-0155 PRESENCE ST. MARY'S HOSPITAL
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 12:51

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0155) [] 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	6,199	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	12,911	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	400	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	24,232	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	600,179,897	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	17,865,267	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)	1,704,262	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	34,085	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	1,670,177	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,805,637	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-135,460	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] SNF [] PPS
 APPLICABLE [XX] 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	5,245,178	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	5,245,178	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	5,245,178	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))	5,245,178	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	7,838,671			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	27,719,580			4
5	OTHER RECEIVABLES	2,229,950			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	3,440,518			7
8	PREPAID EXPENSES	660,068			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	1,421,055			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	43,309,842			11
FIXED ASSETS					
12	LAND	5,113,245			12
13	LAND IMPROVEMENTS	1,933,152			13
14	ACCUMULATED DEPRECIATION	-1,750,909			14
15	BUILDINGS	86,900,444			15
16	ACCUMULATED DEPRECIATION	-55,016,416			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	43,992,630			23
24	ACCUMULATED DEPRECIATION	-32,450,345			24
25	MINOR EQUIPMENT DEPRECIABLE				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)	48,721,801			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	3,358,829			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	3,358,829			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	95,390,472			36
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	5,665,080			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE	3,600,960			39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME	22,879			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	7,779,235			43
44	OTHER CURRENT LIABILITIES	10,522,165			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	27,590,319			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	2,681,299			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	2,681,299			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	30,271,618			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	65,118,854			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)	65,118,854			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	95,390,472			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	71,577,956								1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	398,369								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	71,976,325								3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	71,976,325								11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15 NET ASSET TRANSFER	6,857,471								15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	6,857,471								18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	65,118,854								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	33,546,894		33,546,894	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)	33,546,894		33,546,894	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	21,488,033		21,488,033	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT	15,160,914		15,160,914	15
16 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	36,648,947		36,648,947	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	70,195,841		70,195,841	17
18 ANCILLARY SERVICES	187,271,753	341,615,643	528,887,396	18
19 OUTPATIENT SERVICES		1,426,128	1,426,128	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	257,467,594	343,041,771	600,509,365	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		127,989,637	29
30 ADD (SPECIFY)			30
31			31
32 RECONCILING ITEM			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39 RECONCILING ITEM			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		127,989,637	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	600,509,365	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	478,416,047	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	122,093,318	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	127,989,637	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-5,896,319	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	1,467,004	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		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		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		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	991,068	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (NET ASSETS RELEASED FROM RESTRICTION)	3,836,616	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	6,294,688	25
26	TOTAL (LINE 5 PLUS LINE 25)	398,369	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	398,369	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2318

WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTE PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	964,673	HOURS OF SERVICE	28,202.00	13.56	1
2 LICENSED PRACTICAL NURSES	58,038	HOURS OF SERVICE	2,780.00	1.34	2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	376,775	HOURS OF SERVICE	21,392.00	10.28	4
5 SOCIAL WORKERS	119,846	HOURS OF SERVICE	4,136.00	1.99	5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	185,937	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	1,705,269				9
10 EMPLOYEE BENEFITS		SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES		REQUISITIONS			14
15 DRUGS	1,414,659	REQUISITIONS			15
16 OTHER	683,671	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	3,803,599				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	183,890	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	74,686	PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS DEPARTMENT	430,604	SALARY			20
21 ADMINISTRATIVE AND GENERAL	1,332,626	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	671,955	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS	9,650				23
24 CENTRAL SERVICES & SUPPLIES	57,177	REQUISITIONS			24
25 PHARMACY		REQUISITIONS			25
26 OTHER ALLOCATED COSTS	434,679	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	6,998,866				27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER		CHARGES			30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	6,998,866				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2318

