

PROVIDER NO. 14-0053 ST. JOHN'S HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED \_\_\_\_\_ [ XX ] INITIAL [ ] RE-OPENING  
 USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ XX ] MCR CODE 5

PART I - CERTIFICATION

CHECK \_\_\_\_\_ ELECTRONICALLY FILED COST REPORT DATE: \_\_\_\_\_  
 APPLICABLE BOX \_\_\_\_\_ MANUALLY SUBMITTED COST REPORT TIME: \_\_\_\_\_

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOHN'S HOSPITAL (14-0053) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX
		PART A	PART B	
		2	3	4
1	HOSPITAL	2651222	-94	1
2	SUBPROVIDER I	201335		2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY	161137	-924	5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	3013694	-1018	100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 800 EAST CARPENTER  
 1.01 CITY: SPRINGFIELD

STATE: IL

P.O.BOX:

ZIP CODE: 62769

COUNTY: SANGAMON

1

1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	ST. JOHN'S HOSPITAL	14-0053	07/01/1966	N	P	O	2
3	SUBPROVIDER I	ST. JOHN'S HOSPITAL PSYCH UNIT	14-S053	07/03/1984	N	T	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	ST. JOHN'S HOSPITAL TCU	14-5225	06/01/1977	N	P	O	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	ST. JOHN'S HOME HEALTH AGENCY	14-7222	01/01/1983	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	ST. JOHN'S HOSPITAL HOSPICE PROGRA	14-1503	05/24/1984				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2007	TO: 06/30/2008	17
18	TYPE OF CONTROL	1	2	18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	4	20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.			21	
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	YES		21.01	
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.			21.02	
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N	N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.	NO			21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO			22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.				23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.				24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.				24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO		NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO		NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.								26			
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:						26.01			
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.								26.03			
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:						26.04			
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.							NO	27			
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.							NO	28			
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st							100	0.8951	0.9099	28.01	
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.							1	7880	44100	28.02	
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 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. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 '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)</p>												
28.03	STAFFING							0.00		N	28.03	
28.04	RECRUITMENT							0.00		N	28.04	
28.05	RETENTION OF EMPLOYEES							0.00		N	28.05	
28.06	TRAINING							0.00		N	28.06	
28.07	OTHER (SPECIFY)										28.07	
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?									NO	29	
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.									NO	30	
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.										30.01	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?										30.02	
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)										30.03	
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.										30.04	
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).										NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).										NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION												
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.										NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.										NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?										NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?										NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL												
								V	XVIII	XIX		
								1	2	3		
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?							NO	YES	NO	36	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?							NO	YES	NO	36.01	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?							NO	NO	NO	37	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?							NO	NO	NO	37.01	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	YES		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	14H005	40
40.01	NAME: HOSPITAL SISTERS HEALTH SYS FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER:			40.01
40.02	STREET: P. O. BOX 19431		P.O. BOX:	40.02
40.03	CITY:		STATE: IL ZIP CODE: 62794	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES	NO	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES 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. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	YES	NO	60.01
MULTICAMPUS				
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO		61
	COUNTY:	STATE:	ZIP CODE	FTE/ CAMPUS
	1	2	3	4
				5



HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		68448							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		68448							5
6 INTENSIVE CARE UNIT		9939							6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 NICU		11353							10
11 NURSERY		3212							11
12 TOTAL HOSPITAL		92952			75.11		75.11	2645.02	2.03
13 RPCH VISITS									13
14 SUBPROVIDER I		7592						52.02	14
15 SKILLED NURSING FACILITY		10361						59.62	15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY		37618						82.49	18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)								9.89	21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					75.11		75.11	2849.04	2.03
26 OBSERVATION BED DAYS	982	3888	958	2930					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		1293							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		8474	3300	17294	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	NICU					10
11	NURSERY					11
12	TOTAL HOSPITAL		8474	3300	17294	12
13	RPCH VISITS					13
14	SUBPROVIDER I		295	152	814	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28



HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	133715893		133715893	5542654.00	24.12		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	5175295	58444	5233739	235337.00	22.24	PAYROLL RECORDS	6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	2599930	47367	2647297	103978.00	25.46	PAYROLL RECORDS	8
8.01	EXCLUDED AREA SALARIES	10483996	-47367	10436629	384319.00	27.16	PAYROLL RECORDS	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	6225569		6225569	90697.00	68.64	INVOICES	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	2552449		2552449	23063.00	110.67	TIME STUDIES	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	4856293		4856293	73909.00	65.71	HOME OFFICE MEMO	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	32652202		32652202			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	3666111		3666111			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	1148826		1148826			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1421538		1421538	66737.00	21.30		21
22	ADMINISTRATIVE & GENERAL	18201590	-116888	18084702	785001.00	23.04		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	3397839		3397839	116931.00	29.06		23
24	OPERATION OF PLANT	1990623		1990623	101541.00	19.60		24
25	LAUNDRY & LINEN SERVICE	837231		837231	69625.00	12.02		25
26	HOUSEKEEPING	2452796		2452796	242241.00	10.13		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1525688	-303436	1222252	133380.00	9.16		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	441912	303436	745348	50389.00	14.79		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2073639		2073639	61904.00	33.50		30
31	CENTRAL SERVICES AND SUPPLY	832419		832419	58874.00	14.14		31
32	PHARMACY	4240669		4240669	112465.00	37.71		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2305731		2305731	136251.00	16.92		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	128540598	-58444	128482154	5307317.00	24.21	1
2	EXCLUDED AREA SALARIES	13083926		13083926	488297.00	26.80	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	115456672	-58444	115398228	4819020.00	23.95	3
4	SUBTOTAL OTHER WAGES & REL COSTS	13634311		13634311	187669.00	72.65	4
5	SUBTOTAL WAGE-RELATED COSTS	32652202		32652202		28.30%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	161743185	-58444	161684741	5006689.00	32.29	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	39721675	-116888	39604787	1935339.00	20.46	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7222

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: SANGAMON

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2358		168	2526	1
2 UNDUPLICATED CENSUS COUNT		1261.00		927.00	2188.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.88		1.88	4
5 OTHER ADMINISTRATIVE PERSONNEL	21.87		21.87	5
6 DIRECT NURSING SERVICE	32.40		32.40	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	9.67		9.67	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.63		.63	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.89		.89	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	2.89		2.89	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER HOME HEALTH	11.81		11.81	18

HOME HEALTH AGENCY MSA CODES

19	HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	3	1.01	5	19
20	LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		7880		44100	20
20.01			2040		99914	20.01
20.02			9914		41180	20.02
20.03					19500	20.03
20.04					16580	20.04

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7222

WORKSHEET S-4  
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	10830	1766	403	141	82	13222	21
22	SKILLED NURSING VISIT CHARGES	1754460	286092	65286	22842	13284	2141964	22
23	PHYSICAL THERAPY VISITS	3970	88	45	63	39	4205	23
24	PHYSICAL THERAPY VISIT CHARGES	686640	15224	7785	10899	6747	727295	24
25	OCCUPATIONAL THERAPY VISITS	1236	46	21	35		1338	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	213828	7958	3633	6055		231474	26
27	SPEECH PATHOLOGY VISITS	171	11	2	2	3	189	27
28	SPEECH PATHOLOGY VISIT CHARGES	29583	1903	346	346	519	32697	28
29	MEDICAL SOCIAL SERVICE VISITS	174	12	1	4	1	192	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	37410	2580	215	860	215	41280	30
31	HOME HEALTH AIDE VISITS	2572	106	11	29	30	2748	31
32	HOME HEALTH AIDE VISIT CHARGES	213476	8798	913	2707	2490	228384	32
33	TOTAL VISITS	18953	2029	483	274	155	21894	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	2935397	322555	78178	43709	23255	3403094	35
36	TOTAL NUMBER OF EPISODES	1126		176	26	3	1331	36
37	TOTAL NUMBER OF OUTLIER EPISODES		37			1	38	37
38	TOTAL MEDICAL SUPPLY CHARGES	27930	3463	2229	576	157	34355	38

