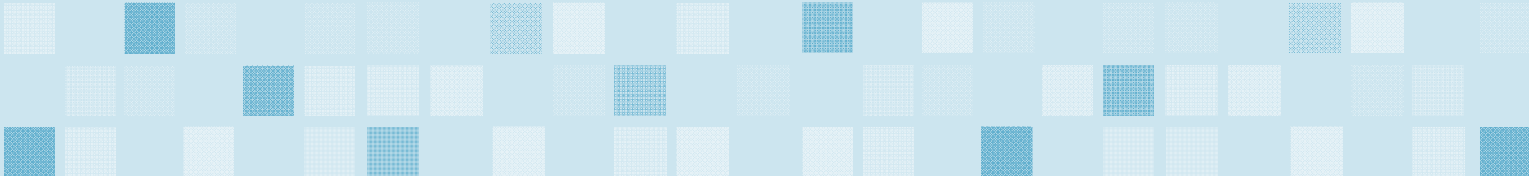


Presence Resurrection Medical Center

Medicare Cost Report

Six Months Ended 12.31.2012



This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 140117 Period: From 07/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/23/2013 12:49 pm

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/23/2013 Time: 12:49 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter
 (3) Settled with Audit 9. Final Report for this Provider CCN number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE RESURRECTION MEDICAL CENTER (140117) for the cost reporting period beginning 07/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/23/2013 Time: 12:49 pm
 7EOK8khS1oWKvyeK9GAVmnpXgogN: 0
 yI PFJ0gJ. 0d9syuRD0EZKnPAd0mPI 9
 NOM61bVUsk0x2NI h
 PI: Date: 5/23/2013 Time: 12:49 pm
 :lg8c1: 23JrRg5YRxS: 12V21oNHsB0
 ZkSdU06Q0eEw7yf: VQyGBC4GAtUsW
 N052018: L0ORj R4k

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	447,944	-25,078	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	1,194	-2	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	449,138	-25,080	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 12:48 pm
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 PO Box:	3.00 Zip Code: 60631	4.00 County: COOK	1.00
1.00 Street: 7435 WEST TALCOTT	2.00 State: IL			2.00
2.00 City: CHI CAGO				

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	PRESENCE RESURRECTION MEDICAL CENTER	140117	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	RESURRECTION REHAB UNIT	14T117	16974	5	07/01/1991	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF	RESURRECTION NURSING PAVILION	145324	16974		02/01/1980	N	P	O	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	RESURRECTION MEDICAL CENTER RDF	142335	16974		07/01/2004				18.00
19.00	Other									19.00

		From:	To:	
20.00	Cost Reporting Period (mm/dd/yyyy)	1.00	2.00	
21.00	Type of Control (see instructions)	07/01/2012	12/31/2012	20.00
		1		

Inpatient PPS Information				
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	N	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	0	N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,416	738	0	0	0	134	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	72	47	0	0	0	55	25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 12:48 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1 / (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet S-2
Part I
Date/Time Prepared:
5/23/2013 12:48 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 12:48 pm		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N			0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V	XIX			
		1.00	2.00			
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0				118.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 12:48 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.00	List amounts of malpractice premiums and paid losses:	0	0		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	148082	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: PRESENCE HEALTH	Contractor's Name: NGS		Contractor's Number: 00131	
142.00	Street: 100 NORTH RIVER ROAD	PO Box:			
143.00	City: DES PLAINES	State: IL		Zip Code: 60016	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140117		Period: From 07/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 12:48 pm		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 12:48 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		Y		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
			Part A		Part B
			Description	Y/N	Date
			0	1.00	2.00
					3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/01/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 12:48 pm
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	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00	21.00
		N			N	
						1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
			Y/N	Date		
			1.00	2.00		
Home Office Costs						
36.00	Were home office costs claimed on the cost report?		Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N			40.00
						1.00
						2.00
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ALICIA		JUMPER		41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTHCARE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3713		ALICIA.JUMPER@RESHEALTHCARE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 12:48 pm
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		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/01/2013		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2013 12:48 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	248	45,632	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		248	45,632	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	41	7,544	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		289	53,176	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	65	11,960		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	298	54,832		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		652				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents	
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
	6.00	7.00	8.00	9.00	10.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	13,512	1,627	21,395		1.00
2.00 HMO	1,221	0			2.00
3.00 HMO IPF Subprovider	0	0			3.00
4.00 HMO IRF Subprovider	222	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,512	1,627	21,395		7.00
8.00 INTENSIVE CARE UNIT	2,450	160	4,001		8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY		0	973		13.00
14.00 Total (see instructions)	15,962	1,787	26,369	70.64	753.18
15.00 CAH visits	0	0	0		15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	5,433	42	6,837	0.00	35.54
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY	6,698	23,381	39,582	0.00	69.13
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet S-3 Part I Date/Time Prepared: 5/23/2013 12:48 pm
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				70.64	857.85	27.00
28.00 Observation Bed Days		97	1,355			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00
Component	Full Time Equivalents	Discharges				
	Nonpaid Workers	Title V	Title VIII	Title XIX		Total All Patients
	11.00	12.00	13.00	14.00		15.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	3,120	536	5,524	1.00
2.00 HMO			244			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,120	536	5,524	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	449	1	552	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140117		Period: From 07/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/23/2013 12:48 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	51,480,396	0	51,480,396	1,784,322.00	28.85	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		1,021,978	0	1,021,978	8,988.00	113.70	4.00
4.01	Physicians - Part A - Teaching		420,480	0	420,480	5,004.00	84.03	4.01
5.00	Physician-Part B		775,448	0	775,448	7,399.00	104.80	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	2,162,268	2,162,268	89,008.00	24.29	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	3,084,283	118,238	3,202,521	147,962.00	21.64	9.00
10.00	Excluded area salaries (see instructions)		2,193,074	19,114	2,212,188	75,151.00	29.44	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		2,965,102	0	2,965,102	94,128.00	31.50	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		8,289,200	0	8,289,200	201,667.00	41.10	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		9,690,516	0	9,690,516			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		1,374,915	0	1,374,915			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		85,200	0	85,200			22.00
22.01	Physician Part A - Teaching		47,434	0	47,434			22.01
23.00	Physician Part B		70,134	0	70,134			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		548,470	0	548,470			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	436,416	0	436,416	24,188.00	18.04	26.00
27.00	Administrative & General	5.00	2,494,549	272,046	2,766,595	119,465.00	23.16	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	331,918	0	331,918	16,116.00	20.60	29.00
30.00	Operation of Plant	7.00	1,020,648	-390,284	630,364	21,772.00	28.95	30.00
31.00	Laundry & Linen Service	8.00	80,921	0	80,921	7,941.00	10.19	31.00
32.00	Housekeeping	9.00	983,437	0	983,437	80,492.00	12.22	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,353,250	-599,293	753,957	52,100.00	14.47	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	580,179	580,179	37,556.00	15.45	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,168,767	0	1,168,767	37,036.00	31.56	38.00
39.00	Central Services and Supply	14.00	161,679	0	161,679	9,819.00	16.47	39.00
40.00	Pharmacy	15.00	1,343,318	0	1,343,318	34,788.00	38.61	40.00

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HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2013 12:48 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	2,177,797	0	2,177,797	81,302.00	26.79	41.00
42.00	Social Service	17.00	79,724	0	79,724	3,930.00	20.29	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2013 12:48 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	50,284,468	-2,162,268	48,122,200	1,682,911.00	28.59	1.00
2.00	Excluded area salaries (see instructions)	5,277,357	137,352	5,414,709	223,113.00	24.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,007,111	-2,299,620	42,707,491	1,459,798.00	29.26	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,254,302	0	11,254,302	295,795.00	38.05	4.00
5.00	Subtotal wage-related costs (see inst.)	9,775,716	0	9,775,716	0.00	22.89	5.00
6.00	Total (sum of lines 3 thru 5)	66,037,129	-2,299,620	63,737,509	1,755,593.00	36.31	6.00
7.00	Total overhead cost (see instructions)	11,632,424	-137,352	11,495,072	526,505.00	21.83	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2013 12:48 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		2,226,127	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		4,977,563	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		161,502	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		48,854	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		197,584	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		444,495	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,611,639	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		34,278	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		110,102	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		11,812,144	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/23/2013 12:48 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,965,102	0	1.00
2.00	Hospital	2,965,102	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	58	0	0	0	0	0	1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00	0.00	0.00	3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	156	0					5.00
6.00	Number of stations	12	0	0	0			6.00
7.00	Treatment capacity per day per station	3	0					7.00
8.00	Utilization (see instructions)	0.00	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00
TRANSPLANT INFORMATION								
11.00	Number of patients on transplant list	0						11.00
12.00	Number of patients transplanted during the cost reporting period	0						12.00
EPOETIN								
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	0						13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0						14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	0						15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0						16.00
ARANESP								
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0						17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0						18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0						19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0						20.00
						MCP	INITIAL METHOD	
						1.00	2.00	
21.00	PHYSICIAN PAYMENT METHOD enter "X" if method(s) is applicable					X		21.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet S-7

Date/Time Prepared:
5/23/2013 12:48 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	14	0	14 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	1	0	1 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	701	0	701 12.00
13.00		RUB	1,435	0	1,435 13.00
14.00		RUA	395	0	395 14.00
15.00		RVC	748	0	748 15.00
16.00		RVB	1,069	0	1,069 16.00
17.00		RVA	337	0	337 17.00
18.00		RHC	271	0	271 18.00
19.00		RHB	392	0	392 19.00
20.00		RHA	111	0	111 20.00
21.00		RMC	177	0	177 21.00
22.00		RMB	162	0	162 22.00
23.00		RMA	60	0	60 23.00
24.00		RLB	36	0	36 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	53	0	53 28.00
29.00		HE2	46	0	46 29.00
30.00		HE1	78	0	78 30.00
31.00		HD2	42	0	42 31.00
32.00		HD1	53	0	53 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	22	0	22 36.00
37.00		LE2	30	0	30 37.00
38.00		LE1	89	0	89 38.00
39.00		LD2	20	0	20 39.00
40.00		LD1	91	0	91 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	72	0	72 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	65	0	65 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	3	0	3 47.00
48.00		CD1	24	0	24 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	18	0	18 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	1	0	1 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	22	0	22 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	4	0	4 67.00
68.00		BA1	0	0	0 68.00

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet S-7

Date/Time Prepared:
5/23/2013 12:48 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	3	0	3	69.00
70.00		PE1	1	0	1	70.00
71.00		PD2	5	0	5	71.00
72.00		PD1	24	0	24	72.00
73.00		PC2	6	0	6	73.00
74.00		PC1	3	0	3	74.00
75.00		PB2	3	0	3	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	5	0	5	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	6	0	6	199.00
200.00	TOTAL		6,698	0	6,698	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		16974	16974	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		10,969,082			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/23/2013 12:48 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.216520	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		7,502,153	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		1,485,516	5.00	
6.00	Medicaid charges		43,755,815	6.00	
7.00	Medicaid cost (line 1 times line 6)		9,474,009	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		486,340	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		486,340	19.00	
			1.00		
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,306,863	77,574	1,384,437	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	282,962	16,796	299,758	21.00
22.00	Partial payment by patients approved for charity care	12,214	4,911	17,125	22.00
23.00	Cost of charity care (line 21 minus line 22)	270,748	11,885	282,633	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		5,529,298	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		319,935	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		5,209,363	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,127,931	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,410,564	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		1,896,904	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet A

Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		5,586,639		5,378,349	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	2,643,532	2,643,532	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	436,416	220,848	657,264	657,264	4.00
5.10	00541	NON PATIENT PHONES	0	176,109	176,109	176,109	5.10
5.20	00551	DATA PROCESSING	0	0	0	0	5.20
5.30	00561	PURCHASING AND STORES	0	0	0	0	5.30
5.50	00582	CASHIERS AR AND COLLECTIONS	0	0	0	0	5.50
5.60	00592	ADMINISTRATION & GENERAL	1,825,563	29,998,939	31,824,502	29,365,508	5.60
5.90	00593	RNP ADMINISTRATION	668,986	1,514,654	2,183,640	1,880,771	5.90
6.00	00600	MAINTENANCE & REPAIRS	331,918	368,658	700,576	700,576	6.00
7.00	00700	OPERATION OF PLANT	933,148	4,075,818	5,008,966	1,387,997	7.00
7.01	00701	ELECTRICITY	0	0	0	3,011,330	7.01
7.02	00702	RNP OPERATION OF PLANT	87,500	293,467	380,967	380,967	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	651,059	651,059	651,059	8.00
8.01	00801	RNP LAUNDRY	80,921	76,015	156,936	156,936	8.01
9.00	00900	HOUSEKEEPING	798,653	942,734	1,741,387	1,741,387	9.00
9.01	00901	RNP HOUSEKEEPING	184,784	109,082	293,866	293,866	9.01
10.00	01000	DIETARY	1,051,843	1,180,903	2,232,746	960,629	10.00
10.01	01001	RNP DIETARY	301,407	516,188	817,595	817,595	10.01
11.00	01100	CAFETERIA	0	0	0	1,231,544	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,168,767	296,111	1,464,878	1,464,878	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	161,679	1,154,993	1,316,672	1,316,672	14.00
15.00	01500	PHARMACY	1,343,318	4,805,497	6,148,815	1,695,961	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,177,797	1,190,889	3,368,686	3,368,686	16.00
17.00	01700	SOCIAL SERVICE	0	16	16	16	17.00
17.01	01701	RNP SOCIAL SERVICE	79,724	23,246	102,970	102,970	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	2,162,268	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,775,861	1,465,732	4,241,593	3,431,843	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,356,446	2,910,738	12,267,184	11,722,268	30.00
31.00	03100	INTENSIVE CARE UNIT	2,876,372	905,576	3,781,948	3,581,634	31.00
41.00	04100	SUBPROVIDER - IIRF	2,193,047	651,480	2,844,527	2,783,423	41.00
43.00	04300	NURSERY	503,666	519,555	1,023,221	997,467	43.00
44.00	04400	SKILLED NURSING FACILITY	3,084,283	1,507,417	4,591,700	4,610,404	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,373,206	8,475,942	10,849,148	5,355,393	50.00
51.00	05100	RECOVERY ROOM	458,977	97,053	556,030	541,887	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	487,907	502,468	990,375	962,214	52.00
53.00	05300	ANESTHESIOLOGY	78,752	734,209	812,961	620,343	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,203,333	1,411,888	3,615,221	2,497,698	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	861,773	440,482	1,302,255	1,367,414	55.00
56.00	05600	RADIOISOTOPE	571,848	373,581	945,429	1,162,562	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	393,553	213,811	607,364	579,672	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	242,040	357,380	599,420	606,793	58.00
59.00	05900	CARDIAC CATHETERIZATION	787,781	1,216,987	2,004,768	953,734	59.00
60.00	06000	LABORATORY	757,092	5,229,441	5,986,533	5,986,528	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	811,100	811,100	811,100	62.00
65.00	06500	RESPIRATORY THERAPY	654,136	310,134	964,270	853,983	65.00
66.00	06600	PHYSICAL THERAPY	1,571,951	373,128	1,945,079	1,907,113	66.00
66.01	06601	RNRC PHYSICAL THERAPY	212,175	60,547	272,722	272,485	66.01
66.02	06602	DAY REHABILITATION FACILITY	328,471	79,832	408,303	407,820	66.02
67.00	06700	OCCUPATIONAL THERAPY	823,206	188,913	1,012,119	1,027,577	67.00
68.00	06800	SPEECH PATHOLOGY	498,093	231,506	729,599	616,756	68.00
69.00	06900	ELECTROCARDIOLOGY	544,157	613,324	1,157,481	1,160,921	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	72,667	698,849	771,516	663,758	70.00
70.01	07001	ELECTROPHYSIOLOGY	15,575	1,064,513	1,080,088	-2,274	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	4,988,596	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,271,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,918,627	73.00
73.01	03950	WELLNESS PROGRAM	64,475	42,447	106,922	106,922	73.01
74.00	07400	RENAL DIALYSIS	525,476	382,974	908,450	703,592	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,077,422	594,216	1,671,638	1,364,100	90.00
91.00	09100	EMERGENCY	2,007,619	980,704	2,988,323	2,630,464	91.00
91.01	04040	FAMILY PRACTICE	1,446,585	545,662	1,992,247	602,517	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0	0	91.02

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet A
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
92.00	09200 OBSERVATION BEDS						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	51,480,396	87,173,454	138,653,850	-40,567	138,613,283	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	604	604	40,567	41,171	193.00
194.00	07950 OTHER	0	0	0	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	TOTAL (SUM OF LINES 118-199)	51,480,396	87,174,058	138,654,454	0	138,654,454	200.00
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation				
		6.00	7.00				
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT	304,013	5,682,362				1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	1,114,001	3,757,533				2.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0				3.00
4.00	00400 EMPLOYEE BENEFITS	-600,440	56,824				4.00
5.10	00541 NON PATIENT PHONES	-96	176,013				5.10
5.20	00551 DATA PROCESSING	2,600,427	2,600,427				5.20
5.30	00561 PURCHASING AND STORES	346,586	346,586				5.30
5.50	00582 CASHIERS AR AND COLLECTIONS	3,450,645	3,450,645				5.50
5.60	00592 ADMINISTRATION & GENERAL	-15,700,871	13,664,637				5.60
5.90	00593 RNP ADMINISTRATION	-940,885	939,886				5.90
6.00	00600 MAINTENANCE & REPAIRS	0	700,576				6.00
7.00	00700 OPERATION OF PLANT	0	1,387,997				7.00
7.01	00701 ELECTRICITY	-14,839	2,996,491				7.01
7.02	00702 RNP OPERATION OF PLANT	0	380,967				7.02
8.00	00800 LAUNDRY & LINEN SERVICE	0	651,059				8.00
8.01	00801 RNP LAUNDRY	-6,094	150,842				8.01
9.00	00900 HOUSEKEEPING	0	1,741,387				9.00
9.01	00901 RNP HOUSEKEEPING	0	293,866				9.01
10.00	01000 DIETARY	0	960,629				10.00
10.01	01001 RNP DIETARY	-2,207	815,388				10.01
11.00	01100 CAFETERIA	-561,865	669,679				11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300 NURSING ADMINISTRATION	-313,165	1,151,713				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	681,546	1,998,218				14.00
15.00	01500 PHARMACY	0	1,695,961				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-77,745	3,290,941				16.00
17.00	01700 SOCIAL SERVICE	0	16				17.00
17.01	01701 RNP SOCIAL SERVICE	0	102,970				17.01
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000 NURSING SCHOOL	0	0				20.00
21.00	02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	2,162,268				21.00
22.00	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	-670,289	2,761,554				22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	-34,780	11,687,488				30.00
31.00	03100 INTENSIVE CARE UNIT	33,738	3,615,372				31.00
41.00	04100 SUBPROVIDER - IIRF	-293,124	2,490,299				41.00
43.00	04300 NURSERY	-338,582	658,885				43.00
44.00	04400 SKILLED NURSING FACILITY	0	4,610,404				44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	-7,001	5,348,392				50.00
51.00	05100 RECOVERY ROOM	0	541,887				51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-313,093	649,121				52.00
53.00	05300 ANESTHESIOLOGY	-507,049	113,294				53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-1,219	2,496,479				54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,367,414				55.00
56.00	05600 RADIOISOTOPE	0	1,162,562				56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	579,672				57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	606,793				58.00
59.00	05900 CARDIAC CATHETERIZATION	0	953,734				59.00
60.00	06000 LABORATORY	-310,646	5,675,882				60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	811,100				62.00
65.00	06500 RESPIRATORY THERAPY	0	853,983				65.00
66.00	06600 PHYSICAL THERAPY	-12	1,907,101				66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	272,485				66.01
66.02	06602 DAY REHABILITATION FACILITY	0	407,820				66.02
67.00	06700 OCCUPATIONAL THERAPY	0	1,027,577				67.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet A
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
68.00	06800	SPEECH PATHOLOGY	0	616,756	68.00
69.00	06900	ELECTROCARDIOLOGY	-298,958	861,963	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-542,205	121,553	70.00
70.01	07001	ELECTROPHYSIOLOGY	-8,400	-10,674	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	4,988,596	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,271,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,918,627	73.00
73.01	03950	WELLNESS PROGRAM	-7,938	98,984	73.01
74.00	07400	RENAL DIALYSIS	0	703,592	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,364,100	90.00
91.00	09100	EMERGENCY	-157,028	2,473,436	91.00
91.01	04040	FAMILY PRACTICE	-142,707	459,810	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	91.02
92.00	09200	OBSERVATION BEDS			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,320,282	125,293,001	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	41,171	193.00
194.00	07950	OTHER	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		TOTAL (SUM OF LINES 118-199)	-13,320,282	125,334,172	200.00