WORKSHEET I-2

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	CAPITAL AND BUILDING 1	RELATED COSTS EQUIPMENT 2	DIRECT PATIENT RNs 3	CARE SALARY OTHER 4	EMPLOYEE BENEFITS DEPARTMENT 5	DRUGS 6	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	855,845	74,686	964,673	554,659	430,604	1,414,659	1
2 HEMODIALYSIS	515,434	44,982	580,998	334,077	263,916	852,022	2
3 INTERMITTENT PERITONEAL TRAINING							3
4 HEMODIALYSIS	1,606	138	1,779	1,019		2,614	4
5 INTERMITTENT PERITONEAL							5
6 CAPD	3,340	291	3,763	2,155		5,506	6
7 CCPD	1,541	132	1,710	980		2,503	7
8 HOME HEMODIALYSIS	29,031	2,534	32,734	18,811	13,891	47,999	8
9 INTERMITTENT PERITONEAL							9
10 CAPD	29,609	2,584	33,384	19,184	13,891	48,944	10
11 CCPD	248,051	21,647	279,589	160,778	125,015	410,020	11
OTHER BILLABLE SERVICES							
12 INPATIENT DIALYSIS	27,233	2,378	30,716	17,655	13,891	45,051	12
13 METHOD II HOME PATIENT							13
14 EPO (INCL IN RENAL DEPT)							14
15 ARANESP (INCL IN RENAL DEPT)							15
16 OTHER							16
17 TOTAL (SUM OF LINES 2-16)	855,845	74,686	964,673	554,659	430,604	1,414,659	17
18 MEDICAL EDUC PGM COSTS							18
19 TOTAL RENAL COSTS (LINES 17+18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2318

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	57,177		4,352,303	2,636,913	6,989,216	1
2 HEMODIALYSIS	34,436		2,625,865	1,590,923	4,216,788	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS	106		7,262	4,400	11,662	4
5 INTERMITTENT PERITONEAL						5
6 CAPD	223		15,278	9,256	24,534	6
7 CCPD	101		6,967	4,221	11,188	7
HOME						
8 HEMODIALYSIS	1,940		146,940	89,026	235,966	8
9 INTERMITTENT PERITONEAL						9
10 CAPD	1,978		149,574	90,622	240,196	10
11 CCPD	16,572		1,261,672	764,404	2,026,076	11
OTHER BILLABLE SERVICES						
12 INPATIENT DIALYSIS	1,821		138,745	84,061	222,806	12
13 METHOD II HOME PATIENT						13
14 EPO (INCL IN RENAL DEPT)						14
15 ARANESP (INCL IN RENAL DEPT)						15
16 OTHER						16
17 TOTAL (SUM OF LINES 2-16)	57,177		4,352,303	2,636,913	6,989,216	17
18 MEDICAL EDUC PGM COSTS					9,650	18
19 TOTAL RENAL COSTS (LINES 17+18)					6,998,866	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2318

WORKSHEET I-3

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE BENEFITS	
		BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHER (HOURS)	DEPARTMENT (SALARY)	
		1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS MAINTENANCE	855,845	74,686	964,673	554,659	430,604	1
2	HEMODIALYSIS	8,025	15,319.00	16,986.00	17,049.00	1,900,000	2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS	25	47.00	52.00	52.00		4
5	INTERMITTENT PERITONEAL						5
6	CAPD	52	99.00	110.00	110.00		6
7	CCPD	24	45.00	50.00	50.00		7
8	HOME HEMODIALYSIS	452	863.00	957.00	960.00	100,000	8
9	INTERMITTENT PERITONEAL						9
10	CAPD	461	880.00	976.00	979.00	100,000	10
11	CCPD	3,862	7,372.00	8,174.00	8,205.00	900,000	11
12	OTHER BILLABLE SERVICES						
13	INPT DIAL TRTMNTS	424	810.00	898.00	901.00	100,000	13
14	METHOD II HOME PATIENT						14
15	EPO						15
16	ARANESP						16
17	OTHER						17
17	TOTAL STATISTICAL BASIS	13,325	25,435.00	28,203.00	28,306.00	3,100,000	17
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	64.228518	2.936348	34.204624	19.595104	0.138905	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2318