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB		2						5
6	RVA								6
6.01	RVX		3						6.01
6.02	RVL		13						6.02
7	RHC		19						7
8	RHB		11						8
9	RHA		4						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		66						10
11	RMB		205						11
12	RMA		36						12
12.01	RMX		2363						12.01
12.02	RML		1486						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		2229						15
16	SE2		1174						16
17	SE1		5						17
18	SSC								18
19	SSB		3						19
20	SSA		136						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1								26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE		2						45
46	TOTAL		7757						46

PROVIDER NO. 14-0053 ST. JOHN'S HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
 11/20/2008 13:51

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1503

WORKSHEET S-9  
 PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
1 CONTINUOUS HOME CARE							1
2 ROUTINE HOME CARE	6946	296			605	7847	2
3 INPATIENT RESPITE CARE	89					89	3
4 GENERAL INPATIENT CARE	356	258			11	625	4
5 TOTAL HOSPICE DAYS	7391	554			616	8561	5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	173	15			32	220	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8 AVERAGE LENGTH OF STAY	42.72	36.93			19.25	38.91	8
9 UNDUPLICATED CENSUS COUNT	173	15			32	220	9

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100								1
1.01	0101		76501	76501		76501	1366	77867	1.01
1.02	0102		437935	437935	321351	759286	7822	767108	1.02
1.03	0103		160928	160928	249782	410710	2874	413584	1.03
1.04	0104		198638	198638	254620	453258	3548	456806	1.04
1.05	0105		29630	29630		29630	529	30159	1.05
1.06	0106		914189	914189	304219	1218408	16329	1234737	1.06
2	0200		21836	21836		21836	390	22226	2
2.01	0201				33341	33341		33341	2.01
2.02	0202				28651	28651		28651	2.02
3	0300								3
3.01	0301		1699521	1699521		1699521	30357	1729878	3.01
3.02	0302		830683	830683		830683	14838	845521	3.02
3.03	0303		1295745	1295745		1295745	23145	1318890	3.03
3.04	0304		428407	428407		428407	7652	436059	3.04
3.05	0305		118735	118735		118735	2121	120856	3.05
3.06	0306		487461	487461		487461	8707	496168	3.06
3.07	0307		138120	138120		138120	2467	140587	3.07
3.08	0308		1470416	1470416		1470416	26265	1496681	3.08
3.09	0309		1428090	1428090		1428090	25509	1453599	3.09
3.10	0310		57320	57320		57320	1024	58344	3.10
3.11	0311		54534	54534		54534	974	55508	3.11
3.12	0312		466314	466314		466314	8329	474643	3.12
3.13	0313		49601	49601		49601	886	50487	3.13
4	0400		14704766	14704766		14704766	262657	14967423	4
4.01	0401								4.01
5	0500	1421538	38109196	39530734	-1148826	38381908	-8270959	30110949	5
6.01	1160	901079	1078934	1980013		1980013	-33324	1946689	6.01
6.02	0620	2404789	7768093	10172882		10172882	-756854	9416028	6.02
6.03	0630	711892	138715	850607		850607	-12464	838143	6.03
6.04	0640	2195226	224642	2419868		2419868		2419868	6.04
6.05	0650	1864595	24047912	25912507		25912507	-23096722	2815785	6.05
6.06	0660	10124009	35862348	45986357	4653058	50639415	-24733130	25906285	6.06
7	0700	3397839	2959835	6357674		6357674	-22328	6353346	7
8	0800	1990623	9328121	11318744		11318744	-135164	11183580	8
9	0900	837231	469110	1306341		1306341	-4000	1302341	9
10	1000	2452796	1430987	3883783		3883783	-78266	3805517	10
11	1100	1525688	3792537	5318225	-2416290	2901935	-673109	2228826	11
12	1200	441912	56158	498070	2416290	2914360	-2680851	233509	12
13	1300								13
14	1400	2073639	590814	2664453		2664453	-7214	2657239	14
15	1500	832419	1561377	2393796	-1726709	667087	-41930	625157	15
16	1600	4240669	13569408	17810077		17810077	-8154	17801923	16
17	1700	2305731	2299984	4605715		4605715	-12721	4592994	17
18	1800								18
20	2000								20
21	2100	1086966	131230	1218196		1218196	-926137	292059	21
22	2200	5175295		5175295	1207270	6382565		6382565	22
23	2300								23
24	2400	132281	21346	153627		153627	-6281	147346	24
24.01	2401	71015	8279	79294		79294	-20742	58552	24.01
24.02	2402	153454	12866	166320		166320	-28838	137482	24.02
24.03	2403	98407	8484	106891		106891	-20333	86558	24.03
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	21301914	9135419	30437333	1081994	31519327	-454193	31065134	25
26	2600	6772174	2583587	9355761	387949	9743710	-220	9743490	26
30	2060	5040273	1529114	6569387	234593	6803980	-73313	6730667	30
31	3100	2151712	432666	2584378	11309	2595687	-169689	2425998	31
33	3300	113191	77191	190382		190382		190382	33
34	3400	2599930	238775	2838705	74094	2912799	-383813	2528986	34
ANCILLARY SERVICE COST CENTERS									
37	3700	7610549	23876445	31486994		31486994	-1180098	30306896	37
37.01	3701	737313	1227673	1964986		1964986	-399	1964587	37.01
38	3800	1510436	609586	2120022	3544	2123566		2123566	38
39	3900	2500615	1687475	4188090		4188090		4188090	39
40	4000	542012	5999476	6541488		6541488	-4159657	2381831	40
41	4100	4677261	3120588	7797849		7797849	-85960	7711889	41
42	4200	439628	347502	787130		787130	-7441	779689	42
43	4300	280677	807956	1088633		1088633		1088633	43
44	4400	4979531	8683110	13662641		13662641	-209309	13453332	44
46.30	4650								46.30
49	4900	3391253	1096434	4487687		4487687	-154343	4333344	49
50	5000	3837056	829736	4666792		4666792	-134048	4532744	50
53	5300	1786085	2371187	4157272		4157272	-2031739	2125533	53