RECLASSIFICATIONS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL SUPPLY & DRUGS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	5,271,079	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,918,627	2.00
3.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	4,988,596	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
TOTALS			0	16,178,302	
D - DEFAULT					
1.00	ELECTRICITY	7.01	0	1,196,450	1.00
TOTALS			0	1,196,450	
F - DIETARY					
1.00	CAFETERIA	11.00	580,179	651,365	1.00
2.00	NONPAID WORKERS	193.00	19,114	21,459	2.00
TOTALS			599,293	672,824	
G - DEFAULT					
1.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	365,123	0	1.00
2.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	479,181	0	2.00
3.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	29,033	0	3.00
TOTALS			873,337	0	
H - NURSE ADMIN					
1.00	SKILLED NURSING FACILITY	44.00	118,238	50,512	1.00
TOTALS			118,238	50,512	
I - RADIOLOGY ADMIN					
1.00	RADIOLOGY-THERAPEUTIC	55.00	93,402	45,302	1.00
2.00	RADIOISOTOPE	56.00	157,676	76,476	2.00
3.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	64,280	31,177	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	39,533	19,174	4.00
TOTALS			354,891	172,129	
J - BIO ENGINEERING					
1.00	ELECTRICITY	7.01	20,419	1,794,461	1.00
TOTALS			20,419	1,794,461	
K - THERAPY SUPV					
1.00	OCCUPATIONAL THERAPY	67.00	18,113	0	1.00
2.00	SPEECH PATHOLOGY	68.00	10,959	0	2.00
TOTALS			29,072	0	
L - SHARED SUPV					
1.00	ELECTROCARDIOLOGY	69.00	23,487	0	1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	5,420	0	2.00
TOTALS			28,907	0	

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
M - EQUIP DEPREC					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,643,532	1.00
	TOTALS		0	2,643,532	
N - SECURITY					
1.00	ADMINISTRATION & GENERAL	5.60	390,284	219,355	1.00
	TOTALS		390,284	219,355	
O - RESIDENT RECLASS					
1.00	I&R SRVCES-SALARY & FRINGES	21.00	2,162,268	0	1.00
	APPRVD				
2.00		0.00	0	0	2.00
	TOTALS		2,162,268	0	
P - PROPERTY INS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	118,907	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,192	2.00
	TOTALS		0	125,099	
S - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,310,143	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	2,310,143	
500.00	Grand Total: Increases		4,576,709	25,362,807	500.00

RECLASSIFICATIONS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-6
Date/Time Prepared:
5/23/2013 12:48 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLY & DRUGS							
1.00	ADMINISTRATION & GENERAL	5.60	0	767,510	0		1.00
2.00	PHARMACY	15.00	0	4,452,854	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	544,916	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	200,314	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	61,131	0		5.00
6.00	NURSERY	43.00	0	25,754	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	150,046	0		7.00
8.00	OPERATING ROOM	50.00	0	5,493,755	0		8.00
9.00	RECOVERY ROOM	51.00	0	14,143	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	28,161	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	192,618	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	590,503	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	73,545	0		13.00
14.00	RADIOISOTOPE	56.00	0	17,019	0		14.00
15.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	123,149	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	51,334	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	1,051,034	0		17.00
18.00	LABORATORY	60.00	0	5	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	81,380	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	8,894	0		20.00
21.00	RNRC PHYSICAL THERAPY	66.01	0	237	0		21.00
22.00	DAY REHABILITATION FACILITY	66.02	0	483	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	2,655	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	123,802	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	20,047	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	113,178	0		26.00
27.00	ELECTROPHYSIOLOGY	70.01	0	1,082,362	0		27.00
28.00	RENAL DIALYSIS	74.00	0	204,858	0		28.00
29.00	CLINIC	90.00	0	307,538	0		29.00
30.00	EMERGENCY	91.00	0	357,859	0		30.00
31.00	FAMILY PRACTICE	91.01	0	37,212	0		31.00
32.00	NONPAID WORKERS	193.00	0	6	0		32.00
	TOTALS		0	16,178,302			
D - DEFAULT							
1.00	OPERATION OF PLANT	7.00	0	1,196,450	0		1.00
	TOTALS		0	1,196,450			
F - DIETARY							
1.00	DIETARY	10.00	599,293	672,824	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		599,293	672,824			
G - DEFAULT							
1.00	FAMILY PRACTICE	91.01	873,337	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		873,337	0			
H - NURSE ADMIN							
1.00	RNP ADMINISTRATION	5.90	118,238	50,512	0		1.00
	TOTALS		118,238	50,512			
I - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	354,891	172,129	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		354,891	172,129			
J - BIO ENGINEERING							
1.00	OPERATION OF PLANT	7.00	20,419	1,794,461	0		1.00
	TOTALS		20,419	1,794,461			
K - THERAPY SUPV							
1.00	PHYSICAL THERAPY	66.00	29,072	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		29,072	0			
L - SHARED SUPV							
1.00	RESPIRATORY THERAPY	65.00	28,907	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		28,907	0			
M - EQUIP DEPREC							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,643,532	9		1.00
	TOTALS		0	2,643,532			

RECLASSIFICATIONS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
N - SECURITY							
1.00	OPERATION OF PLANT	7.00	390,284	219,355	0		1.00
	TOTALS		390,284	219,355			
O - RESIDENT RECLASS							
1.00	I & R SRVCES-OTHER PRGM COSTS APPRVD	22.00	1,683,087	0	0		1.00
2.00	FAMILY PRACTICE	91.01	479,181	0	0		2.00
	TOTALS		2,162,268	0			
P - PROPERTY INS							
1.00	ADMINISTRATION & GENERAL	5.60	0	118,907	12		1.00
2.00	RNP ADMINISTRATION	5.90	0	6,192	12		2.00
	TOTALS		0	125,099			
S - CAPITAL INTEREST							
1.00	ADMINISTRATION & GENERAL	5.60	0	2,182,216	11		1.00
2.00	RNP ADMINISTRATION	5.90	0	127,927	11		2.00
	TOTALS		0	2,310,143			
500.00	Grand Total: Decreases		4,576,709	25,362,807			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-7
Part I
Date/Time Prepared:
5/23/2013 12:48 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	580,293	0	580,293	0	1.00
2.00	Land Improvements	0	306,463	0	306,463	0	2.00
3.00	Buildings and Fixtures	0	13,183,342	0	13,183,342	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	131,936,029	0	0	0	8,669,898	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	131,936,029	14,070,098	0	14,070,098	8,669,898	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	131,936,029	14,070,098	0	14,070,098	8,669,898	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	580,293	0				1.00
2.00	Land Improvements	306,463	0				2.00
3.00	Buildings and Fixtures	13,183,342	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	123,266,131	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	137,336,229	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	137,336,229	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-7
Part II
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	5,586,639	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,586,639	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	5,586,639				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,586,639				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-7
Part III
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	14,070,098	0	14,070,098	0.102450	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	123,266,131	0	123,266,131	0.897550	0	2.00
3.00	Total (sum of lines 1-2)	137,336,229	0	137,336,229	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,247,120	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,643,532	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,890,652	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,310,143	125,099	0	0	5,682,362	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,114,001	0	0	0	3,757,533	2.00
3.00	Total (sum of lines 1-2)	3,424,144	125,099	0	0	9,439,895	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-51,874	ADMINISTRATION & GENERAL	5.60	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-96	NON PATIENT PHONES	5.10	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,601,170			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-3,089,655			0	12.00
13.00 Laundry and linen service	B	-6,094	RNP LAUNDRY	8.01	0	13.00
14.00 Cafeteria-employees and guests	B	-561,865	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-8

Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.00 TV ELECTRICITY COST	A	-14,839	ELECTRICITY	7.01	0	33.00
33.01 EMPLOYEE CHILD CARE REVENUE	B	-474,830	EMPLOYEE BENEFITS	4.00	0	33.01
33.07 NURSING REIMBURSEMENT	A	-313,165	NURSING ADMINISTRATION	13.00	0	33.07
33.12 PHASE 3 CARDIAC REVENUE	B	-44,627	ELECTROCARDIOLOGY	69.00	0	33.12
33.16 EMPLOYEE FITNESS REVENUE	B	-24,259	EMPLOYEE BENEFITS	4.00	0	33.16
33.18 PAVILION REVENUE	B	-10,183	CENTRAL SERVICES & SUPPLY	14.00	0	33.18
33.19 PAVILION REVENUE	B	-150	RNP ADMINISTRATION	5.90	0	33.19
33.20 PAVILION REVENUE	A	-2,207	RNP DIETARY	10.01	0	33.20
33.25 RNRC ADMINISTRATION MISC REV	B	-3,834	RNP ADMINISTRATION	5.90	0	33.25
33.39 OUTPATIENT EXP BLDG	A	140,167	CAP REL COSTS-BLDG & FIXT	1.00	9	33.39
33.50 MISC REVENUE	B	-328,082	ADMINISTRATION & GENERAL	5.60	0	33.50
33.51 MED STAFF &PT B PHY BENEFITS-ES	A	-349,891	EMPLOYEE BENEFITS	4.00	0	33.51
34.00 AHA DUES	A	-4,748	ADMINISTRATION & GENERAL	5.60	0	34.00
35.00 CPA ADJUSTMENT MEDICAID TAX	A	-3,409,458	ADMINISTRATION & GENERAL	5.60	0	35.00
40.00 MISC REVENUE	A	-67,496	MEDICAL RECORDS & LIBRARY	16.00	0	40.00
41.00 MISC REVENUE	A	-10,249	MEDICAL RECORDS & LIBRARY	16.00	0	41.00
42.00		0		0.00	0	42.00
43.00 MISC REVENUE	A	-478	DELIVERY ROOM & LABOR ROOM	52.00	0	43.00
44.00 MISC REVENUE	A	-1,219	RADIOLOGY-DIAGNOSTIC	54.00	0	44.00
45.00 MISC REVENUE	A	-12	PHYSICAL THERAPY	66.00	0	45.00
45.01 MISC REVENUE	A	-4,200	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	0	45.01
45.02 MISC REVENUE	A	-26	ADULTS & PEDIATRICS	30.00	0	45.02
45.03 MISC REVENUE	A	-77,804	FAMILY PRACTICE	91.01	0	45.03
46.00 MISC REVENUE	A	-7,938	WELLNESS PROGRAM	73.01	0	46.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,320,282				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 140117
 Period: From 07/01/2012 To 12/31/2012
 Worksheet A-8-1
 Date/Time Prepared: 5/23/2013 12:48 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAI MED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS	HOME OFFICE MANAGEMENT FE	476,260	0 1.00
2.00	5.50	CASHIERS AR AND COLLECTIONS	HOME OFFICE	2,704,009	0 2.00
3.00	5.30	PURCHASING AND STORES	HOME OFFICE PURCHASING	346,586	0 3.00
4.00	5.20	DATA PROCESSING	HOME OFFICE COSTS	2,600,427	0 4.00
4.01	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COSTS	8,551,195	19,735,776 4.01
4.02	5.90	RNP ADMINISTRATION	HOME OFFICE	0	936,901 4.02
4.03	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	691,729	0 4.03
4.04	31.00	INTENSIVE CARE UNIT	HOME OFFICE	57,463	0 4.04
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE I	1,114,001	0 4.05
4.06	0.00			0	0 4.06
4.07	5.50	CASHIERS AR AND COLLECTIONS	HOME OFFICE COST ADMITTING	746,636	0 4.07
4.08	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE DEPRECIATION	163,846	0 4.08
4.09	60.00	LABORATORY	LAB	5,205,039	5,074,169 4.09
5.00	0			22,657,191	25,746,846 5.00

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

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

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

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

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

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

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

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

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:
5/23/2013 12:48 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	476,260	0		1.00
2.00	2,704,009	0		2.00
3.00	346,586	0		3.00
4.00	2,600,427	0		4.00
4.01	-11,184,581	0		4.01
4.02	-936,901	0		4.02
4.03	691,729	9		4.03
4.04	57,463	9		4.04
4.05	1,114,001	11		4.05
4.06	0	0		4.06
4.07	746,636	0		4.07
4.08	163,846	9		4.08
4.09	130,870	0		4.09
5.00	-3,089,655			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
		6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-8-2

Date/Time Prepared:
5/23/2013 12:48 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.60	ADMINISTRATION & GENERAL	722,128	722,128	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	34,754	34,754	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	23,725	23,725	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	338,582	293,123	45,458	177,700	1,040	4.00
5.00	43.00	NURSERY	338,582	338,582	0	0	0	5.00
6.00	50.00	OPERATING ROOM	7,001	7,001	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	312,615	312,615	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	507,049	507,049	0	0	0	8.00
9.00	60.00	LABORATORY	635,295	372,186	263,109	192,300	2,096	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	254,331	254,331	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	542,205	542,205	0	0	0	12.00
13.00	70.01	ELECTROPHYSIOLOGY	8,400	8,400	0	0	0	13.00
14.00	74.00	RENAL DIALYSIS	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	157,028	157,028	0	0	0	15.00
16.00	91.01	FAMILY PRACTICE	566,480	34,206	532,273	162,000	6,440	16.00
17.00	22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	1,206,297	570,948	635,349	162,000	6,936	17.00
18.00	4.00	EMPLOYEE BENEFITS	227,720	227,720	0	0	0	18.00
200.00			5,882,192	4,406,001	1,476,189		16,512	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.60	ADMINISTRATION & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	88,850	4,443	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	193,779	9,689	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	70.01	ELECTROPHYSIOLOGY	0	0	0	0	0	13.00
14.00	74.00	RENAL DIALYSIS	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
16.00	91.01	FAMILY PRACTICE	501,577	25,079	0	0	0	16.00
17.00	22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	540,208	27,010	0	0	0	17.00
18.00	4.00	EMPLOYEE BENEFITS	0	0	0	0	0	18.00
200.00			1,324,414	66,221	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.60	ADMINISTRATION & GENERAL	0	0	0	722,128		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	34,754		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	23,725		3.00
4.00	41.00	SUBPROVIDER - IRF	0	88,850	0	293,124		4.00
5.00	43.00	NURSERY	0	0	0	338,582		5.00
6.00	50.00	OPERATING ROOM	0	0	0	7,001		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	312,615		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	507,049		8.00
9.00	60.00	LABORATORY	0	193,779	69,330	441,516		9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	254,331		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	542,205		12.00
13.00	70.01	ELECTROPHYSIOLOGY	0	0	0	8,400		13.00
14.00	74.00	RENAL DIALYSIS	0	0	0	0		14.00
15.00	91.00	EMERGENCY	0	0	0	157,028		15.00
16.00	91.01	FAMILY PRACTICE	0	501,577	30,696	64,903		16.00
17.00	22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	540,208	95,141	666,089		17.00
18.00	4.00	EMPLOYEE BENEFITS	0	0	0	227,720		18.00
200.00			0	1,324,414	195,167	4,601,170		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/23/2013 12:48 pm
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NON PATIENT PHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,682,362	5,682,362			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,757,533		3,757,533		2.00
4.00 00400	EMPLOYEE BENEFITS	56,824	96,594	1,329	154,747	4.00
5.10 00541	NON PATIENT PHONES	176,013	31,134	223	0	5.10
5.20 00551	DATA PROCESSING	2,600,427	0	0	0	5.20
5.30 00561	PURCHASING AND STORES	346,586	0	0	0	5.30
5.50 00582	CASHIERS AR AND COLLECTIONS	3,450,645	0	2,103	0	5.50
5.60 00592	ADMINISTRATION & GENERAL	13,664,637	362,992	63,531	6,718	5.60
5.90 00593	RNP ADMINISTRATION	939,886	0	18,462	1,670	5.90
6.00 00600	MAINTENANCE & REPAIRS	700,576	40,729	55,103	1,006	6.00
7.00 00700	OPERATION OF PLANT	1,387,997	1,152,062	82,580	1,584	7.00
7.01 00701	ELECTRICITY	2,996,491	0	0	62	7.01
7.02 00702	RNP OPERATION OF PLANT	380,967	0	66,553	265	7.02
8.00 00800	LAUNDRY & LINEN SERVICE	651,059	70,805	0	0	8.00
8.01 00801	RNP LAUNDRY	150,842	0	15,792	245	8.01
9.00 00900	HOUSEKEEPING	1,741,387	48,285	8,120	2,422	9.00
9.01 00901	RNP HOUSEKEEPING	293,866	0	0	560	9.01
10.00 01000	DIETARY	960,629	143,672	22,900	1,372	10.00
10.01 01001	RNP DIETARY	815,388	0	4,910	914	10.01
11.00 01100	CAFETERIA	669,679	53,020	0	1,759	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,151,713	24,723	20,537	3,544	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,998,218	85,596	102,817	490	14.00
15.00 01500	PHARMACY	1,695,961	68,062	41,367	4,073	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,290,941	82,939	9,830	6,603	16.00
17.00 01700	SOCIAL SERVICE	16	0	0	0	17.00
17.01 01701	RNP SOCIAL SERVICE	102,970	0	308	242	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	2,162,268	0	47	6,556	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,761,554	42,657	4,606	5,961	22.00
23.00 02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	11,687,488	1,157,382	1,083,578	28,352	30.00
31.00 03100	INTENSIVE CARE UNIT	3,615,372	200,634	34,932	8,721	31.00
41.00 04100	SUBPROVIDER - IRF	2,490,299	156,503	20,251	6,649	41.00
43.00 04300	NURSERY	658,885	6,710	6,806	1,527	43.00
44.00 04400	SKILLED NURSING FACILITY	4,610,404	0	0	9,710	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,348,392	183,703	486,840	7,196	50.00
51.00 05100	RECOVERY ROOM	541,887	14,478	276	1,392	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	649,121	175,880	47,569	1,479	52.00
53.00 05300	ANESTHESIOLOGY	113,294	16,994	84,479	239	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,496,479	257,095	209,251	5,604	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,367,414	105,984	255,808	2,896	55.00
56.00 05600	RADIOISOTOPE	1,162,562	46,372	53,479	2,212	56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	579,672	20,701	6,256	1,388	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	606,793	39,490	233,719	854	58.00
59.00 05900	CARDIAC CATHETERIZATION	953,734	72,443	222,057	2,389	59.00
60.00 06000	LABORATORY	5,675,882	108,438	57,831	2,296	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	811,100	4,147	64	0	62.00
65.00 06500	RESPIRATORY THERAPY	853,983	24,417	31,072	1,896	65.00
66.00 06600	PHYSICAL THERAPY	1,907,101	58,467	6,582	4,678	66.00
66.01 06601	RNRC PHYSICAL THERAPY	272,485	0	0	643	66.01
66.02 06602	DAY REHABILITATION FACILITY	407,820	42,571	10,324	996	66.02
67.00 06700	OCCUPATIONAL THERAPY	1,027,577	48,724	644	2,551	67.00
68.00 06800	SPEECH PATHOLOGY	616,756	13,333	3,719	1,543	68.00
69.00 06900	ELECTROCARDIOLOGY	861,963	141,790	61,055	1,721	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	121,553	11,272	120,613	237	70.00
70.01 07001	ELECTROPHYSIOLOGY	-10,674	0	35,652	47	70.01
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,988,596	0	7,856	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	5,271,079	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,918,627	11,295	0	0	73.00
73.01 03950	WELLNESS PROGRAM	98,984	17,041	514	195	73.01
74.00 07400	RENAL DIALYSIS	703,592	29,434	13,674	1,593	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,364,100	167,759	56,854	3,267	90.00
91.00 09100	EMERGENCY	2,473,436	134,062	79,089	6,087	91.00