WORKSHEET I-3
 (CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

		DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1	TOTAL RENAL DEPT COSTS MAINTENANCE	1,414,659	57,177		4,352,303	2,636,913	1
2	HEMODIALYSIS	15,319	569,243				2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS	47	1,746				4
5	INTERMITTENT PERITONEAL						5
6	CAPD	99	3,679				6
7	CCPD	45	1,672				7
8	HOME HEMODIALYSIS	863	32,068				8
9	INTERMITTENT PERITONEAL						9
10	CAPD	880	32,700				10
11	CCPD	7,372	273,938				11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRTMNTS	810	30,099				
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	25,435	945,145			4,352,303	17
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	55.618596	0.060495			0.605866	18

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS COMPONENT NO: 14-2318 WORKSHEET I-4

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST I-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	NUMBER OF PROGRAM TREATMENTS 4.01	NUMBER OF PROGRAM TREATMENTS 4.02	TOTAL PROGRAM EXPENSES (SEE INSTR.) 5	
1 MAINTENANCE - HEMODIALYSIS	15,319	4,216,788	275.27			13,097	3,605,211	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS	47	11,662	248.13			47	11,662	3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	99	24,534	247.82			73	18,091	5
6 TRAINING - CCPD	45	11,188	248.62			18	4,475	6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
				PATIENT WEEKS	PATIENT WEEKS	PATIENT WEEKS	PATIENT WEEKS	
9 HOME PROGRAM - CAPD	880	240,196	272.95			177	48,312	9
10 HOME PROGRAM - CCPD	7,372	2,026,076	274.83			6,062	1,666,019	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)	15,510	6,530,444				19,474	5,353,770	11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))	15,510							12

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2318

WORKSHEET I-4
 (CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL PROGRAM PAYMENT 6	TOTAL PROGRAM PAYMENT 6.01	TOTAL PROGRAM PAYMENT 6.02	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01) 7.01	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02) 7.02	
1 MAINTENANCE - HEMODIALYSIS			3,697,813			282.34	1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS			13,129			279.34	3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD			23,491			321.79	5
6 TRAINING - CCPD			5,546			308.11	6
7 HOME PROGRAM - HEMODIALYSIS							7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD			22,274			125.84	9
10 HOME PROGRAM - CCPD			687,594			113.43	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)			4,449,847				11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2318

WORKSHEET I-5

DESCRIPTION				
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	5,353,770		1
		1	2	
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)			2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)			2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)	4,449,847	4,449,847	2.02
2.03	TOTAL PAYMENT DUE (SEE INSTRUCTIONS)	4,449,847	4,449,847	2.03
2.04	OUTLIER PAYMENTS			2.04
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3
3.01	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	2,691	2,691	3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	2,691	2,691	3.03
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4
4.01	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	889,442	889,443	4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	889,442	889,443	4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05	TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)			5.05
6	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)		892,134	8
9	PROGRAM PAYMENT (SEE INSTRUCTIONS)		3,557,725	9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12	TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)	6,530,444		12
13	TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)	6,530,444		13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)	1.000000		14

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-015) [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	1,595,750	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	62,892	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)	66.39	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)	0.0809	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.2060	8
9	SUM OF LINES 7 AND 8	0.2869	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0598	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES THE SUM OF LINES 1 AND 1.01)	95,426	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1, 1.01, 2, 2.01, 6 AND 11)	1,754,068	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 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 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIO MED						7.01
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
14.01 STERILE PROCESSING						14.01
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
34 SURGICAL INTENSIVE CARE UNIT						34
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 SPECIAL PROCEDURES						50.01
51 RECOVERY ROOM						51
51.01 OP ONCOLOGY						51.01
52.02 SUBSTANCE ABUSE						52.02
52.04 DIABETES EDUCATION						52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC						52.06
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 WOUND CARE						66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
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 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						92
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117) NONREIMBURSABLE COST CENTERS						118
190 GIFT, FLOWER, COFFEE SHOP & CA						190
194 OTHER NRCC						194
194.01 SISTERS RESIDENCE						194.01