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER			SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
			1	2	3	4	5	6	7	
53.01	3120	CARDIAC CATH LAB	3342252	20410167	23752419		23752419	-13631	23738788	53.01
53.02	5301	CARDIAC REHAB	532213	35540	567753		567753	-70013	497740	53.02
54	5400	ELECTROENCEPHALOGRAPHY	501106	129764	630870		630870	-57417	573453	54
55	5500	MEDICAL SUPPLIES CHARGED TO PAT				128415	128415		128415	55
56	5600	DRUGS CHARGED TO PATIENTS								56
59	3950	RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS		512331	512331		512331	-36915	475416	59
61	6100	EMERGENCY	4340012	2878454	7218466	1348	7219814	-1560147	5659667	61
61.01	4950	OTHER ANCILLARY SERVICES	1499446	432511	1931957	1621	1933578	-985498	948080	61.01
62	6200	OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310	RHC								63.50
63.60	6320	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS										
69.10	6910	CMHC								69.10
69.20	6920	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940	OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	5053286	2893535	7946821	-135174	7811647	-181450	7630197	71
85.01	8510	PANCREAS ACQUISITION								85.01
85.02	8520	INTESTINAL ACQUISITION								85.02
88	8800	INTEREST EXPENSE		5919083	5919083	-5919083				88
93	9300	HOSPICE	553669	682758	1236427	-51577	1184850	-377232	807618	93
95		SUBTOTALS	132532687	267087809	399620496	-4210	399616286	-73448257	326168029	95
NONREIMBURSABLE COST CENTERS										
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN		281799	281799		281799		281799	96
99	9900	NONPAID WORKERS				4210	4210	-4210		99
100	7950	PHYSICIAN SUPPORT SERVICES	622585	1023507	1646092		1646092		1646092	100
100.01	7951	OUTSIDE LAUNDRY SERVICES								100.01
100.02	7952	NON-REIMBURSABLE-SNF	159528	17580	177108		177108		177108	100.02
100.03	7953	NON-REIMBURSABLE-OTHER	401093	132855	533948		533948		533948	100.03
101		TOTAL	133715893	268543550	402259443		402259443	-73452467	328806976	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	A	OLD CAP COSTS-DEP PHASE II	1.02		321351 1
2	A	OLD CAP COSTS-DEP PHASE III	1.03		249782 2
3	A	OLD CAP COSTS-LAND IMP	1.04		254620 3
4	A	OLD CAP COSTS-DEP PAVILION	1.06		304219 4
5	A	OLD CAP COSTS-EQUIP INT PII	2.01		33341 5
6	A	OLD CAP COSTS-EQUIP INT PH II	2.02		28651 6
7	B	NONALLOWABLE INTEREST COSTS OTHER ADMIN & GENERAL	6.06		4727119 7
8	C	DIETARY COSTS TO CAFETERIA CAFETERIA	12	303436	2112854 8
9	D	NON-PAID WORKERS NONPAID WORKERS	99	4210	
10	E	I&R SERVICES-SALARY & FRINGES	22	58444	10
11	E	MEDICAL CARE ADMIN COSTS ADULTS & PEDIATRICS	25	58444	11
12	F	CENTRAL SERVICES & SUPPLY	15		6759 12
13	F	HOME HEALTH SUPPLY COSTS MEDICAL SUPPLIES CHARGED TO P	55		128415 13
14	G	HOME HEALTH TO HOSPICE COSTS SKILLED NURSING FACILITY	34	47367	14
15	H	SNF ASSESSMENT FEE OTHER ADMIN & GENERAL	6.06		42827 15
16	I	H&W COSTS FOR INTERNS & RESIDENTS I&R SERVICES-SALARY & FRINGES	22		1148826 16
17	J	DIETARY COSTS TO O/P EMERGENCY	61	1094	254 17
18	K	ADULTS & PEDIATRICS	25		1024898 18
19	K	INTENSIVE CARE UNIT	26		387949 19
20	K	NICU	30		234593 20
21	K	SUBPROVIDER I	31		11309 21
22	K	SKILLED NURSING FACILITY	34		69554 22
23	K	RECOVERY ROOM	38		3544 23
24	K	MEDICAL SUPPLY COSTS OTHER ANCILLARY SERVICES	61.01		1621 24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		472995	11092486 36