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COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/23/2013 12:48 pm
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NON PATIENT PHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.10	
91.01	04040	FAMILY PRACTICE	459,810	68,814	5,104	285	10,443	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS						92.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		125,293,001	5,639,203	3,757,066	154,689	206,873	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	497	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	41,171	43,159	467	58	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	125,334,172	5,682,362	3,757,533	154,747	207,370	202.00
Cost Center Description			DATA PROCESSING	PURCHASING AND STORES	CASHIERS AR AND COLLECTIONS	Subtotal	ADMINISTRATIVE & GENERAL	
			5.20	5.30	5.50	5A.50	5.60	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.10	00541	NON PATIENT PHONES						5.10
5.20	00551	DATA PROCESSING	2,600,427					5.20
5.30	00561	PURCHASING AND STORES	92,446	444,502				5.30
5.50	00582	CASHIERS AR AND COLLECTIONS	97,227	0	3,559,424			5.50
5.60	00592	ADMINISTRATIVE & GENERAL	341,889	28,446	0	14,506,508	14,506,508	5.60
5.90	00593	RNP ADMINISTRATION	57,778	9,673	0	1,027,966	134,553	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	2,984	0	805,371	105,417	6.00
7.00	00700	OPERATION OF PLANT	14,345	43,509	0	2,685,558	351,518	7.00
7.01	00701	ELECTRICITY	0	0	0	3,000,531	392,746	7.01
7.02	00702	RNP OPERATION OF PLANT	0	3,043	0	450,828	59,010	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,442	0	729,803	95,525	8.00
8.01	00801	RNP LAUNDRY	0	395	0	167,274	21,895	8.01
9.00	00900	HOUSEKEEPING	0	6,465	0	1,807,176	236,545	9.00
9.01	00901	RNP HOUSEKEEPING	0	363	0	294,789	38,586	9.01
10.00	01000	DIETARY	7,970	8,747	0	1,148,771	150,365	10.00
10.01	01001	RNP DIETARY	0	4,379	0	825,591	108,063	10.01
11.00	01100	CAFETERIA	6,774	0	0	734,216	96,103	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	58,177	240	0	1,268,383	166,021	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,352	10,736	0	2,210,706	289,364	14.00
15.00	01500	PHARMACY	150,224	1,043	0	1,965,206	257,230	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	286,900	3,707	0	3,694,844	483,626	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	16	2	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	103,520	13,550	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	2,168,871	283,888	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	4,782	1,116	0	2,826,146	369,920	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,691	2,416	432,958	14,544,259	1,903,777	30.00
31.00	03100	INTENSIVE CARE UNIT	34,269	1,030	92,174	3,988,127	522,014	31.00
41.00	04100	SUBPROVIDER - IRF	14,744	676	79,728	2,770,342	362,616	41.00
43.00	04300	NURSERY	14,744	727	21,845	712,239	93,226	43.00
44.00	04400	SKILLED NURSING FACILITY	0	5,526	70,970	4,696,610	614,749	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,089	27,054	266,035	6,350,795	831,268	50.00
51.00	05100	RECOVERY ROOM	9,563	24	54,611	622,728	81,510	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,127	355	7,702	901,730	118,029	52.00
53.00	05300	ANESTHESIOLOGY	0	145	76,599	292,745	38,318	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	340,295	2,699	153,569	3,475,435	454,907	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	19,127	2,016	60,085	1,819,297	238,131	55.00
56.00	05600	RADIOISOTOPE	43,832	2,715	84,674	1,397,835	182,965	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	46	151,990	760,053	99,485	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,828	67,853	951,537	124,549	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	189	150,238	1,401,547	183,451	59.00
60.00	06000	LABORATORY	466,607	60,514	414,824	6,798,327	889,847	60.00

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COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/23/2013 12:48 pm
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Cost Center Description			DATA PROCESSING	PURCHASING AND STORES	CASHIERS AR AND COLLECTIONS	Subtotal	ADMINISTRATION & GENERAL	
			5.20	5.30	5.50	5A.50	5.60	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	68,139	9,273	26,905	920,125	120,437	62.00
65.00	06500	RESPIRATORY THERAPY	14,744	738	53,451	982,787	128,639	65.00
66.00	06600	PHYSICAL THERAPY	22,713	206	62,515	2,067,732	270,650	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	66	17,080	290,274	37,995	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	92	9,601	471,404	61,703	66.02
67.00	06700	OCCUPATIONAL THERAPY	38,652	26	32,122	1,153,777	151,020	67.00
68.00	06800	SPEECH PATHOLOGY	0	24	17,437	653,309	85,513	68.00
69.00	06900	ELECTROCARDIOLOGY	9,563	2,381	101,567	1,184,516	155,044	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,563	274	11,464	275,473	36,057	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	10,421	35,446	4,640	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	57,035	141,459	5,194,946	679,977	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	60,264	112,303	5,443,646	712,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	67,668	416,410	6,414,000	839,541	73.00
73.01	03950	WELLNESS PROGRAM	0	301	269	117,801	15,419	73.01
74.00	07400	RENAL DIALYSIS	39,847	802	37,085	827,022	108,251	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	63,357	736	69,092	1,731,132	226,591	90.00
91.00	09100	EMERGENCY	39,050	2,011	242,001	2,981,703	390,281	91.00
91.01	04040	FAMILY PRACTICE	39,847	1,355	12,387	598,045	78,279	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,600,427	444,500	3,559,424	125,248,818	14,495,336	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	497	65	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	2	0	84,857	11,107	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,600,427	444,502	3,559,424	125,334,172	14,506,508	202.00
GENERAL SERVICE COST CENTERS								
Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.10	00541	NON PATIENT PHONES						5.10
5.20	00551	DATA PROCESSING						5.20
5.30	00561	PURCHASING AND STORES						5.30
5.50	00582	CASHIERS AR AND COLLECTIONS						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	1,162,519					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	910,788				6.00
7.00	00700	OPERATION OF PLANT	0	616,986	3,654,062			7.00
7.01	00701	ELECTRICITY	0	0	0	3,393,277		7.01
7.02	00702	RNP OPERATION OF PLANT	66,547	40,104	0	0	616,489	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	64,700	60,083	10,916	8.00
8.01	00801	RNP LAUNDRY	27,413	3,448	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	7,152	44,122	40,973	7,444	9.00
9.01	00901	RNP HOUSEKEEPING	51,332	1,888	0	0	0	9.01
10.00	01000	DIETARY	0	36,402	131,284	121,914	22,149	10.00
10.01	01001	RNP DIETARY	142,817	5,517	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	48,448	44,990	8,174	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	761	22,591	20,979	3,811	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,709	32	78,216	72,634	13,196	14.00
15.00	01500	PHARMACY	0	475	62,193	57,755	10,493	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	740	75,788	70,379	12,786	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	17,987	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	62	38,979	36,197	6,576	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	788	1,057,591	982,114	178,431	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	183,335	170,251	30,931	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,012	143,009	132,803	24,128	41.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		RNP ADMINISTRATIO N	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
		5.90	6.00	7.00	7.01	7.02	
43.00	04300 NURSERY	0	0	6,131	5,694	1,034	43.00
44.00	04400 SKILLED NURSING FACILITY	802,075	295	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	156,117	167,864	155,883	28,321	50.00
51.00	05100 RECOVERY ROOM	0	0	13,229	12,285	2,232	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,918	160,715	149,245	27,115	52.00
53.00	05300 ANESTHESIOLOGY	0	0	15,529	14,420	2,620	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	356	234,927	218,161	39,635	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	159	96,846	89,934	16,339	55.00
56.00	05600 RADIOISOTOPE	0	2,469	42,374	39,350	7,149	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	67	18,917	17,566	3,191	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	67	36,085	33,510	6,088	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	66,197	61,473	11,168	59.00
60.00	06000 LABORATORY	0	15,404	99,088	92,016	16,717	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	3,789	3,519	639	62.00
65.00	06500 RESPIRATORY THERAPY	0	62	22,312	20,719	3,764	65.00
66.00	06600 PHYSICAL THERAPY	0	353	53,426	49,613	9,014	66.00
66.01	06601 RNRC PHYSICAL THERAPY	47,639	0	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	2,292	38,900	36,124	6,563	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	353	44,523	41,345	7,512	67.00
68.00	06800 SPEECH PATHOLOGY	0	301	12,184	11,314	2,056	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,827	129,565	120,318	21,859	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	365	10,300	9,565	1,738	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	220	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	10,321	9,585	1,741	73.00
73.01	03950 WELLNESS PROGRAM	0	0	15,572	14,460	2,627	73.01
74.00	07400 RENAL DIALYSIS	0	1,641	26,896	24,976	4,538	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	5,985	153,295	142,354	25,863	90.00
91.00	09100 EMERGENCY	0	0	122,503	113,760	20,668	91.00
91.01	04040 FAMILY PRACTICE	0	1,170	62,881	58,393	10,609	91.01
91.02	04950 SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,162,519	910,788	3,614,625	3,356,654	609,835	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	39,437	36,623	6,654	193.00
194.00	07950 OTHER	0	0	0	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,162,519	910,788	3,654,062	3,393,277	616,489	202.00
Cost Center Description		LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOSUEKEEPING	DIETARY	
		8.00	8.01	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.10	00541 NON PATIENT PHONES						5.10
5.20	00551 DATA PROCESSING						5.20
5.30	00561 PURCHASING AND STORES						5.30
5.50	00582 CASHIERS AR AND COLLECTIONS						5.50
5.60	00592 ADMINISTRATION & GENERAL						5.60
5.90	00593 RNP ADMINISTRATION						5.90
6.00	00600 MAINTENANCE & REPAIRS	961,027					6.00
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 ELECTRICITY						7.01
7.02	00702 RNP OPERATION OF PLANT						7.02
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
8.01	00801 RNP LAUNDRY	0	220,030				8.01
9.00	00900 HOUSEKEEPING	0	0	2,143,412			9.00
9.01	00901 RNP HOSUEKEEPING	0	0	0	386,595		9.01
10.00	01000 DIETARY	0	0	56,339	158,842	1,826,066	10.00
10.01	01001 RNP DIETARY	0	0	0	0	0	10.01
11.00	01100 CAFETERIA	0	0	14,085	0	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	0	7,797	0	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	135	0	7,042	0	0	14.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
		8.00	8.01	9.00	9.01	10.00	
15.00	01500 PHARMACY	150	0	16,600	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	10,564	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701 RNP SOCIAL SERVICE	0	0	0	14,946	0	17.01
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SRVCES-SALARY & FRINGES APPRVD	9,390	0	0	0	0	21.00
22.00	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	2,515	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	381,966	0	723,022	0	536,746	30.00
31.00	03100 INTENSIVE CARE UNIT	59,298	0	114,691	0	100,375	31.00
41.00	04100 SUBPROVIDER - IRF	78,960	0	126,764	0	171,523	41.00
43.00	04300 NURSERY	0	0	17,355	0	24,410	43.00
44.00	04400 SKILLED NURSING FACILITY	0	220,030	0	0	993,012	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	113,623	0	264,594	0	0	50.00
51.00	05100 RECOVERY ROOM	23,328	0	5,030	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	25,494	0	70,089	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	5,030	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	39,090	0	49,297	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	11,271	0	31,691	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	10,061	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	10,111	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	57,513	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	3,521	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	9,558	0	0	65.00
66.00	06600 PHYSICAL THERAPY	20,833	0	15,091	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0	180,115	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	20,121	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	14,992	0	12,576	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	3,018	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	32,692	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	2,515	0	0	73.00
73.01	03950 WELLNESS PROGRAM	278	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	10,807	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	22,952	0	101,780	0	0	90.00
91.00	09100 EMERGENCY	137,419	0	127,434	0	0	91.00
91.01	04040 FAMILY PRACTICE	930	0	24,145	0	0	91.01
91.02	04950 SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	961,027	220,030	1,909,838	386,595	1,826,066	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,761	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	190,531	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	40,242	0	0	193.00
194.00	07950 OTHER	0	0	1,040	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	961,027	220,030	2,143,412	386,595	1,826,066	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/23/2013 12:48 pm		
Cost Center Description		RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		10.01	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.10	00541					5.10
5.20	00551					5.20
5.30	00561					5.30
5.50	00582					5.50
5.60	00592					5.60
5.90	00593					5.90
6.00	00600					6.00
7.00	00700					7.00
7.01	00701					7.01
7.02	00702					7.02
8.00	00800					8.00
8.01	00801					8.01
9.00	00900					9.00
9.01	00901					9.01
10.00	01000					10.00
10.01	01001					10.01
11.00	01100	1,081,988				11.00
12.00	01200	0	946,016			12.00
13.00	01300	0	24,686	0	1,515,029	13.00
14.00	01400	0	6,545	0	0	2,684,579
15.00	01500	0	23,188	0	0	0
16.00	01600	0	54,191	0	0	0
17.00	01700	0	0	0	0	0
17.01	01701	0	2,620	0	0	0
19.00	01900	0	0	0	0	0
20.00	02000	0	0	0	0	0
21.00	02100	0	0	0	0	0
22.00	02200	0	54,039	0	0	0
23.00	02300	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	318,035	200,006	0	557,547	0
31.00	03100	59,475	51,542	0	143,680	0
41.00	04100	101,631	49,267	0	137,339	0
43.00	04300	14,464	7,515	0	20,950	0
44.00	04400	588,383	95,845	0	267,182	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	46,665	0	130,087	0
51.00	05100	0	6,908	0	19,257	0
52.00	05200	0	11,978	0	33,390	0
53.00	05300	0	2,140	0	5,964	0
54.00	05400	0	54,268	0	0	0
55.00	05500	0	15,195	0	0	0
56.00	05600	0	10,406	0	0	0
57.00	05700	0	7,683	0	0	0
58.00	05800	0	4,795	0	0	0
59.00	05900	0	12,757	0	35,562	0
60.00	06000	0	4,858	0	0	0
62.00	06200	0	0	0	0	0
65.00	06500	0	15,770	0	0	0
66.00	06600	0	31,031	0	0	0
66.01	06601	0	5,258	0	0	0
66.02	06602	0	6,696	0	0	0
67.00	06700	0	16,942	0	0	0
68.00	06800	0	9,590	0	0	0
69.00	06900	0	12,015	0	0	0
70.00	07000	0	1,769	0	0	0
70.01	07001	0	333	0	0	0
71.00	07100	0	0	0	0	1,305,331
72.00	07200	0	0	0	0	1,379,248
73.00	07300	0	0	0	0	0
73.01	03950	0	1,121	0	0	0
74.00	07400	0	9,661	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	19,300	0	53,803	0
91.00	09100	0	39,558	0	110,268	0
91.01	04040	0	29,875	0	0	0
91.02	04950	0	0	0	0	0
92.00	09200	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/23/2013 12:48 pm			
Cost Center Description		RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.01	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,081,988	946,016	0	1,515,029	2,684,579	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER	0	0	0	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,081,988	946,016	0	1,515,029	2,684,579	202.00
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	17.01	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.10	00541 NON PATIENT PHONES						5.10
5.20	00551 DATA PROCESSING						5.20
5.30	00561 PURCHASING AND STORES						5.30
5.50	00582 CASHIERS AR AND COLLECTIONS						5.50
5.60	00592 ADMINISTRATION & GENERAL						5.60
5.90	00593 RNP ADMINISTRATION						5.90
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 ELECTRICITY						7.01
7.02	00702 RNP OPERATION OF PLANT						7.02
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
8.01	00801 RNP LAUNDRY						8.01
9.00	00900 HOUSEKEEPING						9.00
9.01	00901 RNP HOUSEKEEPING						9.01
10.00	01000 DIETARY						10.00
10.01	01001 RNP DIETARY						10.01
11.00	01100 CAFETERIA						11.00
12.00	01200 MAINTENANCE OF PERSONNEL						12.00
13.00	01300 NURSING ADMINISTRATION						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY	2,393,290					15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	4,402,918				16.00
17.00	01700 SOCIAL SERVICE	0	0	18			17.00
17.01	01701 RNP SOCIAL SERVICE	0	0	0	152,623		17.01
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	300,741	18	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	19,411	0	0	0	31.00
41.00	04100 SUBPROVIDER - I RF	0	24,467	0	0	0	41.00
43.00	04300 NURSERY	0	139,025	0	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	152,623	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	28,818	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	13,291	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,890	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	23,524	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,096,098	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	172,676	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	516,381	0	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	252,930	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	33,133	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	134,545	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	67,316	0	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	46,380	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00

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COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/23/2013 12:48 pm
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
69.00	06900	ELECTROCARDIOLOGY	0	625,157	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	186,326	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	262,171	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,393,290	69,027	0	0	0	73.00
73.01	03950	WELLNESS PROGRAM	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	249,233	0	0	0	90.00
91.00	09100	EMERGENCY	0	137,378	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,393,290	4,402,918	18	152,623	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,393,290	4,402,918	18	152,623	0	202.00

Cost Center Description			NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
			20.00	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.10	00541	NON PATIENT PHONES						5.10
5.20	00551	DATA PROCESSING						5.20
5.30	00561	PURCHASING AND STORES						5.30
5.50	00582	CASHIERS AR AND COLLECTIONS						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	RNP SOCIAL SERVICE						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	2,462,149				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	3,334,434			22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,371,522	1,857,420	0	24,913,983	30.00
31.00	03100	INTENSIVE CARE UNIT	0	175,125	237,167	0	5,855,422	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	4,123,861	41.00
43.00	04300	NURSERY	0	17,339	23,482	0	1,082,864	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	8,430,804	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	152,584	206,641	0	8,633,260	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	799,798	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	34,678	46,964	0	1,587,235	52.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal		
			SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
			20.00	21.00				22.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	400,290	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,339	23,482	0	5,702,995	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	2,491,539	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,208,990	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	906,962	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,156,631	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	1,782,266	59.00
60.00	06000	LABORATORY	0	34,678	46,964	0	8,308,342	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1,085,163	62.00
65.00	06500	RESPIRATORY THERAPY	0	86,695	117,410	0	1,522,261	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	2,585,059	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	607,661	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	623,682	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,435,593	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	774,267	68.00
69.00	06900	ELECTROCARDIOLOGY	0	86,695	117,410	0	2,484,974	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,339	23,482	0	565,432	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	40,639	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	7,475,117	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	7,535,424	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,740,020	73.00
73.01	03950	WELLNESS PROGRAM	0	34,678	46,964	0	248,920	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,013,792	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	34,678	46,964	0	2,813,930	90.00
91.00	09100	EMERGENCY	0	260,086	352,229	0	4,793,287	91.00
91.01	04040	FAMILY PRACTICE	0	138,713	187,855	0	1,190,895	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,462,149	3,334,434	0	124,921,358	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,323	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	190,531	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	218,920	193.00
194.00	07950	OTHER	0	0	0	0	1,040	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	2,462,149	3,334,434	0	125,334,172	202.00
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total					
		25.00	26.00					
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.10	00541	NON PATIENT PHONES						5.10
5.20	00551	DATA PROCESSING						5.20
5.30	00561	PURCHASING AND STORES						5.30
5.50	00582	CASHIERS AR AND COLLECTIONS						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00