PROVIDER CCN: 14-0155 PRESENCE ST. MARY'S HOSPITAL
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 12:51

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) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	47.84		17.91				65.75 30
31 INTENSIVE CARE UNIT	57.26		14.15				71.41 31
34 SURGICAL INTENSIVE CARE UNIT	61.95		15.88				77.83 34
43 NURSERY			48.56				48.56 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	18.44	26.22					44.66 50
51 RECOVERY ROOM	11.11	22.43					33.54 51
51.01 OP ONCOLOGY		58.81					58.81 51.01
52.02 SUBSTANCE ABUSE	1.36	7.91					9.27 52.02
52.04 DIABETES EDUCATION	51.29	7.66					58.95 52.04
52.06 INFUSION CLINIC	6.31	49.88					56.19 52.06
53 ANESTHESIOLOGY	11.36	17.33					28.69 53
54 RADIOLOGY-DIAGNOSTIC	14.01	20.78					34.79 54
56 RADIOISOTOPE	8.48	44.97					53.45 56
59 CARDIAC CATHETERIZATION	33.15	35.48					68.63 59
60 LABORATORY	22.29	0.70					22.99 60
65 RESPIRATORY THERAPY	41.37	10.55					51.92 65
66 PHYSICAL THERAPY	20.38	5.46					25.84 66
66.01 WOUND CARE	1.94	56.12					58.06 66.01
67 OCCUPATIONAL THERAPY	27.90	3.19					31.09 67
68 SPEECH PATHOLOGY	22.19	5.01					27.20 68
69 ELECTROCARDIOLOGY	26.60	17.62					44.22 69
70 ELECTROENCEPHALOGRAPHY	22.19	15.43					37.62 70
71 MEDICAL SUPPLIES CHARGED TO PAT	31.00	17.02					48.02 71
72 IMPL. DEV. CHARGED TO PATIENTS	2.14	2.37					4.51 72
73 DRUGS CHARGED TO PATIENTS	33.36	16.96					50.32 73
74 RENAL DIALYSIS	2.49	0.16					2.65 74
76.97 CARDIAC REHABILITATION	0.56	40.15					40.71 76.97
90.01 OCCUPATIONAL HEALTH		1.18					1.18 90.01
91 EMERGENCY	12.67	12.98					25.65 91
92 OBSERVATION BEDS (NON-DISTINCT)	8.54	29.21					37.75 92
200 TOTAL CHARGES	19.31	16.58					35.89 200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	5,545,478	4.60	-5,545,478	-9.29			1
2	CAP REL COSTS-MVBLE EQUIP	3,528,670	2.93	-3,528,670	-5.91			2
3	OTHER CAP REL COSTS							3
4	EMPLOYEE BENEFITS DEPARTMENT	10,358,271	8.59	-10,358,271	-17.36			4
5	ADMINISTRATIVE & GENERAL	26,242,246	21.77	-26,242,246	-43.98			5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	3,646,395	3.03	-3,646,395	-6.11			7
7.01	BIO MED	1,680,196	1.39	-1,680,196	-2.82			7.01
8	LAUNDRY & LINEN SERVICE	363,074	0.30	-363,074	-0.61			8
9	HOUSEKEEPING	1,188,345	0.99	-1,188,345	-1.99			9
10	DIETARY	897,489	0.74	-897,489	-1.50			10
11	CAFETERIA	504,529	0.42	-504,529	-0.85			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	852,514	0.71	-852,514	-1.43			13
14	CENTRAL SERVICES & SUPPLY	155,691	0.13	-155,691	-0.26			14
14.01	STERILE PROCESSING	333,041	0.28	-333,041	-0.56			14.01
15	PHARMACY	1,631,625	1.35	-1,631,625	-2.73			15
16	MEDICAL RECORDS & LIBRARY	1,714,132	1.42	-1,714,132	-2.87			16
17	SOCIAL SERVICE	866,596	0.72	-866,596	-1.45			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES A							21
22	I&R SERVICES-OTHER PRGM COSTS A							22
23	PARAMED ED PRGM-(SPECIFY)	159,562	0.13	-159,562	-0.27			23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	7,509,356	6.23	14,996,079	25.13	22,505,435	18.67	30
31	INTENSIVE CARE UNIT	2,297,636	1.91	2,632,403	4.41	4,930,039	4.09	31