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	A					11 1
2	A					11 2
3	A					11 3
4	A					11 4
5	A					11 5
6	A	INTEREST EXPENSE	88		1191964	11 6
7	B	INTEREST EXPENSE	88		4727119	7
8	C	DIETARY	11	303436	2112854	8
9	D	HOSPICE	93	4210		9
10	E					10
11	E	OTHER ADMIN & GENERAL	6.06	116888		11
12	F					12
13	F	HOME HEALTH AGENCY	71		135174	13
14	G	HOSPICE	93	47367		14
15	H	SKILLED NURSING FACILITY	34		42827	15
16	I	EMPLOYEE BENEFITS	5		1148826	16
17	J	ADULTS & PEDIATRICS	25	1094	254	17
18	K					18
19	K					19
20	K					20
21	K					21
22	K					22
23	K					23
24	K	CENTRAL SERVICES & SUPPLY	15		1733468	24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		472995	11092486	36

ANALYSIS OF CHANGES DURING COST REPORTING  
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL  
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED  
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	5407481					5407481		1
2 LAND IMPROVEMENTS	1774301					1774301	1631943	2
3 BUILDINGS AND FIXTURES	88893816					88893816	33770049	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	15327390				148503	15178887	14678888	6
7 SUBTOTAL	111402988				148503	111254485	50080880	7
8 RECONCILING ITEMS								8
9 TOTAL	111402988				148503	111254485	50080880	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	5826263				99410	5726853		1
2 LAND IMPROVEMENTS	1573272	184580		184580		1757852	979777	2
3 BUILDINGS AND FIXTURES	187461448	42857645		42857645	27473490	202845603	12853995	3
4 BUILDING IMPROVEMENTS	297283					297283		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	152338853	19317413		19317413	7218653	164437613	71372251	6
7 SUBTOTAL	347497119	62359638		62359638	34791553	375065204	85206023	7
8 RECONCILING ITEMS	7725387	33126236		33126236	21471794	19379829		8
9 TOTAL	339771732	29233402		29233402	13319759	355685375	85206023	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
1.01 OLD CAP COSTS-DEP PHASE I	10047848		10047848	.022026				1.01
1.02 OLD CAP COSTS-DEP PHASE II	30168142		30168142	.066132				1.02
1.03 OLD CAP COSTS-DEP PHASE III	13897085		13897085	.030464				1.03
1.04 OLD CAP COSTS-LAND IMP	7238962		7238962	.015869				1.04
1.05 OLD CAP COSTS-DEP SNF	1900159		1900159	.004165				1.05
1.06 OLD CAP COSTS-DEP PAVILION	27415921		27415921	.060098				1.06
2 OLD CAP REL COSTS-MVBLE EQUIP	15178887		15178887	.033274				2
2.01 OLD CAP COSTS-EQUIP INT PII				.000000				2.01
2.02 OLD CAP COSTS-EQUIP INT PH III				.000000				2.02
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
3.01 NEW CAP COSTS-DEP PHASE I	30020245		30020245	.065807				3.01
3.02 NEW CAP COSTS-DEP PHASE II	15580377		15580377	.034154				3.02
3.03 NEW CAP COSTS-DEP PHASE III	21862255		21862255	.047924				3.03
3.04 NEW CAP COSTS-LAND IMP	10351603		10351603	.022692				3.04
3.05 NEW CAP COSTS-DEP SNF	2597654		2597654	.005694				3.05
3.06 NEW CAP COSTS-DEP PAVILION	10519951		10519951	.023061				3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU	3156074		3156074	.006918				3.07