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COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/23/2013 12:48 pm
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
17.00	01700	SOCIAL SERVICE			17.00
17.01	01701	RNP SOCIAL SERVICE			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,228,942	21,685,041	30.00
31.00	03100	INTENSIVE CARE UNIT	-412,292	5,443,130	31.00
41.00	04100	SUBPROVIDER - I RF	0	4,123,861	41.00
43.00	04300	NURSERY	-40,821	1,042,043	43.00
44.00	04400	SKILLED NURSING FACILITY	0	8,430,804	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-359,225	8,274,035	50.00
51.00	05100	RECOVERY ROOM	0	799,798	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-81,642	1,505,593	52.00
53.00	05300	ANESTHESIOLOGY	0	400,290	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-40,821	5,662,174	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,491,539	55.00
56.00	05600	RADIOISOTOPE	0	2,208,990	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	906,962	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,156,631	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,782,266	59.00
60.00	06000	LABORATORY	-81,642	8,226,700	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,085,163	62.00
65.00	06500	RESPIRATORY THERAPY	-204,105	1,318,156	65.00
66.00	06600	PHYSICAL THERAPY	0	2,585,059	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	607,661	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	623,682	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,435,593	67.00
68.00	06800	SPEECH PATHOLOGY	0	774,267	68.00
69.00	06900	ELECTROCARDIOLOGY	-204,105	2,280,869	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-40,821	524,611	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	40,639	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	7,475,117	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,535,424	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,740,020	73.00
73.01	03950	WELLNESS PROGRAM	-81,642	167,278	73.01
74.00	07400	RENAL DIALYSIS	0	1,013,792	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-81,642	2,732,288	90.00
91.00	09100	EMERGENCY	-612,315	4,180,972	91.00
91.01	04040	FAMILY PRACTICE	-326,568	864,327	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	91.02
92.00	09200	OBSERVATION BEDS	0		92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-5,796,583	119,124,775	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,323	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	190,531	192.00
193.00	19300	NONPAID WORKERS	0	218,920	193.00
194.00	07950	OTHER	0	1,040	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-5,796,583	119,537,589	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS	
	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	38,398	96,594	1,329	136,321	136,321 4.00
5.10 00541	NON PATIENT PHONES	17,021	31,134	223	48,378	0 5.10
5.20 00551	DATA PROCESSING	0	0	0	0	0 5.20
5.30 00561	PURCHASING AND STORES	0	0	0	0	0 5.30
5.50 00582	CASHIERS AR AND COLLECTIONS	0	0	2,103	2,103	0 5.50
5.60 00592	ADMINISTRATION & GENERAL	2,921,017	362,992	63,531	3,347,540	5,919 5.60
5.90 00593	RNP ADMINISTRATION	11,254	0	18,462	29,716	1,471 5.90
6.00 00600	MAINTENANCE & REPAIRS	528	40,729	55,103	96,360	887 6.00
7.00 00700	OPERATION OF PLANT	5,070	1,152,062	82,580	1,239,712	1,395 7.00
7.01 00701	ELECTRICITY	0	0	0	0	55 7.01
7.02 00702	RNP OPERATION OF PLANT	0	0	66,553	66,553	234 7.02
8.00 00800	LAUNDRY & LINEN SERVICE	149	70,805	0	70,954	0 8.00
8.01 00801	RNP LAUNDRY	0	0	15,792	15,792	216 8.01
9.00 00900	HOUSEKEEPING	2,106	48,285	8,120	58,511	2,133 9.00
9.01 00901	RNP HOUSEKEEPING	0	0	0	0	494 9.01
10.00 01000	DIETARY	5,940	143,672	22,900	172,512	1,209 10.00
10.01 01001	RNP DIETARY	8,114	0	4,910	13,024	805 10.01
11.00 01100	CAFETERIA	0	53,020	0	53,020	1,550 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	4,346	24,723	20,537	49,606	3,122 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	156,630	85,596	102,817	345,043	432 14.00
15.00 01500	PHARMACY	3,131	68,062	41,367	112,560	3,588 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	19,328	82,939	9,830	112,097	5,817 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
17.01 01701	RNP SOCIAL SERVICE	0	0	308	308	213 17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	47	47	5,775 21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	4,481	42,657	4,606	51,744	5,251 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,685	1,157,382	1,083,578	2,247,645	24,972 30.00
31.00 03100	INTENSIVE CARE UNIT	2,154	200,634	34,932	237,720	7,683 31.00
41.00 04100	SUBPROVIDER - I&R	49,605	156,503	20,251	226,359	5,858 41.00
43.00 04300	NURSERY	-648	6,710	6,806	12,868	1,345 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	8,554 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	54,669	183,703	486,840	725,212	6,339 50.00
51.00 05100	RECOVERY ROOM	441	14,478	276	15,195	1,226 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	20,792	175,880	47,569	244,241	1,303 52.00
53.00 05300	ANESTHESIOLOGY	706	16,994	84,479	102,179	210 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	90,152	257,095	209,251	556,498	4,937 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	41,624	105,984	255,808	403,416	2,551 55.00
56.00 05600	RADIOISOTOPE	1,191	46,372	53,479	101,042	1,949 56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	20,701	6,256	26,957	1,223 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	11,721	39,490	233,719	284,930	752 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,908	72,443	222,057	296,408	2,104 59.00
60.00 06000	LABORATORY	2,452	108,438	57,831	168,721	2,022 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,147	64	4,211	0 62.00
65.00 06500	RESPIRATORY THERAPY	4,590	24,417	31,072	60,079	1,670 65.00
66.00 06600	PHYSICAL THERAPY	3,373	58,467	6,582	68,422	4,121 66.00
66.01 06601	RNRC PHYSICAL THERAPY	0	0	0	0	567 66.01
66.02 06602	DAY REHABILITATION FACILITY	0	42,571	10,324	52,895	877 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	48,724	644	49,368	2,247 67.00
68.00 06800	SPEECH PATHOLOGY	0	13,333	3,719	17,052	1,360 68.00
69.00 06900	ELECTROCARDIOLOGY	48,426	141,790	61,055	251,271	1,516 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	11,272	120,613	131,885	209 70.00
70.01 07001	ELECTROPHYSIOLOGY	0	0	35,652	35,652	42 70.01
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	7,856	7,856	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	11,295	0	11,295	0 73.00
73.01 03950	WELLNESS PROGRAM	1,451	17,041	514	19,006	172 73.01
74.00 07400	RENAL DIALYSIS	1,350	29,434	13,674	44,458	1,404 74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,473	167,759	56,854	228,086	2,878 90.00
91.00 09100	EMERGENCY	2,898	134,062	79,089	216,049	5,362 91.00
91.01 04040	FAMILY PRACTICE	59,631	68,814	5,104	133,549	251 91.01

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
91.02 04950 SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS				0		92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,606,157	5,639,203	3,757,066	13,002,426	136,270
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	425	43,159	467	44,051	51	193.00
194.00 07950 OTHER	0	0	0	0	0	194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,606,582	5,682,362	3,757,533	13,046,477	136,321	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140117		Period: From 07/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/23/2013 12:48 pm	
Cost Center Description			NON PATIENT PHONES	DATA PROCESSING	PURCHASING AND STORES	CASHIERS AR AND COLLECTIONS	ADMINISTRATIVE N & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.10	00541	NON PATIENT PHONES	48,378					5.10
5.20	00551	DATA PROCESSING	0	0				5.20
5.30	00561	PURCHASING AND STORES	1,276	0	1,276			5.30
5.50	00582	CASHIERS AR AND COLLECTIONS	2,204	0	0	4,307		5.50
5.60	00592	ADMINISTRATIVE & GENERAL	8,937	0	82	0	3,362,478	5.60
5.90	00593	RNP ADMINISTRATION	116	0	28	0	31,188	5.90
6.00	00600	MAINTENANCE & REPAIRS	1,160	0	9	0	24,435	6.00
7.00	00700	OPERATION OF PLANT	812	0	126	0	81,480	7.00
7.01	00701	ELECTRICITY	928	0	0	0	91,036	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	9	0	13,678	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	116	0	21	0	22,142	8.00
8.01	00801	RNP LAUNDRY	0	0	1	0	5,075	8.01
9.00	00900	HOUSEKEEPING	116	0	19	0	54,830	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	1	0	8,944	9.01
10.00	01000	DIETARY	812	0	25	0	34,854	10.00
10.01	01001	RNP DIETARY	0	0	13	0	25,048	10.01
11.00	01100	CAFETERIA	696	0	0	0	22,276	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,204	0	1	0	38,483	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	116	0	31	0	67,073	14.00
15.00	01500	PHARMACY	1,044	0	3	0	59,624	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,248	0	11	0	112,102	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	3,141	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	65,804	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	1,276	0	3	0	85,745	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,525	0	7	439	441,239	30.00
31.00	03100	INTENSIVE CARE UNIT	232	0	3	114	121,000	31.00
41.00	04100	SUBPROVIDER - IRF	348	0	2	99	84,052	41.00
43.00	04300	NURSERY	232	0	2	27	21,609	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	16	88	142,495	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	580	0	78	329	192,683	50.00
51.00	05100	RECOVERY ROOM	116	0	0	68	18,894	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	116	0	1	10	27,358	52.00
53.00	05300	ANESTHESIOLOGY	232	0	0	95	8,882	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,436	0	8	190	105,445	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,392	0	6	74	55,197	55.00
56.00	05600	RADIOISOTOPE	464	0	8	105	42,410	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	188	23,060	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	8	84	28,870	58.00
59.00	05900	CARDIAC CATHETERIZATION	116	0	1	186	42,523	59.00
60.00	06000	LABORATORY	2,784	0	175	513	206,261	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	116	0	27	33	27,917	62.00
65.00	06500	RESPIRATORY THERAPY	580	0	2	66	29,818	65.00
66.00	06600	PHYSICAL THERAPY	1,276	0	1	77	62,735	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	21	8,807	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	12	14,302	66.02
67.00	06700	OCCUPATIONAL THERAPY	812	0	0	40	35,006	67.00
68.00	06800	SPEECH PATHOLOGY	116	0	0	22	19,821	68.00
69.00	06900	ELECTROCARDIOLOGY	1,044	0	7	126	35,938	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116	0	1	14	8,358	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	13	1,075	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	165	175	157,615	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	174	139	165,160	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	186	515	194,601	73.00
73.01	03950	WELLNESS PROGRAM	116	0	1	0	3,574	73.01
74.00	07400	RENAL DIALYSIS	232	0	2	46	25,092	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,392	0	2	85	52,523	90.00
91.00	09100	EMERGENCY	1,392	0	6	299	90,465	91.00
91.01	04040	FAMILY PRACTICE	2,436	0	4	15	18,145	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		NON PATIENT PHONES	DATA PROCESSING	PURCHASING AND STORES	CASHIERS AR AND COLLECTIONS	ADMINISTRATIVE & GENERAL	
		5.10	5.20	5.30	5.50	5.60	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	48,262	0	1,276	4,307	3,359,888	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	116	0	0	0	15	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	2,575	193.00
194.00	07950 OTHER	0	0	0	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	48,378	0	1,276	4,307	3,362,478	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 12:48 pm			
Cost Center Description		RNP ADMINISTRATION 5.90	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	ELECTRICITY 7.01	RNP OPERATION OF PLANT 7.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.10	00541	NON PATIENT PHONES					5.10
5.20	00551	DATA PROCESSING					5.20
5.30	00561	PURCHASING AND STORES					5.30
5.50	00582	CASHIERS AR AND COLLECTIONS					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION	62,519				5.90
6.00	00600	MAINTENANCE & REPAIRS	0	122,851			6.00
7.00	00700	OPERATION OF PLANT	0	83,221	1,406,746		7.00
7.01	00701	ELECTRICITY	0	0	0	92,019	7.01
7.02	00702	RNP OPERATION OF PLANT	3,579	5,409	0	0	89,462
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	24,908	1,629	1,584
8.01	00801	RNP LAUNDRY	1,474	465	0	0	0
9.00	00900	HOUSEKEEPING	0	965	16,986	1,111	1,080
9.01	00901	RNP HOUSEKEEPING	2,761	255	0	0	0
10.00	01000	DIETARY	0	4,910	50,542	3,306	3,214
10.01	01001	RNP DIETARY	7,680	744	0	0	0
11.00	01100	CAFETERIA	0	0	18,652	1,220	1,186
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	103	8,697	569	553
14.00	01400	CENTRAL SERVICES & SUPPLY	361	4	30,112	1,970	1,915
15.00	01500	PHARMACY	0	64	23,943	1,566	1,523
16.00	01600	MEDICAL RECORDS & LIBRARY	0	100	29,177	1,909	1,856
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	967	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	8	15,006	982	954
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	106	407,152	26,635	25,894
31.00	03100	INTENSIVE CARE UNIT	0	0	70,581	4,617	4,489
41.00	04100	SUBPROVIDER - IRF	0	137	55,056	3,601	3,501
43.00	04300	NURSERY	0	0	2,360	154	150
44.00	04400	SKILLED NURSING FACILITY	43,135	40	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	21,058	64,624	4,227	4,110
51.00	05100	RECOVERY ROOM	0	0	5,093	333	324
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	394	61,872	4,047	3,935
53.00	05300	ANESTHESIOLOGY	0	0	5,978	391	380
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	48	90,443	5,916	5,752
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21	37,284	2,439	2,371
56.00	05600	RADIOISOTOPE	0	333	16,313	1,067	1,037
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	9	7,283	476	463
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9	13,892	909	883
59.00	05900	CARDIAC CATHETERIZATION	0	0	25,485	1,667	1,621
60.00	06000	LABORATORY	0	2,078	38,147	2,495	2,426
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	1,459	95	93
65.00	06500	RESPIRATORY THERAPY	0	8	8,590	562	546
66.00	06600	PHYSICAL THERAPY	0	48	20,568	1,345	1,308
66.01	06601	RNRC PHYSICAL THERAPY	2,562	0	0	0	0
66.02	06602	DAY REHABILITATION FACILITY	0	309	14,976	980	952
67.00	06700	OCCUPATIONAL THERAPY	0	48	17,141	1,121	1,090
68.00	06800	SPEECH PATHOLOGY	0	41	4,690	307	298
69.00	06900	ELECTROCARDIOLOGY	0	651	49,880	3,263	3,172
70.00	07000	ELECTROENCEPHALOGRAPHY	0	49	3,965	259	252
70.01	07001	ELECTROPHYSIOLOGY	0	30	0	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,974	260	253
73.01	03950	WELLNESS PROGRAM	0	0	5,995	392	381
74.00	07400	RENAL DIALYSIS	0	221	10,354	677	658
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	807	59,016	3,860	3,753
91.00	09100	EMERGENCY	0	0	47,161	3,085	2,999
91.01	04040	FAMILY PRACTICE	0	158	24,208	1,584	1,540
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0	0	0
92.00	09200	OBSERVATION BEDS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117			Period: From 07/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/23/2013 12:48 pm	
Cost Center Description		RNP ADMINISTRATIO N	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT		
		5.90	6.00	7.00	7.01	7.02		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		62,519	122,851	1,391,563	91,026	88,496	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	15,183	993	966	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	62,519	122,851	1,406,746	92,019	89,462	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 12:48 pm		
Cost Center Description		LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY
		8.00	8.01	9.00	9.01	10.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.10	00541	NON PATIENT PHONES				5.10
5.20	00551	DATA PROCESSING				5.20
5.30	00561	PURCHASING AND STORES				5.30
5.50	00582	CASHIERS AR AND COLLECTIONS				5.50
5.60	00592	ADMINISTRATION & GENERAL				5.60
5.90	00593	RNP ADMINISTRATION				5.90
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	ELECTRICITY				7.01
7.02	00702	RNP OPERATION OF PLANT				7.02
8.00	00800	LAUNDRY & LINEN SERVICE	121,354			8.00
8.01	00801	RNP LAUNDRY	0	23,023		8.01
9.00	00900	HOUSEKEEPING	0	0	135,751	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	12,455
10.00	01000	DIETARY	0	0	3,568	5,117
10.01	01001	RNP DIETARY	0	0	0	0
11.00	01100	CAFETERIA	0	0	892	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	494	0
14.00	01400	CENTRAL SERVICES & SUPPLY	17	0	446	0
15.00	01500	PHARMACY	19	0	1,051	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	669	0
17.00	01700	SOCIAL SERVICE	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	0	0	0	482
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	1,186	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	159	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	48,232	0	45,793	0
31.00	03100	INTENSIVE CARE UNIT	7,488	0	7,264	0
41.00	04100	SUBPROVIDER - IRF	9,971	0	8,028	0
43.00	04300	NURSERY	0	0	1,099	0
44.00	04400	SKILLED NURSING FACILITY	0	23,023	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,348	0	16,758	0
51.00	05100	RECOVERY ROOM	2,946	0	319	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,219	0	4,439	0
53.00	05300	ANESTHESIOLOGY	0	0	319	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,936	0	3,122	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,423	0	2,007	0
56.00	05600	RADIOISOTOPE	0	0	637	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	1,277	0	0	0
60.00	06000	LABORATORY	0	0	3,643	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	223	0
65.00	06500	RESPIRATORY THERAPY	0	0	605	0
66.00	06600	PHYSICAL THERAPY	2,631	0	956	0
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	5,803
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,274	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,893	0	796	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	191	0
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,053
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	159	0
73.01	03950	WELLNESS PROGRAM	35	0	0	0
74.00	07400	RENAL DIALYSIS	1,365	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,898	0	6,446	0
91.00	09100	EMERGENCY	17,353	0	8,071	0
91.01	04040	FAMILY PRACTICE	117	0	1,529	0
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0	0
92.00	09200	OBSERVATION BEDS	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	121,354	23,023	120,957	12,455
						280,069
						118.00