34	SURGICAL INTENSIVE CARE UNIT	1,535,722	1.27	1,722,249	2.89	3,257,971	2.70	34
43	NURSERY							43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	2,404,742	2.00	4,148,984	6.95	6,553,726	5.44	50
50.01	SPECIAL PROCEDURES							50.01
51	RECOVERY ROOM	1,279,208	1.06	1,264,790	2.12	2,543,998	2.11	51
51.01	OP ONCOLOGY	1,006,186	0.83	2,054,401	3.44	3,060,587	2.54	51.01
52.02	SUBSTANCE ABUSE	287,821	0.24	408,901	0.69	696,722	0.58	52.02
52.04	DIABETES EDUCATION	54,310	0.05	91,132	0.15	145,442	0.12	52.04
52.05	PODIATRY							52.05
52.06	INFUSION CLINIC	313,173	0.26	348,593	0.58	661,766	0.55	52.06
53	ANESTHESIOLOGY	4,132,424	3.43	1,441,709	2.42	5,574,133	4.62	53
54	RADIOLOGY-DIAGNOSTIC	2,938,009	2.44	3,798,250	6.37	6,736,259	5.59	54
56	RADIOISOTOPE	822,156	0.68	830,443	1.39	1,652,599	1.37	56
59	CARDIAC CATHETERIZATION	535,236	0.44	1,052,453	1.76	1,587,689	1.32	59
60	LABORATORY	4,203,142	3.49	2,195,428	3.68	6,398,570	5.31	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	1,519,471	1.26	1,241,764	2.08	2,761,235	2.29	65
66	PHYSICAL THERAPY	892,068	0.74	941,945	1.58	1,834,013	1.52	66
66.01	WOUND CARE	1,289,584	1.07	692,601	1.16	1,982,185	1.64	66.01
67	OCCUPATIONAL THERAPY	175,682	0.15	130,903	0.22	306,585	0.25	67
68	SPEECH PATHOLOGY	177,575	0.15	112,464	0.19	290,039	0.24	68
69	ELECTROCARDIOLOGY	324,997	0.27	461,312	0.77	786,309	0.65	69
70	ELECTROENCEPHALOGRAPHY	35,899	0.03	55,576	0.09	91,475	0.08	70
71	MEDICAL SUPPLIES CHARGED TO PAT	5,170,495	4.29	1,542,820	2.59	6,713,315	5.57	71
72	IMPL. DEV. CHARGED TO PATIENTS	4,183,942	3.47	1,249,874	2.09	5,433,816	4.51	72
73	DRUGS CHARGED TO PATIENTS	7,776,523	6.45	5,267,855	8.83	13,044,378	10.82	73
74	RENAL DIALYSIS	3,803,599	3.16	3,195,267	5.36	6,998,866	5.81	74
76	OTHER							76
76.97	CARDIAC REHABILITATION	2,792		533,521	0.89	536,313	0.44	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90.01	OCCUPATIONAL HEALTH	851,386	0.71	1,014,941	1.70	1,866,327	1.55	90.01
91	EMERGENCY	2,958,801	2.45	3,712,533	6.22	6,671,334	5.53	91
92	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							92
95	AMBULANCE SERVICES							95
OUTPATIENT SERVICE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CAN	97,260	0.08	70,024	0.12	167,284	0.14	190
194	OTHER NRCC	2,283,036	1.89	2,458,639	4.12	4,741,675	3.93	194
194.01	SISTERS RESIDENCE							194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	120,530,085	100.00			120,530,085	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,115,950	40,440,952	0.027595	7,458,666	205,822	50
50.01 SPECIAL PROCEDURES						50.01
51 RECOVERY ROOM	118,304	8,987,376	0.013163	998,222	13,140	51
51.01 OP ONCOLOGY	626,530	3,090,162	0.202750			51.01
52.02 SUBSTANCE ABUSE	106,648	853,355	0.124975	11,619	1,452	52.02
52.04 DIABETES EDUCATION	22,167	1,812,527	0.012230	929,731	11,371	52.04
52.05 PODIATRY						52.05
52.06 INFUSION CLINIC	58,109	3,626,004	0.016026	228,870	3,668	52.06
53 ANESTHESIOLOGY	64,888	9,348,742	0.006941	1,062,299	7,373	53
54 RADIOLOGY-DIAGNOSTIC	1,065,823	98,337,239	0.010838	13,775,098	149,295	54
56 RADIOISOTOPE	296,618	10,947,803	0.027094	928,058	25,145	56