3.08 NEW CAP COSTS-DEP WCC	38209733		38209733	.083760				3.08
3.09 NEW CAP COSTS-DEP PHI	37573382		37573382	.082365				3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG	2291565		2291565	.005023				3.10
3.11 NEW CAP COSTS-DEP FARRAGUT	857947		857947	.001881				3.11
3.12 NEW CAP COSTS-DEP EMERGENCY	12500123		12500123	.027402				3.12
3.13 NEW CAP REL COSTS-SJH SOUTH				.000000				3.13
4 NEW CAP REL COSTS-MVBLE EQUIP	164815526		164815526	.361291				4
4.01 NEW CAP COSTS-EQUIP INT PHASE I				.000000				4.01
5 TOTAL	456183439		456183439	1.000000				5

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
	1 OLD CAP REL COSTS-BLDG & FIXT						
1.01 OLD CAP COSTS-DEP PHASE I	76501		1366				77867 1.01
1.02 OLD CAP COSTS-DEP PHASE II	437935		329173				767108 1.02
1.03 OLD CAP COSTS-DEP PHASE III	160928		252656				413584 1.03
1.04 OLD CAP COSTS-LAND IMP	198638		258168				456806 1.04
1.05 OLD CAP COSTS-DEP SNF	29630		529				30159 1.05
1.06 OLD CAP COSTS-DEP PAVILION	914189		320548				1234737 1.06
2 OLD CAP REL COSTS-MVBLE EQUIP	21836		390				22226 2
2.01 OLD CAP COSTS-EQUIP INT PII			33341				33341 2.01
2.02 OLD CAP COSTS-EQUIP INT PH III			28651				28651 2.02
3 NEW CAP REL COSTS-BLDG & FIXT							3
3.01 NEW CAP COSTS-DEP PHASE I	1699521		30357				1729878 3.01
3.02 NEW CAP COSTS-DEP PHASE II	830683		14838				845521 3.02
3.03 NEW CAP COSTS-DEP PHASE III	1295745		23145				1318890 3.03
3.04 NEW CAP COSTS-LAND IMP	428407		7652				436059 3.04
3.05 NEW CAP COSTS-DEP SNF	118735		2121				120856 3.05
3.06 NEW CAP COSTS-DEP PAVILION	487461		8707				496168 3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NUR	138120		2467				140587 3.07
3.08 NEW CAP COSTS-DEP WCC	1470416		26265				1496681 3.08
3.09 NEW CAP COSTS-DEP PHI	1428090		25509				1453599 3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG	57320		1024				58344 3.10
3.11 NEW CAP COSTS-DEP FARRAGUT	54534		974				55508 3.11
3.12 NEW CAP COSTS-DEP EMERGENCY	466314		8329				474643 3.12
3.13 NEW CAP REL COSTS-SJH SOUTH	49601		886				50487 3.13
4 NEW CAP REL COSTS-MVBLE EQUIP	14704766		262657				14967423 4
4.01 NEW CAP COSTS-EQUIP INT PHASE II							4.01
5 TOTAL	25069370		1639753				26709123 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
	1 OLD CAP REL COSTS-BLDG & FIXT						
1.01 OLD CAP COSTS-DEP PHASE I	76501						76501 1.01
1.02 OLD CAP COSTS-DEP PHASE II	437935						437935 1.02
1.03 OLD CAP COSTS-DEP PHASE III	160928						160928 1.03
1.04 OLD CAP COSTS-LAND IMP	198638						198638 1.04
1.05 OLD CAP COSTS-DEP SNF	29630						29630 1.05
1.06 OLD CAP COSTS-DEP PAVILION	914189						914189 1.06
2 OLD CAP REL COSTS-MVBLE EQUIP	21836						21836 2
2.01 OLD CAP COSTS-EQUIP INT PII							2.01
2.02 OLD CAP COSTS-EQUIP INT PH III							2.02
3 NEW CAP REL COSTS-BLDG & FIXT							3
3.01 NEW CAP COSTS-DEP PHASE I	1699521						1699521 3.01
3.02 NEW CAP COSTS-DEP PHASE II	830683						830683 3.02
3.03 NEW CAP COSTS-DEP PHASE III	1295745						1295745 3.03