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ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140117		Period: From 07/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/23/2013 12:48 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	112	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	12,067	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	2,549	0	0	193.00
194.00	07950	OTHER	0	0	66	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	121,354	23,023	135,751	12,455	280,069	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 12:48 pm		
Cost Center Description		RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		10.01	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.10	00541					5.10
5.20	00551					5.20
5.30	00561					5.30
5.50	00582					5.50
5.60	00592					5.60
5.90	00593					5.90
6.00	00600					6.00
7.00	00700					7.00
7.01	00701					7.01
7.02	00702					7.02
8.00	00800					8.00
8.01	00801					8.01
9.00	00900					9.00
9.01	00901					9.01
10.00	01000					10.00
10.01	01001					10.01
11.00	01100	47,314				11.00
12.00	01200		99,492			12.00
13.00	01300			0	106,428	13.00
14.00	01400		688			448,208
15.00	01500		2,439			0
16.00	01600		5,699			0
17.00	01700		0			0
17.01	01701		275			0
19.00	01900		0			0
20.00	02000		0			0
21.00	02100		0			0
22.00	02200		5,683			0
23.00	02300		0			0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	13,907	21,034	0	39,166	0
31.00	03100	2,601	5,421	0	10,093	0
41.00	04100	4,444	5,181	0	9,648	0
43.00	04300	632	790	0	1,472	0
44.00	04400	25,730	10,080	0	18,769	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	4,908	0	9,138	0
51.00	05100	0	727	0	1,353	0
52.00	05200	0	1,260	0	2,346	0
53.00	05300	0	225	0	419	0
54.00	05400	0	5,707	0	0	0
55.00	05500	0	1,598	0	0	0
56.00	05600	0	1,094	0	0	0
57.00	05700	0	808	0	0	0
58.00	05800	0	504	0	0	0
59.00	05900	0	1,342	0	2,498	0
60.00	06000	0	511	0	0	0
62.00	06200	0	0	0	0	0
65.00	06500	0	1,659	0	0	0
66.00	06600	0	3,264	0	0	0
66.01	06601	0	553	0	0	0
66.02	06602	0	704	0	0	0
67.00	06700	0	1,782	0	0	0
68.00	06800	0	1,009	0	0	0
69.00	06900	0	1,264	0	0	0
70.00	07000	0	186	0	0	0
70.01	07001	0	35	0	0	0
71.00	07100	0	0	0	0	217,932
72.00	07200	0	0	0	0	230,276
73.00	07300	0	0	0	0	0
73.01	03950	0	118	0	0	0
74.00	07400	0	1,016	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	2,030	0	3,780	0
91.00	09100	0	4,160	0	7,746	0
91.01	04040	0	3,142	0	0	0
91.02	04950	0	0	0	0	0
92.00	09200	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117			Period: From 07/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/23/2013 12:48 pm	
Cost Center Description		RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.01	11.00	12.00	13.00	14.00		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		47,314	99,492	0	106,428	448,208	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	47,314	99,492	0	106,428	448,208	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 12:48 pm
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	17.01	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	00541						5.10
5.20	00551						5.20
5.30	00561						5.30
5.50	00582						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801						8.01
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
10.01	01001						10.01
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	207,424					15.00
16.00	01600	0	272,685				16.00
17.00	01700	0	0	0			17.00
17.01	01701	0	0	0	5,386		17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0		20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	18,626	0	0		30.00
31.00	03100	0	1,202	0	0		31.00
41.00	04100	0	1,515	0	0		41.00
43.00	04300	0	8,610	0	0		43.00
44.00	04400	0	0	0	5,386		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	1,785	0	0		50.00
51.00	05100	0	823	0	0		51.00
52.00	05200	0	303	0	0		52.00
53.00	05300	0	1,457	0	0		53.00
54.00	05400	0	67,884	0	0		54.00
55.00	05500	0	10,694	0	0		55.00
56.00	05600	0	31,981	0	0		56.00
57.00	05700	0	0	0	0		57.00
58.00	05800	0	0	0	0		58.00
59.00	05900	0	0	0	0		59.00
60.00	06000	0	15,665	0	0		60.00
62.00	06200	0	2,052	0	0		62.00
65.00	06500	0	8,333	0	0		65.00
66.00	06600	0	4,169	0	0		66.00
66.01	06601	0	2,872	0	0		66.01
66.02	06602	0	0	0	0		66.02
67.00	06700	0	0	0	0		67.00
68.00	06800	0	0	0	0		68.00
69.00	06900	0	38,718	0	0		69.00
70.00	07000	0	11,540	0	0		70.00
70.01	07001	0	0	0	0		70.01
71.00	07100	0	16,237	0	0		71.00
72.00	07200	0	0	0	0		72.00
73.00	07300	207,424	4,275	0	0		73.00
73.01	03950	0	0	0	0		73.01
74.00	07400	0	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	15,436	0	0		90.00
91.00	09100	0	8,508	0	0		91.00
91.01	04040	0	0	0	0		91.01
91.02	04950	0	0	0	0		91.02
92.00	09200	0	0	0	0		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS			
		15.00	16.00	17.00	17.01	19.00			
SPECIAL PURPOSE COST CENTERS									
118.00	SUBTOTALS (SUM OF LINES 1-117)		207,424	272,685	0	5,386	0	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00	
194.00	07950	OTHER	0	0	0	0		194.00	
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0		194.05	
200.00		Cross Foot Adjustments						0	200.00
201.00		Negative Cost Centers	0	0	0	0		0	201.00
202.00		TOTAL (sum lines 118-201)	207,424	272,685	0	5,386	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 12:48 pm
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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	PARAMED PRGM		
	20.00	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.10 00541	NON PATIENT PHONES					5.10
5.20 00551	DATA PROCESSING					5.20
5.30 00561	PURCHASING AND STORES					5.30
5.50 00582	CASHIERS AR AND COLLECTIONS					5.50
5.60 00592	ADMINISTRATION & GENERAL					5.60
5.90 00593	RNP ADMINISTRATION					5.90
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	ELECTRICITY					7.01
7.02 00702	RNP OPERATION OF PLANT					7.02
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
8.01 00801	RNP LAUNDRY					8.01
9.00 00900	HOUSEKEEPING					9.00
9.01 00901	RNP HOUSEKEEPING					9.01
10.00 01000	DIETARY					10.00
10.01 01001	RNP DIETARY					10.01
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	RNP SOCIAL SERVICE					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD		72,812			21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			166,811		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					3,447,694
31.00 03100	INTENSIVE CARE UNIT					495,903
41.00 04100	SUBPROVIDER - IRF					444,107
43.00 04300	NURSERY					55,094
44.00 04400	SKILLED NURSING FACILITY					429,617
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					1,066,177
51.00 05100	RECOVERY ROOM					47,417
52.00 05200	DELIVERY ROOM & LABOR ROOM					354,844
53.00 05300	ANESTHESIOLOGY					120,767
54.00 05400	RADIOLOGY-DIAGNOSTIC					853,322
55.00 05500	RADIOLOGY-THERAPEUTIC					520,473
56.00 05600	RADIOISOTOPE					198,440
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN					60,467
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					330,841
59.00 05900	CARDIAC CATHETERIZATION					375,228
60.00 06000	LABORATORY					445,441
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL					36,226
65.00 06500	RESPIRATORY THERAPY					112,518
66.00 06600	PHYSICAL THERAPY					170,921
66.01 06601	RNRC PHYSICAL THERAPY					21,185
66.02 06602	DAY REHABILITATION FACILITY					86,007
67.00 06700	OCCUPATIONAL THERAPY					109,929
68.00 06800	SPEECH PATHOLOGY					44,716
69.00 06900	ELECTROCARDIOLOGY					389,539
70.00 07000	ELECTROENCEPHALOGRAPHY					157,025
70.01 07001	ELECTROPHYSIOLOGY					36,847
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS					401,033
72.00 07200	IMPL. DEV. CHARGED TO PATIENT					395,749
73.00 07300	DRUGS CHARGED TO PATIENTS					422,942
73.01 03950	WELLNESS PROGRAM					29,790
74.00 07400	RENAL DIALYSIS					85,525
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					382,992
91.00 09100	EMERGENCY					412,656
91.01 04040	FAMILY PRACTICE					186,678
91.02 04950	SOCIAL SERVICE-PSYCH					0
92.00 09200	OBSERVATION BEDS					92.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal							
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS									
		20.00	21.00				22.00	23.00	24.00			
SPECIAL PURPOSE COST CENTERS												
118.00	SUBTOTALS (SUM OF LINES 1-117)					0	0	0	0	0	12,728,110	118.00
NONREIMBURSABLE COST CENTERS												
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN									243	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES									12,067	192.00
193.00	19300	NONPAID WORKERS									66,368	193.00
194.00	07950	OTHER									66	194.00
194.05	07955	NON EMPLOYEE CHILD CARE									0	194.05
200.00		0	72,812	166,811	0					239,623	200.00	
201.00		0	0	0	0					0	201.00	
202.00		0	72,812	166,811	0					13,046,477	202.00	
TOTAL (sum lines 118-201)												

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 12:48 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.10	00541	NON PATIENT PHONES		5.10
5.20	00551	DATA PROCESSING		5.20
5.30	00561	PURCHASING AND STORES		5.30
5.50	00582	CASHIERS AR AND COLLECTIONS		5.50
5.60	00592	ADMINISTRATION & GENERAL		5.60
5.90	00593	RNP ADMINISTRATION		5.90
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	ELECTRICITY		7.01
7.02	00702	RNP OPERATION OF PLANT		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
8.01	00801	RNP LAUNDRY		8.01
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	RNP HOUSEKEEPING		9.01
10.00	01000	DIETARY		10.00
10.01	01001	RNP DIETARY		10.01
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01701	RNP SOCIAL SERVICE		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	3,447,694
31.00	03100	INTENSIVE CARE UNIT	0	495,903
41.00	04100	SUBPROVIDER - IRF	0	444,107
43.00	04300	NURSERY	0	55,094
44.00	04400	SKILLED NURSING FACILITY	0	429,617
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,066,177
51.00	05100	RECOVERY ROOM	0	47,417
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	354,844
53.00	05300	ANESTHESIOLOGY	0	120,767
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	853,322
55.00	05500	RADIOLOGY-THERAPEUTIC	0	520,473
56.00	05600	RADIOISOTOPE	0	198,440
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	60,467
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	330,841
59.00	05900	CARDIAC CATHETERIZATION	0	375,228
60.00	06000	LABORATORY	0	445,441
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	36,226
65.00	06500	RESPIRATORY THERAPY	0	112,518
66.00	06600	PHYSICAL THERAPY	0	170,921
66.01	06601	RNRC PHYSICAL THERAPY	0	21,185
66.02	06602	DAY REHABILITATION FACILITY	0	86,007
67.00	06700	OCCUPATIONAL THERAPY	0	109,929
68.00	06800	SPEECH PATHOLOGY	0	44,716
69.00	06900	ELECTROCARDIOLOGY	0	389,539
70.00	07000	ELECTROENCEPHALOGRAPHY	0	157,025
70.01	07001	ELECTROPHYSIOLOGY	0	36,847
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	401,033
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	395,749
73.00	07300	DRUGS CHARGED TO PATIENTS	0	422,942
73.01	03950	WELLNESS PROGRAM	0	29,790
74.00	07400	RENAL DIALYSIS	0	85,525
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	382,992
91.00	09100	EMERGENCY	0	412,656
91.01	04040	FAMILY PRACTICE	0	186,678
91.02	04950	SOCIAL SERVICE-PSYCH	0	0

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
92.00	09200 OBSERVATION BEDS	25.00	26.00	
		0		92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	12,728,110	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	243	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	12,067	192.00
193.00	19300 NONPAID WORKERS	0	66,368	193.00
194.00	07950 OTHER	0	66	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	194.05
200.00	Cross Foot Adjustments	0	239,623	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	13,046,477	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description	CAPITAL RELATED COSTS					
	BLDG & FIXT ((SQUARE FEET))	MVBLE EQUIP ((DOLLAR VALUE))	EMPLOYEE BENEFITS (GROSS SALARIES)	NON PATIENT PHONES (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
	1.00	2.00	4.00	5.10	5.20	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	724,931				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,813,835			2.00
4.00 00400	EMPLOYEE BENEFITS	12,323	995	51,043,980		4.00
5.10 00541	NON PATIENT PHONES	3,972	167	0	417	5.10
5.20 00551	DATA PROCESSING	0	0	0	0	5.20
5.30 00561	PURCHASING AND STORES	0	0	0	11	5.30
5.50 00582	CASHIERS AR AND COLLECTIONS	0	1,575	0	19	5.50
5.60 00592	ADMINISTRATION & GENERAL	46,309	47,575	2,215,847	77	5.60
5.90 00593	RNP ADMINISTRATION	0	13,825	550,748	1	5.90
6.00 00600	MAINTENANCE & REPAIRS	5,196	41,264	331,918	10	6.00
7.00 00700	OPERATION OF PLANT	146,975	61,840	522,445	7	7.00
7.01 00701	ELECTRICITY	0	0	20,419	8	7.01
7.02 00702	RNP OPERATION OF PLANT	0	49,838	87,500	0	7.02
8.00 00800	LAUNDRY & LINEN SERVICE	9,033	0	0	1	8.00
8.01 00801	RNP LAUNDRY	0	11,826	80,921	0	8.01
9.00 00900	HOUSEKEEPING	6,160	6,081	798,653	1	9.00
9.01 00901	RNP HOUSEKEEPING	0	0	184,784	0	9.01
10.00 01000	DIETARY	18,329	17,149	452,550	7	10.00
10.01 01001	RNP DIETARY	0	3,677	301,407	0	10.01
11.00 01100	CAFETERIA	6,764	0	580,179	6	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,154	15,379	1,168,767	19	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,920	76,995	161,679	1	14.00
15.00 01500	PHARMACY	8,683	30,978	1,343,318	9	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,581	7,361	2,177,797	28	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01 01701	RNP SOCIAL SERVICE	0	231	79,724	0	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	35	2,162,268	0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	5,442	3,449	1,966,111	11	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	147,654	811,439	9,356,446	39	30.00
31.00 03100	INTENSIVE CARE UNIT	25,596	26,159	2,876,372	2	31.00
41.00 04100	SUBPROVIDER - I&R	19,966	15,165	2,193,074	3	41.00
43.00 04300	NURSERY	856	5,097	503,666	2	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	3,202,521	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,436	364,571	2,373,206	5	50.00
51.00 05100	RECOVERY ROOM	1,847	207	458,977	1	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	22,438	35,622	487,907	1	52.00
53.00 05300	ANESTHESIOLOGY	2,168	63,262	78,752	2	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	32,799	156,698	1,848,442	21	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	13,521	191,562	955,175	12	55.00
56.00 05600	RADIOISOTOPE	5,916	40,048	729,524	4	56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,641	4,685	457,833	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,038	175,021	281,573	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	9,242	166,288	787,781	1	59.00
60.00 06000	LABORATORY	13,834	43,307	757,092	24	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	529	48	0	1	62.00
65.00 06500	RESPIRATORY THERAPY	3,115	23,268	625,229	5	65.00
66.00 06600	PHYSICAL THERAPY	7,459	4,929	1,542,879	11	66.00
66.01 06601	RNRC PHYSICAL THERAPY	0	0	212,175	0	66.01
66.02 06602	DAY REHABILITATION FACILITY	5,431	7,731	328,471	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	6,216	482	841,319	7	67.00
68.00 06800	SPEECH PATHOLOGY	1,701	2,785	509,052	1	68.00
69.00 06900	ELECTROCARDIOLOGY	18,089	45,721	567,644	9	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,438	90,321	78,087	1	70.00
70.01 07001	ELECTROPHYSIOLOGY	0	26,698	15,575	0	70.01
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	5,883	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,441	0	0	0	73.00
73.01 03950	WELLNESS PROGRAM	2,174	385	64,475	1	73.01
74.00 07400	RENAL DIALYSIS	3,755	10,240	525,476	2	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	21,402	42,575	1,077,422	12	90.00
91.00 09100	EMERGENCY	17,103	59,226	2,007,619	12	91.00
91.01 04040	FAMILY PRACTICE	8,779	3,822	94,067	21	91.01

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NON PATIENT PHONES (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
			BLDG & FIXT ((SQUARE FEET))	MVBLE EQUIP ((DOLLAR VALUE))				
			1.00	2.00				
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	719,425	2,813,485	51,024,866	416	7,209,220	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	5,506	350	19,114	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,682,362	3,757,533	154,747	207,370	2,600,427	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.838487	1.335378	0.003032	497.290168	0.360709	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			136,321	48,378	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002671	116.014388	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description			PURCHASING AND STORES (SUPPLY COST)	CASHIERS AR AND COLLECTIONS (GROSS REVENUE)	Reconciliation	ADMINISTRATIVE N & GENERAL (ACCUM COST)	RNP ADMINISTRATIVE (RNP DIRECT EXP)	
			5.30	5.50	5A.60	5.60	5.90	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.10	00541	NON PATIENT PHONES						5.10
5.20	00551	DATA PROCESSING						5.20
5.30	00561	PURCHASING AND STORES	38,879,094					5.30
5.50	00582	CASHIERS AR AND COLLECTIONS	0	550,179,957				5.50
5.60	00592	ADMINISTRATION & GENERAL	2,488,089	0	-14,506,508	110,827,664		5.60
5.90	00593	RNP ADMINISTRATION	846,058	0	0	1,027,966	6,655,161	5.90
6.00	00600	MAINTENANCE & REPAIRS	261,032	0	0	805,371	0	6.00
7.00	00700	OPERATION OF PLANT	3,805,570	0	0	2,685,558	0	7.00
7.01	00701	ELECTRICITY	0	0	0	3,000,531	0	7.01
7.02	00702	RNP OPERATION OF PLANT	266,179	0	0	450,828	380,968	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	650,910	0	0	729,803	0	8.00
8.01	00801	RNP LAUNDRY	34,556	0	0	167,274	156,935	8.01
9.00	00900	HOUSEKEEPING	565,456	0	0	1,807,176	0	9.00
9.01	00901	RNP HOUSEKEEPING	31,760	0	0	294,789	293,865	9.01
10.00	01000	DIETARY	765,097	0	0	1,148,771	0	10.00
10.01	01001	RNP DIETARY	383,047	0	0	825,591	817,595	10.01
11.00	01100	CAFETERIA	0	0	0	734,216	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	20,991	0	0	1,268,383	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	939,041	0	0	2,210,706	38,406	14.00
15.00	01500	PHARMACY	91,234	0	0	1,965,206	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	324,212	0	0	3,694,844	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	16	0	17.00
17.01	01701	RNP SOCIAL SERVICE	15	0	0	103,520	102,970	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	2,168,871	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	97,584	0	0	2,826,146	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	211,349	66,955,157	0	14,544,259	0	30.00
31.00	03100	INTENSIVE CARE UNIT	90,129	14,246,393	0	3,988,127	0	31.00
41.00	04100	SUBPROVIDER - IRF	59,143	12,322,726	0	2,770,342	0	41.00
43.00	04300	NURSERY	63,608	3,376,365	0	712,239	0	43.00
44.00	04400	SKILLED NURSING FACILITY	483,336	10,969,082	0	4,696,610	4,591,701	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,366,345	41,118,275	0	6,350,795	0	50.00
51.00	05100	RECOVERY ROOM	2,095	8,440,576	0	622,728	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,047	1,190,446	0	901,730	0	52.00
53.00	05300	ANESTHESIOLOGY	12,688	11,839,102	0	292,745	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	236,094	23,735,472	0	3,475,435	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	176,348	9,286,704	0	1,819,297	0	55.00
56.00	05600	RADIOISOTOPE	237,469	13,087,166	0	1,397,835	0	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	4,015	23,491,529	0	760,053	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	247,374	10,487,346	0	951,537	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,559	23,220,644	0	1,401,547	0	59.00
60.00	06000	LABORATORY	5,292,949	64,114,936	0	6,798,327	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	811,100	4,158,429	0	920,125	0	62.00
65.00	06500	RESPIRATORY THERAPY	64,578	8,261,320	0	982,787	0	65.00
66.00	06600	PHYSICAL THERAPY	17,988	9,662,230	0	2,067,732	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	5,775	2,639,890	0	290,274	272,721	66.01
66.02	06602	DAY REHABILITATION FACILITY	8,023	1,483,884	0	471,404	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,233	4,964,811	0	1,153,777	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,121	2,695,098	0	653,309	0	68.00
69.00	06900	ELECTROCARDIOLOGY	208,281	15,698,196	0	1,184,516	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,948	1,771,877	0	275,473	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	1,610,672	0	35,446	0	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,988,596	21,863,808	0	5,194,946	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,271,079	17,357,440	0	5,443,646	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,918,627	64,360,065	0	6,414,000	0	73.00
73.01	03950	WELLNESS PROGRAM	26,308	41,612	0	117,801	0	73.01
74.00	07400	RENAL DIALYSIS	70,184	5,731,843	0	827,022	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	64,333	10,678,775	0	1,731,132	0	90.00
91.00	09100	EMERGENCY	175,852	37,403,566	0	2,981,703	0	91.00
91.01	04040	FAMILY PRACTICE	118,516	1,914,522	0	598,045	0	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description			PURCHASING AND STORES (SUPPLY COST)	CASHIERS AR AND COLLECTIONS (GROSS REVENUE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	RNP ADMINISTRATIVE (RNP DIRECT EXP)	
			5.30	5.50	5A.60	5.60	5.90	
92.00	09200	OBSERVATION BEDS						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,878,921	550,179,957	-14,506,508	110,742,310	6,655,161	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	497	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	173	0	0	84,857	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	444,502	3,559,424		14,506,508	1,162,519	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.011433	0.006470		0.130892	0.174679	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,276	4,307		3,362,478	62,519	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000033	0.000008		0.030340	0.009394	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140117		Period: From 07/01/2012 To 12/31/2012		Worksheet B-1	
Date/Time Prepared: 5/23/2013 12:48 pm							
Cost Center	Description	MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT ((SQUARE FEET))	ELECTRICITY ((SQUARE FEET))	RNP OPERATION OF PLANT ((SQUARE FEET))	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	
		6.00	7.00	7.01	7.02	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	00541						5.10
5.20	00551						5.20
5.30	00561						5.30
5.50	00582						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600	1,303,941					6.00
7.00	00700	883,312	510,156				7.00
7.01	00701	0	0	510,156			7.01
7.02	00702	57,415	0	0	510,156		7.02
8.00	00800	0	9,033	9,033	9,033	1,264,166	8.00
8.01	00801	4,937	0	0	0	0	8.01
9.00	00900	10,239	6,160	6,160	6,160	0	9.00
9.01	00901	2,703	0	0	0	0	9.01
10.00	01000	52,116	18,329	18,329	18,329	0	10.00
10.01	01001	7,899	0	0	0	0	10.01
11.00	01100	0	6,764	6,764	6,764	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,089	3,154	3,154	3,154	0	13.00
14.00	01400	46	10,920	10,920	10,920	177	14.00
15.00	01500	680	8,683	8,683	8,683	197	15.00
16.00	01600	1,060	10,581	10,581	10,581	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	12,352	21.00
22.00	02200	89	5,442	5,442	5,442	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,128	147,654	147,654	147,654	502,451	30.00
31.00	03100	0	25,596	25,596	25,596	78,003	31.00
41.00	04100	1,449	19,966	19,966	19,966	103,866	41.00
43.00	04300	0	856	856	856	0	43.00
44.00	04400	422	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	223,507	23,436	23,436	23,436	149,464	50.00
51.00	05100	0	1,847	1,847	1,847	30,686	51.00
52.00	05200	4,177	22,438	22,438	22,438	33,535	52.00
53.00	05300	0	2,168	2,168	2,168	0	53.00
54.00	05400	509	32,799	32,799	32,799	51,420	54.00
55.00	05500	228	13,521	13,521	13,521	14,826	55.00
56.00	05600	3,535	5,916	5,916	5,916	0	56.00
57.00	05700	96	2,641	2,641	2,641	0	57.00
58.00	05800	96	5,038	5,038	5,038	0	58.00
59.00	05900	0	9,242	9,242	9,242	13,300	59.00
60.00	06000	22,054	13,834	13,834	13,834	0	60.00
62.00	06200	0	529	529	529	0	62.00
65.00	06500	89	3,115	3,115	3,115	0	65.00
66.00	06600	506	7,459	7,459	7,459	27,405	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	3,282	5,431	5,431	5,431	0	66.02
67.00	06700	506	6,216	6,216	6,216	0	67.00
68.00	06800	431	1,701	1,701	1,701	0	68.00
69.00	06900	6,910	18,089	18,089	18,089	19,721	69.00
70.00	07000	523	1,438	1,438	1,438	0	70.00
70.01	07001	315	0	0	0	0	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	1,441	1,441	1,441	0	73.00
73.01	03950	0	2,174	2,174	2,174	366	73.01
74.00	07400	2,350	3,755	3,755	3,755	14,216	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	8,568	21,402	21,402	21,402	30,192	90.00
91.00	09100	0	17,103	17,103	17,103	180,765	91.00
91.01	04040	1,675	8,779	8,779	8,779	1,224	91.01
91.02	04950	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT ((SQUARE FEET))	ELECTRICITY ((SQUARE FEET))	RNP OPERATION OF PLANT ((SQUARE FEET))	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	
		6.00	7.00	7.01	7.02	8.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,303,941	504,650	504,650	504,650	1,264,166	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	5,506	5,506	5,506	0	193.00
194.00	07950 OTHER	0	0	0	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	910,788	3,654,062	3,393,277	616,489	961,027	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.698489	7.162637	6.651450	1.208432	0.760206	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	122,851	1,406,746	92,019	89,462	121,354	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.094215	2.757482	0.180374	0.175362	0.095995	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		RNP LAUNDRY (RNP POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	RNP HOUSEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (TOTAL PATIENT DAYS)	RNP DIETARY (TOTAL PATIENT DAYS)	
		8.01	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	00541						5.10
5.20	00551						5.20
5.30	00561						5.30
5.50	00582						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801	49,828					8.01
9.00	00900						9.00
9.01	00901		127,830				9.01
10.00	01000			10,631			10.00
10.01	01001		3,360	4,368	72,788		10.01
11.00	01100		840				11.00
12.00	01200						12.00
13.00	01300		465				13.00
14.00	01400		420				14.00
15.00	01500		990				15.00
16.00	01600		630				16.00
17.00	01700						17.00
17.01	01701			411			17.01
19.00	01900						19.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200		150				22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		43,120		21,395	21,395	30.00
31.00	03100		6,840		4,001	4,001	31.00
41.00	04100		7,560		6,837	6,837	41.00
43.00	04300		1,035		973	973	43.00
44.00	04400	49,828			39,582	39,582	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		15,780				50.00
51.00	05100		300				51.00
52.00	05200		4,180				52.00
53.00	05300		300				53.00
54.00	05400		2,940				54.00
55.00	05500		1,890				55.00
56.00	05600		600				56.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000		3,430				60.00
62.00	06200		210				62.00
65.00	06500		570				65.00
66.00	06600		900				66.00
66.01	06601			4,953			66.01
66.02	06602						66.02
67.00	06700		1,200				67.00
68.00	06800						68.00
69.00	06900		750				69.00
70.00	07000		180				70.00
70.01	07001						70.01
71.00	07100			899			71.00
72.00	07200						72.00
73.00	07300		150				73.00
73.01	03950						73.01
74.00	07400						74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		6,070				90.00
91.00	09100		7,600				91.00
91.01	04040		1,440				91.01
91.02	04950						91.02
92.00	09200						92.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		RNP LAUNDRY (RNP POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	RNP HOUSEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (TOTAL PATIENT DAYS)	RNP DIETARY (TOTAL PATIENT DAYS)	
		8.01	9.00	9.01	10.00	10.01	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	49,828	113,900	10,631	72,788	72,788	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	105	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	11,363	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	2,400	0	0	0	193.00
194.00	07950 OTHER	0	62	0	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	220,030	2,143,412	386,595	1,826,066	1,081,988	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.415790	16.767676	36.364876	25.087459	14.864923	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	23,023	135,751	12,455	280,069	47,314	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.462049	1.061965	1.171574	3.847736	0.650025	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		CAFETERIA ((MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION N ((MEALS SERVED))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	00541						5.10
5.20	00551						5.20
5.30	00561						5.30
5.50	00582						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801						8.01
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
10.01	01001						10.01
11.00	01100						11.00
12.00	01200	1,419,286	0	0			12.00
13.00	01300	37,036	0	815,370			13.00
14.00	01400	9,819	0	0	10,259,675		14.00
15.00	01500	34,788	0	0	0	5,023,253	15.00
16.00	01600	81,302	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	3,930	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	81,074	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	300,065	0	300,065	0	0	30.00
31.00	03100	77,327	0	77,327	0	0	31.00
41.00	04100	73,914	0	73,914	0	0	41.00
43.00	04300	11,275	0	11,275	0	0	43.00
44.00	04400	143,794	0	143,794	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	70,011	0	70,011	0	0	50.00
51.00	05100	10,364	0	10,364	0	0	51.00
52.00	05200	17,970	0	17,970	0	0	52.00
53.00	05300	3,210	0	3,210	0	0	53.00
54.00	05400	81,417	0	0	0	0	54.00
55.00	05500	22,796	0	0	0	0	55.00
56.00	05600	15,612	0	0	0	0	56.00
57.00	05700	11,526	0	0	0	0	57.00
58.00	05800	7,194	0	0	0	0	58.00
59.00	05900	19,139	0	19,139	0	0	59.00
60.00	06000	7,288	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	23,660	0	0	0	0	65.00
66.00	06600	46,555	0	0	0	0	66.00
66.01	06601	7,889	0	0	0	0	66.01
66.02	06602	10,046	0	0	0	0	66.02
67.00	06700	25,418	0	0	0	0	67.00
68.00	06800	14,387	0	0	0	0	68.00
69.00	06900	18,026	0	0	0	0	69.00
70.00	07000	2,654	0	0	0	0	70.00
70.01	07001	500	0	0	0	0	70.01
71.00	07100	0	0	0	4,988,596	0	71.00
72.00	07200	0	0	0	5,271,079	0	72.00
73.00	07300	0	0	0	0	5,023,253	73.00
73.01	03950	1,682	0	0	0	0	73.01
74.00	07400	14,494	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	28,956	0	28,956	0	0	90.00
91.00	09100	59,348	0	59,345	0	0	91.00
91.01	04040	44,820	0	0	0	0	91.01
91.02	04950	0	0	0	0	0	91.02