59 CARDIAC CATHETERIZATION	375,323	14,983,011	0.025050	4,967,232	124,429	59
60 LABORATORY	499,722	59,238,938	0.008436	13,205,963	111,406	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	126,981	11,455,998	0.011084	4,738,925	52,526	65
66 PHYSICAL THERAPY	178,296	6,603,759	0.026999	1,345,748	36,334	66
66.01 WOUND CARE	95,681	7,299,745	0.013107	141,720	1,858	66.01
67 OCCUPATIONAL THERAPY	10,371	1,696,047	0.006115	473,138	2,893	67
68 SPEECH PATHOLOGY	6,546	469,027	0.013957	104,086	1,453	68
69 ELECTROCARDIOLOGY	108,803	11,950,149	0.009105	3,178,588	28,941	69
70 ELECTROENCEPHALOGRAPHY	20,075	526,994	0.038093	116,939	4,455	70
71 MEDICAL SUPPLIES CHARGED TO PAT	25,323	49,250,288	0.000514	15,268,231	7,848	71
72 IMPL. DEV. CHARGED TO PATIENTS	20,856	15,001,246	0.001390	320,453	445	72
73 DRUGS CHARGED TO PATIENTS	106,109	72,181,453	0.001470	24,076,424	35,392	73
74 RENAL DIALYSIS	419,580	35,544,435	0.011804	884,168	10,437	74
76 OTHER						76
76.97 CARDIAC REHABILITATION	152,752	321,948	0.474462	1,817	862	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OCCUPATIONAL HEALTH	184,087	1,426,128	0.129082			90.01
91 EMERGENCY	420,165	54,317,053	0.007735	6,883,325	53,243	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	165,428	6,836,930	0.024196	583,860	14,127	92
95 AMBULANCE SERVICES						95
200 TOTAL	6,391,135	526,547,309		101,683,180	903,915	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	CAPITAL	PATIENT	DIEM	PROGRAM	INPATIENT
	COSTS	AMOUNT	RELATED	DAYS		DAYS	PPS CAPITAL
	1	2	COST	4	5	6	COSTS
			3				7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	1,761,428		1,761,428	24,575	71.68	11,756	842,670
31 INTENSIVE CARE UNIT	251,671		251,671	1,329	189.37	761	144,111
34 SURGICAL INTENSIVE CARE UNIT	172,257		172,257	636	270.84	394	106,711
200 TOTAL	2,185,356		2,185,356	26,540		12,911	1,093,492

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,093,492
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	903,915
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	1,997,407
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)	2,576
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)	12,911
PER DISCHARGE CAPITAL COSTS	775.39
PER DIEM CAPITAL COSTS	154.71

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	28,523,202
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	139,903,156
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.204

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	1,997,407
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.014

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01 & 2.02 x (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	13,800,920
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	82,674,810
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.167

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	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	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	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	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)	19