3.04	NEW CAP COSTS-LAND IMP	428407	428407	3.04
3.05	NEW CAP COSTS-DEP SNF	118735	118735	3.05
3.06	NEW CAP COSTS-DEP PAVILLION	487461	487461	3.06
3.07	NEW CAP COSTS-DEP COLLEGE OF NUR	138120	138120	3.07
3.08	NEW CAP COSTS-DEP WCC	1470416	1470416	3.08
3.09	NEW CAP COSTS-DEP PHI	1428090	1428090	3.09
3.10	NEW CAP COSTS-DEP CENTRUM BLDG	57320	57320	3.10
3.11	NEW CAP COSTS-DEP FARRAGUT	54534	54534	3.11
3.12	NEW CAP COSTS-DEP EMERGENCY	466314	466314	3.12
3.13	NEW CAP REL COSTS-SJH SOUTH	49601	49601	3.13
4	NEW CAP REL COSTS-MVBLE EQUIP	14704766	14704766	4
4.01	NEW CAP COSTS-EQUIP INT PHASE II			4.01
5	TOTAL	25069370	25069370	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
1.01 INV INC-OLD BLDGS AND FIXT	A	1366	OLD CAP COSTS-DEP PHASE I	1.01	11 1.01
1.02 INV INC-OLD BLDGS AND FIXT	A	7822	OLD CAP COSTS-DEP PHASE II	1.02	11 1.02
1.03 INV INC-OLD BLDGS AND FIXT	A	2874	OLD CAP COSTS-DEP PHASE III	1.03	11 1.03
1.04 INV INC-OLD BLDGS AND FIXT	A	3548	OLD CAP COSTS-LAND IMP	1.04	11 1.04
1.05 INV INC-OLD BLDGS AND FIXT	A	529	OLD CAP COSTS-DEP SNF	1.05	11 1.05
1.06 INV INC-OLD BLDGS AND FIXT	A	16329	OLD CAP COSTS-DEP PAVILION	1.06	11 1.06
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT	A	390	OLD CAP REL COSTS-MVBLE EQUIP	2	11 2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
3.01 INV INC-NEW BLDGS AND FIXT	A	30357	NEW CAP COSTS-DEP PHASE I	3.01	11 3.01
3.02 INV INC-NEW BLDGS AND FIXT	A	14838	NEW CAP COSTS-DEP PHASE II	3.02	11 3.02
3.03 INV INC-NEW BLDGS AND FIXT	A	23145	NEW CAP COSTS-DEP PHASE III	3.03	11 3.03
3.04 INV INC-NEW BLDGS AND FIXT	A	7652	NEW CAP COSTS-LAND IMP	3.04	11 3.04
3.05 INV INC-NEW BLDGS AND FIXT	A	2121	NEW CAP COSTS-DEP SNF	3.05	11 3.05
3.06 INV INC-NEW BLDGS AND FIXT	A	8707	NEW CAP COSTS-DEP PAVILION	3.06	11 3.06
3.07 INV INC-NEW BLDGS AND FIXT	A	2467	NEW CAP COSTS-DEP COLLEGE OF NU	3.07	11 3.07
3.08 INV INC-NEW BLDGS AND FIXT	A	26265	NEW CAP COSTS-DEP WCC	3.08	11 3.08
3.09 INV INC-NEW BLDGS AND FIXT	A	25509	NEW CAP COSTS-DEP PHI	3.09	11 3.09
3.10 INV INC-NEW BLDGS AND FIXT	A	1024	NEW CAP COSTS-DEP CENTRUM BLDG	3.10	11 3.10
3.11 INV INC-NEW BLDGS AND FIXT	A	974	NEW CAP COSTS-DEP FARRAGUT	3.11	11 3.11
3.12 INV INC-NEW BLDGS AND FIXT	A	8329	NEW CAP COSTS-DEP EMERGENCY	3.12	11 3.12
3.13 INV INC-NEW BLDGS AND FIXT	A	886	NEW CAP REL COSTS-SJH SOUTH	3.13	11 3.13