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		CAFETERIA ((MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION N ((MEALS SERVED))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
92.00	09200 OBSERVATION BEDS						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,419,286	0	815,370	10,259,675	5,023,253	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER	0	0	0	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	946,016	0	1,515,029	2,684,579	2,393,290	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.666544	0.000000	1.858088	0.261663	0.476442	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	99,492	0	106,428	448,208	207,424	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.070100	0.000000	0.130527	0.043686	0.041293	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY ((TIME SPENT))	SOCIAL SERVICE ((TIME SPENT))	RNP SOCIAL SERVICE (RNP TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	17.01	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.10	00541	NON PATIENT PHONES						5.10
5.20	00551	DATA PROCESSING						5.20
5.30	00561	PURCHASING AND STORES						5.30
5.50	00582	CASHIERS AR AND COLLECTIONS						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	612,211					16.00
17.00	01700	SOCIAL SERVICE	0	100				17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	100			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,817	100	0		0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,699	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	3,402	0	0		0	41.00
43.00	04300	NURSERY	19,331	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	100		0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,007	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,848	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	680	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,271	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,409	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,010	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	71,801	0	0	0	0	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	35,169	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,607	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	18,708	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,360	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	6,449	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	86,926	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,908	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	36,454	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,598	0	0	0	0	73.00
73.01	03950	WELLNESS PROGRAM	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	34,655	0	0	0	0	90.00
91.00	09100	EMERGENCY	19,102	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY ((TIME SPENT))	SOCIAL SERVICE ((TIME SPENT))	RNP SOCIAL SERVICE (RNP TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
92.00	09200 OBSERVATION BEDS	16.00	17.00	17.01	19.00	20.00	92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	612,211	100	100	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER	0	0	0	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,402,918	18	152,623	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.191831	0.180000	1,526.230000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	272,685	0	5,386	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.445410	0.000000	53.860000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
	SRVCES-SALARY & FRINGES ((ASSIGNED TIME))	SRVCES-OTHER PRGM COSTS ((ASSIGNED TIME))		
	21.00	22.00		
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS				4.00
5.10 00541 NON PATIENT PHONES				5.10
5.20 00551 DATA PROCESSING				5.20
5.30 00561 PURCHASING AND STORES				5.30
5.50 00582 CASHIERS AR AND COLLECTIONS				5.50
5.60 00592 ADMINISTRATION & GENERAL				5.60
5.90 00593 RNP ADMINISTRATION				5.90
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
7.01 00701 ELECTRICITY				7.01
7.02 00702 RNP OPERATION OF PLANT				7.02
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
8.01 00801 RNP LAUNDRY				8.01
9.00 00900 HOUSEKEEPING				9.00
9.01 00901 RNP HOUSEKEEPING				9.01
10.00 01000 DIETARY				10.00
10.01 01001 RNP DIETARY				10.01
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
17.01 01701 RNP SOCIAL SERVICE				17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	1,420			21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD		1,420		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	791	791	0	30.00
31.00 03100 INTENSIVE CARE UNIT	101	101	0	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	41.00
43.00 04300 NURSERY	10	10	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	88	88	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	20	20	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10	10	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	20	20	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	50	50	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	50	50	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	10	10	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.01 03950 WELLNESS PROGRAM	20	20	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	20	20	0	90.00
91.00 09100 EMERGENCY	150	150	0	91.00
91.01 04040 FAMILY PRACTICE	80	80	0	91.01

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
		SRVCES-SALARY & FRINGES ((ASSIGNED TIME))	SRVCES-OTHER PRGM COSTS ((ASSIGNED TIME))			
		21.00	22.00	23.00		
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0	91.02
92.00	09200	OBSERVATION BEDS				92.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,420	1,420	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	OTHER	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	194.05
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,462,149	3,334,434	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,733.907746	2,348.192958	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	72,812	166,811	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	51.276056	117.472535	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140117		Period: From 07/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 5/23/2013 12:48 pm		
			Title XVII		Hospital		PPS		
Cost Center Description	Therapy Limit Adj.	Total Cost (from Wkst. B, Part I, col. 26)	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	21,685,041		21,685,041	0	21,685,041	59,650,594	30.00
31.00	03100	INTENSIVE CARE UNIT	5,443,130		5,443,130	0	5,443,130	14,246,393	31.00
41.00	04100	SUBPROVIDER - IRF	4,123,861		4,123,861	0	4,123,861	12,322,726	41.00
43.00	04300	NURSERY	1,042,043		1,042,043	0	1,042,043	3,376,365	43.00
44.00	04400	SKILLED NURSING FACILITY	8,430,804		8,430,804	0	8,430,804	10,969,082	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,274,035		8,274,035	0	8,274,035	25,645,207	50.00
51.00	05100	RECOVERY ROOM	799,798		799,798	0	799,798	4,502,520	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,505,593		1,505,593	0	1,505,593	942,885	52.00
53.00	05300	ANESTHESIOLOGY	400,290		400,290	0	400,290	6,525,129	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,662,174		5,662,174	0	5,662,174	7,094,723	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,491,539		2,491,539	0	2,491,539	373,192	55.00
56.00	05600	RADIOISOTOPE	2,208,990		2,208,990	0	2,208,990	3,940,258	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	906,962		906,962	0	906,962	8,492,292	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,156,631		1,156,631	0	1,156,631	2,525,416	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,782,266		1,782,266	0	1,782,266	12,993,206	59.00
60.00	06000	LABORATORY	8,226,700		8,226,700	69,330	8,296,030	37,424,084	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,085,163		1,085,163	0	1,085,163	2,982,417	62.00
65.00	06500	RESPIRATORY THERAPY	1,318,156	0	1,318,156	0	1,318,156	7,725,555	65.00
66.00	06600	PHYSICAL THERAPY	2,585,059	0	2,585,059	0	2,585,059	6,335,955	66.00
66.01	06601	RNRC PHYSICAL THERAPY	607,661	0	607,661	0	607,661	2,639,890	66.01
66.02	06602	DAY REHABILITATION FACILITY	623,682	0	623,682	0	623,682	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,435,593	0	1,435,593	0	1,435,593	4,160,810	67.00
68.00	06800	SPEECH PATHOLOGY	774,267	0	774,267	0	774,267	1,493,046	68.00
69.00	06900	ELECTROCARDIOLOGY	2,280,869	0	2,280,869	0	2,280,869	7,441,660	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	524,611	0	524,611	0	524,611	984,921	70.00
70.01	07001	ELECTROPHYSIOLOGY	40,639	0	40,639	0	40,639	727,745	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	7,475,117	0	7,475,117	0	7,475,117	15,854,528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,535,424	0	7,535,424	0	7,535,424	12,667,012	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,740,020	0	9,740,020	0	9,740,020	47,909,356	73.00
73.01	03950	WELLNESS PROGRAM	167,278	0	167,278	0	167,278	0	73.01
74.00	07400	RENAL DIALYSIS	1,013,792	0	1,013,792	0	1,013,792	1,149,485	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,732,288		2,732,288	0	2,732,288	2,166,015	90.00
91.00	09100	EMERGENCY	4,180,972		4,180,972	0	4,180,972	12,089,726	91.00
91.01	04040	FAMILY PRACTICE	864,327		864,327	30,696	895,023	0	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0		0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS	1,291,572		1,291,572		1,291,572	966,916	92.00
200.00		Subtotal (see instructions)	120,416,347	0	120,416,347	100,026	120,516,373	338,319,109	200.00
201.00		Less Observation Beds	1,291,572	0	1,291,572		1,291,572		201.00
202.00		Total (see instructions)	119,124,775	0	119,124,775	100,026	119,224,801	338,319,109	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		59,650,594				30.00
31.00	03100	INTENSIVE CARE UNIT		14,246,393				31.00
41.00	04100	SUBPROVIDER - IRF		12,322,726				41.00
43.00	04300	NURSERY		3,376,365				43.00
44.00	04400	SKILLED NURSING FACILITY		10,969,082				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,473,068	41,118,275	0.201225	0.000000	0.201225	50.00
51.00	05100	RECOVERY ROOM	3,938,056	8,440,576	0.094756	0.000000	0.094756	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	247,561	1,190,446	1.264730	0.000000	1.264730	52.00
53.00	05300	ANESTHESIOLOGY	5,313,973	11,839,102	0.033811	0.000000	0.033811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,640,749	23,735,472	0.238553	0.000000	0.238553	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,913,512	9,286,704	0.268291	0.000000	0.268291	55.00
56.00	05600	RADIOISOTOPE	9,146,908	13,087,166	0.168791	0.000000	0.168791	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	14,999,237	23,491,529	0.038608	0.000000	0.038608	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,961,930	10,487,346	0.110288	0.000000	0.110288	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,227,438	23,220,644	0.076754	0.000000	0.076754	59.00
60.00	06000	LABORATORY	26,690,852	64,114,936	0.128312	0.000000	0.129393	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,176,012	4,158,429	0.260955	0.000000	0.260955	62.00
65.00	06500	RESPIRATORY THERAPY	535,765	8,261,320	0.159558	0.000000	0.159558	65.00
66.00	06600	PHYSICAL THERAPY	3,326,275	9,662,230	0.267543	0.000000	0.267543	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	2,639,890	0.230184	0.000000	0.230184	66.01
66.02	06602	DAY REHABILITATION FACILITY	1,483,884	1,483,884	0.420304	0.000000	0.420304	66.02
67.00	06700	OCCUPATIONAL THERAPY	804,001	4,964,811	0.289154	0.000000	0.289154	67.00
68.00	06800	SPEECH PATHOLOGY	1,202,052	2,695,098	0.287287	0.000000	0.287287	68.00
69.00	06900	ELECTROCARDIOLOGY	8,256,536	15,698,196	0.145295	0.000000	0.145295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	786,956	1,771,877	0.296076	0.000000	0.296076	70.00
70.01	07001	ELECTROPHYSIOLOGY	882,927	1,610,672	0.025231	0.000000	0.025231	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	6,009,280	21,863,808	0.341895	0.000000	0.341895	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,690,428	17,357,440	0.434132	0.000000	0.434132	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,450,709	64,360,065	0.151336	0.000000	0.151336	73.00
73.01	03950	WELLNESS PROGRAM	41,612	41,612	4.019946	0.000000	4.019946	73.01
74.00	07400	RENAL DIALYSIS	4,582,358	5,731,843	0.176870	0.000000	0.176870	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,512,760	10,678,775	0.255862	0.000000	0.255862	90.00
91.00	09100	EMERGENCY	25,313,840	37,403,566	0.111780	0.000000	0.111780	91.00
91.01	04040	FAMILY PRACTICE	1,914,522	1,914,522	0.451458	0.000000	0.467492	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0.000000	0.000000	0.000000	91.02
92.00	09200	OBSERVATION BEDS	6,337,647	7,304,563	0.176817	0.000000	0.176817	92.00
200.00		Subtotal (see instructions)	211,860,848	550,179,957				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	211,860,848	550,179,957				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/23/2013 12:48 pm			
			Title XIX	Hospital	Cost			
Cost Center Description	Therapy Limit Adj.	Costs			Charges			
		Total Cost (from Wkst. B, Part I, col. 26)	Total Costs	RCE Disallowance	Total Costs	Inpatient		
		1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,685,041	21,685,041	0	0	59,650,594	30.00
31.00	03100	INTENSIVE CARE UNIT	5,443,130	5,443,130	0	0	14,246,393	31.00
41.00	04100	SUBPROVIDER - IRF	4,123,861	4,123,861	0	0	12,322,726	41.00
43.00	04300	NURSERY	1,042,043	1,042,043	0	0	3,376,365	43.00
44.00	04400	SKILLED NURSING FACILITY	8,430,804	8,430,804	0	0	10,969,082	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,274,035	8,274,035	0	0	25,645,207	50.00
51.00	05100	RECOVERY ROOM	799,798	799,798	0	0	4,502,520	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,505,593	1,505,593	0	0	942,885	52.00
53.00	05300	ANESTHESIOLOGY	400,290	400,290	0	0	6,525,129	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,662,174	5,662,174	0	0	7,094,723	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,491,539	2,491,539	0	0	373,192	55.00
56.00	05600	RADIOISOTOPE	2,208,990	2,208,990	0	0	3,940,258	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	906,962	906,962	0	0	8,492,292	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,156,631	1,156,631	0	0	2,525,416	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,782,266	1,782,266	0	0	12,993,206	59.00
60.00	06000	LABORATORY	8,226,700	8,226,700	0	0	37,424,084	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,085,163	1,085,163	0	0	2,982,417	62.00
65.00	06500	RESPIRATORY THERAPY	1,318,156	1,318,156	0	0	7,725,555	65.00
66.00	06600	PHYSICAL THERAPY	2,585,059	2,585,059	0	0	6,335,955	66.00
66.01	06601	RNRC PHYSICAL THERAPY	607,661	607,661	0	0	2,639,890	66.01
66.02	06602	DAY REHABILITATION FACILITY	623,682	623,682	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,435,593	1,435,593	0	0	4,160,810	67.00
68.00	06800	SPEECH PATHOLOGY	774,267	774,267	0	0	1,493,046	68.00
69.00	06900	ELECTROCARDIOLOGY	2,280,869	2,280,869	0	0	7,441,660	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	524,611	524,611	0	0	984,921	70.00
70.01	07001	ELECTROPHYSIOLOGY	40,639	40,639	0	0	727,745	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	7,475,117	7,475,117	0	0	15,854,528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,535,424	7,535,424	0	0	12,667,012	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,740,020	9,740,020	0	0	47,909,356	73.00
73.01	03950	WELLNESS PROGRAM	167,278	167,278	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,013,792	1,013,792	0	0	1,149,485	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,732,288	2,732,288	0	0	2,166,015	90.00
91.00	09100	EMERGENCY	4,180,972	4,180,972	0	0	12,089,726	91.00
91.01	04040	FAMILY PRACTICE	864,327	864,327	0	0	0	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS	1,291,572	1,291,572	0	0	966,916	92.00
200.00		Subtotal (see instructions)	120,416,347	120,416,347	0	0	338,319,109	200.00
201.00		Less Observation Beds	1,291,572	1,291,572	0	0	0	201.00
202.00		Total (see instructions)	119,124,775	119,124,775	0	0	338,319,109	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital Cost
		Outpatient	Total (col. 6 + col. 7)				
		7.00	8.00				
		9.00	10.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		59,650,594			30.00
31.00	03100	INTENSIVE CARE UNIT		14,246,393			31.00
41.00	04100	SUBPROVIDER - IRF		12,322,726			41.00
43.00	04300	NURSERY		3,376,365			43.00
44.00	04400	SKILLED NURSING FACILITY		10,969,082			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,473,068	41,118,275	0.201225	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,938,056	8,440,576	0.094756	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	247,561	1,190,446	1.264730	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,313,973	11,839,102	0.033811	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,640,749	23,735,472	0.238553	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,913,512	9,286,704	0.268291	0.000000	55.00
56.00	05600	RADIOISOTOPE	9,146,908	13,087,166	0.168791	0.000000	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	14,999,237	23,491,529	0.038608	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,961,930	10,487,346	0.110288	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,227,438	23,220,644	0.076754	0.000000	59.00
60.00	06000	LABORATORY	26,690,852	64,114,936	0.128312	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,176,012	4,158,429	0.260955	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	535,765	8,261,320	0.159558	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,326,275	9,662,230	0.267543	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	2,639,890	0.230184	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	1,483,884	1,483,884	0.420304	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	804,001	4,964,811	0.289154	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,202,052	2,695,098	0.287287	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,256,536	15,698,196	0.145295	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	786,956	1,771,877	0.296076	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	882,927	1,610,672	0.025231	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	6,009,280	21,863,808	0.341895	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,690,428	17,357,440	0.434132	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,450,709	64,360,065	0.151336	0.000000	73.00
73.01	03950	WELLNESS PROGRAM	41,612	41,612	4.019946	0.000000	73.01
74.00	07400	RENAL DIALYSIS	4,582,358	5,731,843	0.176870	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,512,760	10,678,775	0.255862	0.000000	90.00
91.00	09100	EMERGENCY	25,313,840	37,403,566	0.111780	0.000000	91.00
91.01	04040	FAMILY PRACTICE	1,914,522	1,914,522	0.451458	0.000000	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0.000000	0.000000	91.02
92.00	09200	OBSERVATION BEDS	6,337,647	7,304,563	0.176817	0.000000	92.00
200.00		Subtotal (see instructions)	211,860,848	550,179,957			200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	211,860,848	550,179,957			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140117		Period: From 07/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/23/2013 12:48 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,447,694	0	3,447,694	22,750	151.55	30.00
31.00	INTENSIVE CARE UNIT	495,903		495,903	4,001	123.94	31.00
41.00	SUBPROVIDER - IRF	444,107	0	444,107	6,837	64.96	41.00
43.00	NURSERY	55,094		55,094	973	56.62	43.00
44.00	SKILLED NURSING FACILITY	429,617		429,617	39,582	10.85	44.00
200.00	Total (Lines 30-199)	4,872,415		4,872,415	74,143		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,512	2,047,744				
31.00	INTENSIVE CARE UNIT	2,450	303,653				
41.00	SUBPROVIDER - IRF	5,433	352,928				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	6,698	72,673				
200.00	Total (Lines 30-199)	28,093	2,776,998				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/23/2013 12:48 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,066,177	41,118,275	0.025930	11,346,963	294,227	50.00
51.00	05100 RECOVERY ROOM	47,417	8,440,576	0.005618	2,256,023	12,674	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	354,844	1,190,446	0.298077	13,797	4,113	52.00
53.00	05300 ANESTHESIOLOGY	120,767	11,839,102	0.010201	3,078,299	31,402	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	853,322	23,735,472	0.035951	4,751,899	170,836	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	520,473	9,286,704	0.056045	270,341	15,151	55.00
56.00	05600 RADIOISOTOPE	198,440	13,087,166	0.015163	2,465,309	37,381	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	60,467	23,491,529	0.002574	5,433,338	13,985	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	330,841	10,487,346	0.031547	1,391,388	43,894	58.00
59.00	05900 CARDIAC CATHETERIZATION	375,228	23,220,644	0.016159	6,580,311	106,331	59.00
60.00	06000 LABORATORY	445,441	64,114,936	0.006948	20,617,172	143,248	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	36,226	4,158,429	0.008711	1,723,331	15,012	62.00
65.00	06500 RESPIRATORY THERAPY	112,518	8,261,320	0.013620	4,563,467	62,154	65.00
66.00	06600 PHYSICAL THERAPY	170,921	9,662,230	0.017690	1,511,609	26,740	66.00
66.01	06601 RNRC PHYSICAL THERAPY	21,185	2,639,890	0.008025	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	86,007	1,483,884	0.057961	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	109,929	4,964,811	0.022142	403,768	8,940	67.00
68.00	06800 SPEECH PATHOLOGY	44,716	2,695,098	0.016592	457,232	7,586	68.00
69.00	06900 ELECTROCARDIOLOGY	389,539	15,698,196	0.024814	5,043,688	125,154	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	157,025	1,771,877	0.088621	293,638	26,022	70.00
70.01	07001 ELECTROPHYSIOLOGY	36,847	1,610,672	0.022877	359,505	8,224	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	401,033	21,863,808	0.018342	8,782,426	161,087	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	395,749	17,357,440	0.022800	7,088,641	161,621	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	422,942	64,360,065	0.006571	25,662,037	168,625	73.00
73.01	03950 WELLNESS PROGRAM	29,790	41,612	0.715899	0	0	73.01
74.00	07400 RENAL DIALYSIS	85,525	5,731,843	0.014921	759,763	11,336	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	382,992	10,678,775	0.035865	1,457,121	52,260	90.00
91.00	09100 EMERGENCY	412,656	37,403,566	0.011033	7,646,379	84,362	91.00
91.01	04040 FAMILY PRACTICE	186,678	1,914,522	0.097506	0	0	91.01
91.02	04950 SOCIAL SERVICE-PSYCH	0	0	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS	205,347	7,304,563	0.028112	688,926	19,367	92.00
200.00	Total (lines 50-199)	8,061,042	449,614,797		124,646,371	1,811,732	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140117		Period: From 07/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/23/2013 12:48 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,750	0.00	13,512	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,001	0.00	2,450	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	6,837	0.00	5,433	0	0	41.00
43.00	04300	NURSERY	973	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	39,582	0.00	6,698	0	0	44.00
200.00		Total (lines 30-199)	74,143		28,093	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 12:48 pm
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Cost Center Description	Title XVIII					Total Cost (sum of col 1 through col 4)	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Hospital		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.01 03950 WELLNESS PROGRAM	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	0	91.01
91.02 04950 SOCIAL SERVICE-PSYCH	0	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 12:48 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	41,118,275	0.000000	0.000000	11,346,963	50.00
51.00	05100 RECOVERY ROOM	0	8,440,576	0.000000	0.000000	2,256,023	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,190,446	0.000000	0.000000	13,797	52.00
53.00	05300 ANESTHESIOLOGY	0	11,839,102	0.000000	0.000000	3,078,299	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	23,735,472	0.000000	0.000000	4,751,899	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,286,704	0.000000	0.000000	270,341	55.00
56.00	05600 RADIOISOTOPE	0	13,087,166	0.000000	0.000000	2,465,309	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	23,491,529	0.000000	0.000000	5,433,338	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	10,487,346	0.000000	0.000000	1,391,388	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,220,644	0.000000	0.000000	6,580,311	59.00
60.00	06000 LABORATORY	0	64,114,936	0.000000	0.000000	20,617,172	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,158,429	0.000000	0.000000	1,723,331	62.00
65.00	06500 RESPIRATORY THERAPY	0	8,261,320	0.000000	0.000000	4,563,467	65.00
66.00	06600 PHYSICAL THERAPY	0	9,662,230	0.000000	0.000000	1,511,609	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	2,639,890	0.000000	0.000000	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	1,483,884	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	4,964,811	0.000000	0.000000	403,768	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,695,098	0.000000	0.000000	457,232	68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,698,196	0.000000	0.000000	5,043,688	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,771,877	0.000000	0.000000	293,638	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	1,610,672	0.000000	0.000000	359,505	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	21,863,808	0.000000	0.000000	8,782,426	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	17,357,440	0.000000	0.000000	7,088,641	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	64,360,065	0.000000	0.000000	25,662,037	73.00
73.01	03950 WELLNESS PROGRAM	0	41,612	0.000000	0.000000	0	73.01
74.00	07400 RENAL DIALYSIS	0	5,731,843	0.000000	0.000000	759,763	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	10,678,775	0.000000	0.000000	1,457,121	90.00
91.00	09100 EMERGENCY	0	37,403,566	0.000000	0.000000	7,646,379	91.00
91.01	04040 FAMILY PRACTICE	0	1,914,522	0.000000	0.000000	0	91.01
91.02	04950 SOCIAL SERVICE-PSYCH	0	0	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS	0	7,304,563	0.000000	0.000000	688,926	92.00
200.00	Total (lines 50-199)	0	449,614,797			124,646,371	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 12:48 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	5,223,245	0		50.00
51.00	05100 RECOVERY ROOM	0	1,173,494	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	1,840,029	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,808,276	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,057,364	0		55.00
56.00	05600 RADIOISOTOPE	0	3,375,021	0		56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	6,294,646	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,717,719	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,635,139	0		59.00
60.00	06000 LABORATORY	0	1,244,653	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	527,625	0		62.00
65.00	06500 RESPIRATORY THERAPY	0	186,780	0		65.00
66.00	06600 PHYSICAL THERAPY	0	8,772	0		66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0		66.01
66.02	06602 DAY REHABILITATION FACILITY	0	4,066	0		66.02
67.00	06700 OCCUPATIONAL THERAPY	0	137	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	35,327	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,170,122	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	329,760	0		70.00
70.01	07001 ELECTROPHYSIOLOGY	0	240,730	0		70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	2,196,236	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,671,234	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,465,650	0		73.00
73.01	03950 WELLNESS PROGRAM	0	324	0		73.01
74.00	07400 RENAL DIALYSIS	0	30,622	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	3,221,641	0		90.00
91.00	09100 EMERGENCY	0	6,507,990	0		91.00
91.01	04040 FAMILY PRACTICE	0	0	0		91.01
91.02	04950 SOCIAL SERVICE-PSYCH	0	0	0		91.02
92.00	09200 OBSERVATION BEDS	0	3,437,155	0		92.00
200.00	Total (lines 50-199)	0	68,403,757	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 12:48 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.201225	5,223,245	3	0	1,051,047	50.00
51.00	05100	RECOVERY ROOM	0.094756	1,173,494	0	0	111,196	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.264730	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033811	1,840,029	0	0	62,213	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238553	6,808,276	21	0	1,624,135	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.268291	4,057,364	0	0	1,088,554	55.00
56.00	05600	RADIOISOTOPE	0.168791	3,375,021	1	0	569,673	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.038608	6,294,646	1	0	243,024	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.110288	2,717,719	0	0	299,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076754	5,635,139	6	0	432,519	59.00
60.00	06000	LABORATORY	0.128312	1,244,653	99	0	159,704	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.260955	527,625	0	0	137,686	62.00
65.00	06500	RESPIRATORY THERAPY	0.159558	186,780	0	0	29,802	65.00
66.00	06600	PHYSICAL THERAPY	0.267543	8,772	0	0	2,347	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.230184	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.420304	4,066	0	0	1,709	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.289154	137	0	0	40	67.00
68.00	06800	SPEECH PATHOLOGY	0.287287	35,327	0	0	10,149	68.00
69.00	06900	ELECTROCARDIOLOGY	0.145295	3,170,122	0	0	460,603	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.296076	329,760	0	0	97,634	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.025231	240,730	0	0	6,074	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.341895	2,196,236	280	0	750,882	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.434132	2,671,234	0	0	1,159,668	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151336	7,465,650	285	36,906	1,129,822	73.00
73.01	03950	WELLNESS PROGRAM	4.019946	324	0	0	1,302	73.01
74.00	07400	RENAL DIALYSIS	0.176870	30,622	0	0	5,416	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.255862	3,221,641	0	0	824,296	90.00
91.00	09100	EMERGENCY	0.111780	6,507,990	0	0	727,463	91.00
91.01	04040	FAMILY PRACTICE	0.451458	0	0	0	0	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS	0.176817	3,437,155	0	0	607,747	92.00
200.00		Subtotal (see instructions)		68,403,757	696	36,906	11,594,437	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		68,403,757	696	36,906	11,594,437	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 12:48 pm
		Title XVII I	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	13	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0		66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	96	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	43	5,585		73.00
73.01 03950 WELLNESS PROGRAM	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 04040 FAMILY PRACTICE	0	0		91.01
91.02 04950 SOCIAL SERVICE-PSYCH	0	0		91.02
92.00 09200 OBSERVATION BEDS	0	0		92.00
200.00 Subtotal (see instructions)	158	5,585		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	158	5,585		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/23/2013 12:48 pm
		Component CCN: 14T117	Title XVIII	Subprovider - IRF PPS

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,066,177	41,118,275	0.025930	10,269	266	50.00
51.00	05100	RECOVERY ROOM	47,417	8,440,576	0.005618	4,384	25	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	354,844	1,190,446	0.298077	0	0	52.00
53.00	05300	ANESTHESIOLOGY	120,767	11,839,102	0.010201	4,322	44	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	853,322	23,735,472	0.035951	119,059	4,280	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	520,473	9,286,704	0.056045	58,382	3,272	55.00
56.00	05600	RADIOISOTOPE	198,440	13,087,166	0.015163	127,137	1,928	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	60,467	23,491,529	0.002574	138,211	356	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	330,841	10,487,346	0.031547	33,014	1,041	58.00
59.00	05900	CARDIAC CATHETERIZATION	375,228	23,220,644	0.016159	7,775	126	59.00
60.00	06000	LABORATORY	445,441	64,114,936	0.006948	1,623,762	11,282	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	36,226	4,158,429	0.008711	41,238	359	62.00
65.00	06500	RESPIRATORY THERAPY	112,518	8,261,320	0.013620	463,298	6,310	65.00
66.00	06600	PHYSICAL THERAPY	170,921	9,662,230	0.017690	3,343,706	59,150	66.00
66.01	06601	RNRC PHYSICAL THERAPY	21,185	2,639,890	0.008025	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	86,007	1,483,884	0.057961	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	109,929	4,964,811	0.022142	2,840,414	62,892	67.00
68.00	06800	SPEECH PATHOLOGY	44,716	2,695,098	0.016592	645,257	10,706	68.00
69.00	06900	ELECTROCARDIOLOGY	389,539	15,698,196	0.024814	59,072	1,466	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	157,025	1,771,877	0.088621	6,225	552	70.00
70.01	07001	ELECTROPHYSIOLOGY	36,847	1,610,672	0.022877	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	401,033	21,863,808	0.018342	433,043	7,943	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	395,749	17,357,440	0.022800	16,403	374	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	422,942	64,360,065	0.006571	2,760,701	18,141	73.00
73.01	03950	WELLNESS PROGRAM	29,790	41,612	0.715899	0	0	73.01
74.00	07400	RENAL DIALYSIS	85,525	5,731,843	0.014921	90,787	1,355	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	382,992	10,678,775	0.035865	4,095	147	90.00
91.00	09100	EMERGENCY	412,656	37,403,566	0.011033	13,413	148	91.00
91.01	04040	FAMILY PRACTICE	186,678	1,914,522	0.097506	0	0	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS	0	7,304,563	0.000000	0	0	92.00
200.00		Total (Lines 50-199)	7,855,695	449,614,797		12,843,967	192,163	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140117
Component CCN: 14T117

Period:
From 07/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
5/23/2013 12:48 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03950 WELLNESS PROGRAM	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	04040 FAMILY PRACTICE	0	0	0	0	0	91.01
91.02	04950 SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117 Component CCN: 14T117	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 12:48 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	41,118,275	0.000000	0.000000	10,269	50.00
51.00	05100 RECOVERY ROOM	0	8,440,576	0.000000	0.000000	4,384	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,190,446	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	11,839,102	0.000000	0.000000	4,322	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	23,735,472	0.000000	0.000000	119,059	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,286,704	0.000000	0.000000	58,382	55.00
56.00	05600 RADIOISOTOPE	0	13,087,166	0.000000	0.000000	127,137	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	23,491,529	0.000000	0.000000	138,211	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	10,487,346	0.000000	0.000000	33,014	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,220,644	0.000000	0.000000	7,775	59.00
60.00	06000 LABORATORY	0	64,114,936	0.000000	0.000000	1,623,762	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,158,429	0.000000	0.000000	41,238	62.00
65.00	06500 RESPIRATORY THERAPY	0	8,261,320	0.000000	0.000000	463,298	65.00
66.00	06600 PHYSICAL THERAPY	0	9,662,230	0.000000	0.000000	3,343,706	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	2,639,890	0.000000	0.000000	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	1,483,884	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	4,964,811	0.000000	0.000000	2,840,414	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,695,098	0.000000	0.000000	645,257	68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,698,196	0.000000	0.000000	59,072	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,771,877	0.000000	0.000000	6,225	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	1,610,672	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	21,863,808	0.000000	0.000000	433,043	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	17,357,440	0.000000	0.000000	16,403	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	64,360,065	0.000000	0.000000	2,760,701	73.00
73.01	03950 WELLNESS PROGRAM	0	41,612	0.000000	0.000000	0	73.01
74.00	07400 RENAL DIALYSIS	0	5,731,843	0.000000	0.000000	90,787	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	10,678,775	0.000000	0.000000	4,095	90.00
91.00	09100 EMERGENCY	0	37,403,566	0.000000	0.000000	13,413	91.00
91.01	04040 FAMILY PRACTICE	0	1,914,522	0.000000	0.000000	0	91.01
91.02	04950 SOCIAL SERVICE-PSYCH	0	0	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS	0	7,304,563	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	449,614,797			12,843,967	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 12:48 pm
	Component CCN: 14T117	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,632	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	4,300	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	303	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	322	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	9,687	0	73.00
73.01 03950 WELLNESS PROGRAM	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	15	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	91.01
91.02 04950 SOCIAL SERVICE-PSYCH	0	0	0	91.02
92.00 09200 OBSERVATION BEDS	0	0	0	92.00
200.00 Total (Lines 50-199)	0	16,259	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140117 Component CCN: 14T117	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 12:48 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.201225	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.094756	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.264730	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.033811	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.238553	1,632	0	0	389	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.268291	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.168791	0	0	0	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.038608	4,300	0	0	166	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.110288	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.076754	0	0	0	0	59.00
60.00 06000 LABORATORY	0.128312	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.260955	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.159558	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.267543	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0.230184	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0.420304	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.289154	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.287287	303	0	0	87	68.00
69.00 06900 ELECTROCARDIOLOGY	0.145295	322	0	0	47	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.296076	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0.025231	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.341895	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.434132	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.151336	9,687	0	105	1,466	73.00
73.01 03950 WELLNESS PROGRAM	4.019946	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.176870	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.255862	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.111780	15	0	0	2	91.00
91.01 04040 FAMILY PRACTICE	0.451458	0	0	0	0	91.01
91.02 04950 SOCIAL SERVICE-PSYCH	0.000000	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS	0.176817	0	0	0	0	92.00
200.00	Subtotal (see instructions)		16,259	0	105	2,157
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00	Net Charges (line 200 +/- line 201)		16,259	0	105	2,157

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140117	Period: From 07/01/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 12:48 pm
	Component CCN: 14T117	To 12/31/2012	
Title XVII I		Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	16	73.00
73.01 03950 WELLNESS PROGRAM	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	91.01
91.02 04950 SOCIAL SERVICE-PSYCH	0	0	91.02
92.00 09200 OBSERVATION BEDS	0	0	92.00
200.00 Subtotal (see instructions)	0	16	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	16	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140117
Component CCN: 145324

Period:
From 07/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
5/23/2013 12:48 pm

Title XVIII

Skilled Nursing Facility

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03950 WELLNESS PROGRAM	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	04040 FAMILY PRACTICE	0	0	0	0	0	91.01
91.02	04950 SOCIAL SERVICE-PSYCH	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117 Component CCN: 145324	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 12:48 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	41,118,275	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	8,440,576	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,190,446	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	11,839,102	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	23,735,472	0.000000	0.000000	4,020	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	9,286,704	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	13,087,166	0.000000	0.000000	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	23,491,529	0.000000	0.000000	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	10,487,346	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	23,220,644	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	64,114,936	0.000000	0.000000	13,226	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,158,429	0.000000	0.000000	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	8,261,320	0.000000	0.000000	0	65.00
66.00 06600 PHYSICAL THERAPY	0	9,662,230	0.000000	0.000000	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	2,639,890	0.000000	0.000000	1,017,768	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	1,483,884	0.000000	0.000000	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	4,964,811	0.000000	0.000000	897,834	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,695,098	0.000000	0.000000	199,618	68.00
69.00 06900 ELECTROCARDIOLOGY	0	15,698,196	0.000000	0.000000	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,771,877	0.000000	0.000000	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	1,610,672	0.000000	0.000000	0	70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	21,863,808	0.000000	0.000000	27,096	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	17,357,440	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	64,360,065	0.000000	0.000000	364,136	73.00
73.01 03950 WELLNESS PROGRAM	0	41,612	0.000000	0.000000	0	73.01
74.00 07400 RENAL DIALYSIS	0	5,731,843	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	10,678,775	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	37,403,566	0.000000	0.000000	0	91.00
91.01 04040 FAMILY PRACTICE	0	1,914,522	0.000000	0.000000	0	91.01
91.02 04950 SOCIAL SERVICE-PSYCH	0	0	0.000000	0.000000	0	91.02
92.00 09200 OBSERVATION BEDS	0	7,304,563	0.000000	0.000000	0	92.00
200.00 Total (Lines 50-199)	0	449,614,797			2,523,698	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 12:48 pm
	Component CCN: 145324	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.01 03950 WELLNESS PROGRAM	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	91.01
91.02 04950 SOCIAL SERVICE-PSYCH	0	0	0	91.02
92.00 09200 OBSERVATION BEDS	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2013 12:48 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,750	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,750	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		21,395	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		13,512	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		21,685,041	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		21,685,041	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		72,377,271	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		72,377,271	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.299611	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		3,382.91	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		21,685,041	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		953.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,879,503	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		12,879,503	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117		Period: From 07/01/2012 To 12/31/2012		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,443,130	4,001	1,360.44	2,450	3,333,078	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,883,434	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,096,015	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,351,397	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,811,732	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,163,129	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					33,932,886	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,355	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					953.19	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,291,572	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117		Period: From 07/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 12:48 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,447,694	21,685,041	0.158990	1,291,572	205,347	90.00
91.00	Nursing School cost	0	21,685,041	0.000000	1,291,572	0	91.00
92.00	Allied health cost	0	21,685,041	0.000000	1,291,572	0	92.00
93.00	All other Medical Education	0	21,685,041	0.000000	1,291,572	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14T117		Date/Time Prepared: 5/23/2013 12:48 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,837	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,837	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,837	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,433	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,123,861	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,123,861	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		12,384,290	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		12,384,290	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.332991	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,811.36	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,123,861	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		603.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,277,023	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,277,023	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117		Period: From 07/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14T117				Date/Time Prepared: 5/23/2013 12:48 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,875,788	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,152,811	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					352,928	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					192,163	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					545,091	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					5,607,720	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117 Component CCN: 14T117		Period: From 07/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 12:48 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	444,107	4,123,861	0.107692	0	0	90.00
91.00	Nursing School cost	0	4,123,861	0.000000	0	0	91.00
92.00	Allied health cost	0	4,123,861	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,123,861	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117 Component CCN: 145324	Period: From 07/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/23/2013 12:48 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,582	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,582	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		39,582	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,698	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		8,430,804	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		8,430,804	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		10,969,082	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		10,969,082	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.768597	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		277.12	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		8,430,804	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D-1	
		Component CCN: 145324		Date/Time Prepared: 5/23/2013 12:48 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				8,430,804 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				213.00 71.00
72.00	Program routine service cost (line 9 x line 71)				1,426,674 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				1,426,674 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				1,426,674 83.00
84.00	Program inpatient ancillary services (see instructions)				618,261 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				2,044,935 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117 Component CCN: 145324		Period: From 07/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 12:48 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/23/2013 12:48 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		35,060,029	30.00
31.00	03100	INTENSIVE CARE UNIT		8,189,218	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201225	11,346,963	50.00
51.00	05100	RECOVERY ROOM	0.094756	2,256,023	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.264730	13,797	52.00
53.00	05300	ANESTHESIOLOGY	0.033811	3,078,299	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238553	4,751,899	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.268291	270,341	55.00
56.00	05600	RADIOISOTOPE	0.168791	2,465,309	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.038608	5,433,338	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.110288	1,391,388	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076754	6,580,311	59.00
60.00	06000	LABORATORY	0.129393	20,617,172	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.260955	1,723,331	62.00
65.00	06500	RESPIRATORY THERAPY	0.159558	4,563,467	65.00
66.00	06600	PHYSICAL THERAPY	0.267543	1,511,609	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.230184	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.420304	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.289154	403,768	67.00
68.00	06800	SPEECH PATHOLOGY	0.287287	457,232	68.00
69.00	06900	ELECTROCARDIOLOGY	0.145295	5,043,688	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.296076	293,638	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.025231	359,505	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.341895	8,782,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.434132	7,088,641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151336	25,662,037	73.00
73.01	03950	WELLNESS PROGRAM	4.019946	0	73.01
74.00	07400	RENAL DIALYSIS	0.176870	759,763	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.255862	1,457,121	90.00
91.00	09100	EMERGENCY	0.111780	7,646,379	91.00
91.01	04040	FAMILY PRACTICE	0.467492	0	91.01
91.02	04950	SOCIAL SERVICE-PSYCH	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS	0.176817	688,926	92.00
200.00		Total (sum of lines 50-94 and 96-98)		124,646,371	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		124,646,371	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T117		Date/Time Prepared: 5/23/2013 12:48 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		9,766,780		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.201225	10,269	2,066	50.00
51.00	05100 RECOVERY ROOM	0.094756	4,384	415	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.264730	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.033811	4,322	146	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.238553	119,059	28,402	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.268291	58,382	15,663	55.00
56.00	05600 RADIOISOTOPE	0.168791	127,137	21,460	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.038608	138,211	5,336	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.110288	33,014	3,641	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.076754	7,775	597	59.00
60.00	06000 LABORATORY	0.129393	1,623,762	210,103	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.260955	41,238	10,761	62.00
65.00	06500 RESPIRATORY THERAPY	0.159558	463,298	73,923	65.00
66.00	06600 PHYSICAL THERAPY	0.267543	3,343,706	894,585	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.230184	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.420304	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.289154	2,840,414	821,317	67.00
68.00	06800 SPEECH PATHOLOGY	0.287287	645,257	185,374	68.00
69.00	06900 ELECTROCARDIOLOGY	0.145295	59,072	8,583	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.296076	6,225	1,843	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.025231	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.341895	433,043	148,055	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.434132	16,403	7,121	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.151336	2,760,701	417,793	73.00
73.01	03950 WELLNESS PROGRAM	4.019946	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.176870	90,787	16,057	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.255862	4,095	1,048	90.00
91.00	09100 EMERGENCY	0.111780	13,413	1,499	91.00
91.01	04040 FAMILY PRACTICE	0.467492	0	0	91.01
91.02	04950 SOCIAL SERVICE-PSYCH	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS	0.176817	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		12,843,967	2,875,788	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00	Net Charges (line 200 minus line 201)		12,843,967		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140117 Component CCN: 145324	Period: From 07/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/23/2013 12:48 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.201225	0	50.00
51.00	05100 RECOVERY ROOM	0.094756	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.264730	0	52.00
53.00	05300 ANESTHESIOLOGY	0.033811	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.238553	4,020	959 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.268291	0	55.00
56.00	05600 RADIOISOTOPE	0.168791	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.038608	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.110288	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.076754	0	59.00
60.00	06000 LABORATORY	0.128312	13,226	1,697 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.260955	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.159558	0	65.00
66.00	06600 PHYSICAL THERAPY	0.267543	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.230184	1,017,768	234,274 66.01
66.02	06602 DAY REHABILITATION FACILITY	0.420304	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.289154	897,834	259,612 67.00
68.00	06800 SPEECH PATHOLOGY	0.287287	199,618	57,348 68.00
69.00	06900 ELECTROCARDIOLOGY	0.145295	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.296076	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.025231	0	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.341895	27,096	9,264 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.434132	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.151336	364,136	55,107 73.00
73.01	03950 WELLNESS PROGRAM	4.019946	0	73.01
74.00	07400 RENAL DIALYSIS	0.176870	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.255862	0	90.00
91.00	09100 EMERGENCY	0.111780	0	91.00
91.01	04040 FAMILY PRACTICE	0.451458	0	91.01
91.02	04950 SOCIAL SERVICE-PSYCH	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS	0.176817	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,523,698	618,261 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		2,523,698	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 12:48 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		28,835,395	1.00
2.00	Outlier payments for discharges. (see instructions)		570,478	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		2,306,761	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		281.64	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		47.57	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		18.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		6.41	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		71.98	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		70.64	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		70.64	12.00
13.00	Total allowable FTE count for the prior year.		68.19	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		67.94	14.00
15.00	Sum of lines 12 through 14 divided by 3.		68.92	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		68.92	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.244710	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.248126	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.244710	21.00
22.00	IME payment adjustment (see instructions)		3,897,441	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		3,897,441	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		33,303,314	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		33,303,314	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,784,963	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		1,734,201	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 12:48 pm
		Title XVII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			37,822,478 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			37,822,478 61.00
62.00	Deductibles billed to program beneficiaries			2,481,932 62.00
63.00	Coinurance billed to program beneficiaries			115,889 63.00
64.00	Allowable bad debts (see instructions)			210,842 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			147,589 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			210,842 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			35,372,246 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			19,372 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-112,291 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			35,279,327 71.00
72.00	Interim payments			34,831,383 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			447,944 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/23/2013 12:48 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			5,743 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			11,594,437 2.00
3.00	PPS payments			11,422,789 3.00
4.00	Outlier payment (see instructions)			100,318 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			5,743 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			37,602 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			37,602 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			37,602 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			31,859 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			5,743 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			11,523,107 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			56 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2,527,665 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			9,001,129 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			411,394 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			9,412,523 30.00
31.00	Primary payer payments			4,186 31.00
32.00	Subtotal (line 30 minus line 31)			9,408,337 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			246,208 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			172,346 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			246,208 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			9,580,683 37.00
38.00	MSP-LCC reconciliation amount from PS&R			31 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	AB Re-billing demo amount (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			9,580,652 40.00
41.00	Interim payments			9,605,730 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)			-25,078 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117 Component CCN: 14T117	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/23/2013 12:48 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			16 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			2,157 2.00
3.00	PPS payments			802 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			16 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			105 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			105 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			105 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			89 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			16 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			802 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			254 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			564 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			564 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			564 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			564 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	AB Re-billing demo amount (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			564 40.00
41.00	Interim payments			566 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)			-2 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2013 12:48 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		34,831,383		9,605,730	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		34,831,383		9,605,730	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		447,944		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		25,078	6.02
7.00	Total Medicare program liability (see instructions)		35,279,327		9,580,652	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140117
Component CCN: 14T117

Period:
From 07/01/2012
To 12/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2013 12:48 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		7,437,585		566	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,437,585		566	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,194		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		2	6.02
7.00	Total Medicare program liability (see instructions)		7,438,779		564	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140117
Component CCN: 145324

Period:
From 07/01/2012
To 12/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2013 12:48 pm
PPS

Title XVIII
Skilled Nursing Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,606,582			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,606,582			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0			0 5.50
5.51			0			0 5.51
5.52			0			0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		2,606,582			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117 Component CCN: 14T117	Period: From 07/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/23/2013 12: 48 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			7,380,073 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0058 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			105,506 3.00
4.00	Outlier Payments			9,266 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			37.157609 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			7,494,845 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			7,494,845 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			7,494,845 19.00
20.00	Deductibles			48,552 20.00
21.00	Subtotal (line 19 minus line 20)			7,446,293 21.00
22.00	Coinurance			7,514 22.00
23.00	Subtotal (line 21 minus line 22)			7,438,779 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			7,438,779 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			7,438,779 32.00
33.00	Interim payments			7,437,585 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			1,194 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			9,266 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117 Component CCN: 145324	Period: From 07/01/2012 To 12/31/2012	Worksheet E-3 Part VI Date/Time Prepared: 5/23/2013 12:48 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		3,215,649	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		3,215,649	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		609,067	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		2,606,582	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		2,606,582	15.00
16.00	Interim payments		2,606,582	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/23/2013 12:48 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			48.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			18.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.05	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			4.77	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			71.13	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			71.06	6.00
7.00	Enter the lesser of line 5 or line 6			71.06	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	25.45	44.81	70.26	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	25.45	44.81	70.26	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	25.45	44.81		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	20.50	47.69		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	19.67	47.82		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	21.87	46.77		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	21.87	46.77		17.00
18.00	Per resident amount	44,515.12	44,515.12		18.00
19.00	Approved amount for resident costs	973,546	2,081,972	3,055,518	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,055,518	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	21,395	1,443		26.00
27.00	Total Inpatient Days (see instructions)	32,233	32,233		27.00
28.00	Ratio of inpatient days to total inpatient days	0.663761	0.044768		28.00
29.00	Program direct GME amount	2,028,134	136,789		29.00
30.00	Reduction for direct GME payments for Medicare managed care		19,328		30.00
31.00	Net Program direct GME amount			2,145,595	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/23/2013 12:48 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		5,731,843	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		48,891,149	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		48,891,149	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		11,602,353	42.00
43.00	Primary payer payments (see instructions)		4,186	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		11,598,167	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		60,489,316	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.808261	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.191739	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,145,595	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)		1,734,201	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		411,394	50.00

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

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet G

Date/Time Prepared:
5/23/2013 12:48 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	32,997,417	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	150,347,079	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-101,635,774	0	0	0	6.00
7.00	Inventory	5,656,365	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,790,814	0	0	0	9.00
10.00	Due from other funds	4,335,186	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	96,491,087	0	0	0	11.00
FIXED ASSETS						
12.00	Land	580,293	0	0	0	12.00
13.00	Land improvements	306,463	0	0	0	13.00
14.00	Accumulated depreciation	-271,256	0	0	0	14.00
15.00	Buildings	13,183,342	0	0	0	15.00
16.00	Accumulated depreciation	-12,795,945	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	123,266,131	0	0	0	23.00
24.00	Accumulated depreciation	-96,176,636	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	28,092,392	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	73,970,268	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	678,031,041	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	752,001,309	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	876,584,788	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	0	0	0	0	37.00
38.00	Salaries, wages, and fees payable	58,891,167	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	257,219,161	0	0	0	43.00
44.00	Other current liabilities	289,389,782	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	605,500,110	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-171,265	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-171,265	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	605,328,845	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	271,255,943	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	271,255,943	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	876,584,788	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet G-1

Date/Time Prepared:
5/23/2013 12:48 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		237,194,086			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,180,959				2.00
3.00	Total (sum of line 1 and line 2)		241,375,045			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	TRANSFERS TO AFFILIATES	29,880,898		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		29,880,898			0	10.00
11.00	Subtotal (line 3 plus line 10)		271,255,943			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		271,255,943			0	19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00	TRANSFERS TO AFFILIATES		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2013 12:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	72,377,271		72,377,271	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	12,384,290		12,384,290	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	10,969,082		10,969,082	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	95,730,643		95,730,643	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,096,809		15,096,809	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	15,096,809		15,096,809	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	110,827,452		110,827,452	17.00
18.00	Ancillary services	231,623,666	196,698,148	428,321,814	18.00
19.00	Outpatient services	2,488,112	8,907,744	11,395,856	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	-81,074	-81,074	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	344,939,230	205,524,818	550,464,048	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		138,654,454		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	19			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		19		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		138,654,435		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140117

Period:
From 07/01/2012
To 12/31/2012

Worksheet G-3

Date/Time Prepared:
5/23/2013 12:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	550,464,048	1.00
2.00	Less contractual allowances and discounts on patients' accounts	419,340,006	2.00
3.00	Net patient revenues (line 1 minus line 2)	131,124,042	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	138,654,435	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,530,393	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	4,400,516	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	REVENUE FROM OTHER SERVICES	7,149,585	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	161,251	24.01
25.00	Total other income (sum of lines 6-24)	11,711,352	25.00
26.00	Total (line 5 plus line 25)	4,180,959	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,180,959	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140117

Period:

Worksheet I-1

Component CCN: 142335

From 07/01/2012
To 12/31/2012

Date/Time Prepared:
5/23/2013 12:48 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	362,684	Hours of Service	10,004.00	4.81	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	117,759	Hours of Service	3,248.00	1.56	4.00
5.00	Social Workers	22,490	Hours of Service	620.00	0.30	5.00
6.00	Dieticians	22,543	Hours of Service	622.00	0.30	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	0	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	525,476				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	0	Requisitions			14.00
15.00	Drugs	0	Requisitions			15.00
16.00	Other	178,116	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	703,592				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	29,434	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	13,674	Percentage of Time			19.00
20.00	Employee Benefits	1,593	Salary			20.00
21.00	Administrative & General	186,980	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	58,051	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	0	Requisitions			25.00
26.00	Other Allocated Costs	20,468	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	1,013,792				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	1,013,792				31.00

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

Provider CCN: 140117

Period: From 07/01/2012

Worksheet 1-2

Component CCN: 142335

To 12/31/2012

Date/Time Prepared: 5/23/2013 12:48 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	Drugs	
		Bui l di ng	Equip ment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	87,485	13,674	362,684	162,792	1,593	0	1.00
MAINTENANCE								
2.00	Hemodialysis	73,048	11,417	302,830	135,932	1,330	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	14,437	2,257	59,854	26,860	263	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						0	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	87,485	13,674	362,684	162,792	1,593	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	0	0	628,228	385,564	1,013,792		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	524,557	321,938	846,495		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCDP	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCDP	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	103,671	63,626	167,297		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	0	0	628,228	385,564	1,013,792		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,013,792		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period: From 07/01/2012

Worksheet I-3

Component CCN: 142335

To 12/31/2012

Date/Time Prepared: 5/23/2013 12:48 pm

		Capital Related Costs		Direct Patient Care Salary				
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits (Salary)		
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		87,485	13,674	362,684	162,792	1,593	1.00
MAINTENANCE								
2.00	Hemodialysis		3,137	17,835.00	15,725.00	10,324.00	913,207	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCDP		0	0.00	0.00	0.00	0	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCDP		0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	8,636	620	3,525.00	3,108.00	2,040.00	180,479	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		3,757	21,360.00	18,833.00	12,364.00	1,093,686	17.00
18.00	Unit Cost Multiplier (line 1 + line 17)		23.285866	0.640169	19.257898	13.166613	0.001457	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	0	0	628,228	385,564		1.00
MAINTENANCE								
2.00	Hemodialysis	432,492	276,378	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCDP	0	0	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCDP	0	0	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	85,474	54,621	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	517,966	330,999	0		628,228		17.00
18.00	Unit Cost Multiplier (line 1 + line 17)	0.000000	0.000000	0.000000		0.613733		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140117

Period: From 07/01/2012

Worksheet 1-4

Component CCN: 142335

To 12/31/2012

Date/Time Prepared: 5/23/2013 12:48 pm

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	4,318	846,495	196.04	3,497	685,552	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	4,318	846,495		3,497	685,552	11.00
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00		7.00			
1.00	Maintenance - Hemodialysis	848,932	242.76				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00				5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00		7.00			
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00				9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00				10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	848,932					11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet I-5 Date/Time Prepared: 5/23/2013 12:48 pm
				1.00
1.00	Total expenses related to care of program beneficiaries (see instructions)			685,552 1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)			848,932 2.00
3.00	Deductibles billed to Medicare (Part B) patients			0 3.00
4.00	Coinsurance billed to Medicare (Part B) patients			169,785 4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries			0 5.00
6.00				6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)			169,785 8.00
9.00	Program payment (line 2 less line 3, times 80 percent)			679,146 9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)			0 10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)			0 11.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140117	Period: From 07/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/23/2013 12:48 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,312,519	1.00
2.00	Capital DRG outlier payments		53,878	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		138.02	3.00
4.00	Number of interns & residents (see instructions)		68.92	4.00
5.00	Indirect medical education percentage (see instructions)		15.13	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		349,884	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.98	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		12.47	8.00
9.00	Sum of lines 7 and 8		14.45	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.97	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		68,682	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,784,963	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

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