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	A	262657	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-12164	PURCHASING/RECEIVING/STORES	6.03	6
7 REFUNDS AND REBATES OF EXPENSES	B	-6633177	OTHER ADMIN & GENERAL	6.06	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-33518	COMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	B	-43618	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-12967811			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	1209875			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-2680851	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-41930	CENTRAL SERVICES & SUPPLY	15	18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-8154	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-12721	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-850178	NURSING SCHOOL	21	21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 REBATES/REFUNDS/DONATIONS/GRANTS	B	-25713	HOUSEKEEPING	10	37
37.01 REBATES/REFUNDS/DONATIONS/GRANTS	B	-1259	NURSING ADMINISTRATION	14	37.01
37.02 REBATES/REFUNDS/DONATIONS/GRANTS	B	-75959	NURSING SCHOOL	21	37.02
37.03 REBATES/REFUNDS/DONATIONS/GRANTS	B	-4768	SCHOOL OF CLINICAL LAB SCIENCE	24.01	37.03
37.04 REBATES/REFUNDS/DONATIONS/GRANTS	B	-451315	ADULTS & PEDIATRICS	25	37.04
37.05 REBATES/REFUNDS/DONATIONS/GRANTS	B	-220	INTENSIVE CARE UNIT	26	37.05
37.06 REBATES/REFUNDS/DONATIONS/GRANTS	B	-67463	NICU	30	37.06
37.07 REBATES/REFUNDS/DONATIONS/GRANTS	B	-6275	SUBPROVIDER I	31	37.07
37.08 REBATES/REFUNDS/DONATIONS/GRANTS	B	-375367	SKILLED NURSING FACILITY	34	37.08
37.09 REBATES/REFUNDS/DONATIONS/GRANTS	B	-52492	OPERATING ROOM	37	37.09
37.10 REBATES/REFUNDS/DONATIONS/GRANTS	B	-3952	RADIOLOGY-DIAGNOSTIC	41	37.10

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF	
			COST CENTER	LINE NO.		
	1	2	3	4	5	
37.11	REBATES/REFUNDS/DONATIONS/GRANTS	B	-6180	RADIOLOGY-THERAPEUTIC	42	37.11
37.12	REBATES/REFUNDS/DONATIONS/GRANTS	B	-1611	LABORATORY	44	37.12
37.13	REBATES/REFUNDS/DONATIONS/GRANTS	B	-4764	PHYSICAL THERAPY	50	37.13
37.14	REBATES/REFUNDS/DONATIONS/GRANTS	B	-3000	CARDIAC CATH LAB	53.01	37.14
37.15	REBATES/REFUNDS/DONATIONS/GRANTS	B	-13180	CARDIAC REHAB	53.02	37.15
37.16	REBATES/REFUNDS/DONATIONS/GRANTS	B	-43208	OTHER ANCILLARY SERVICES	61.01	37.16
37.17	REBATES/REFUNDS/DONATIONS/GRANTS	B	-1498	HOME HEALTH AGENCY	71	37.17
37.18	REBATES/REFUNDS/DONATIONS/GRANTS	B	-377232	HOSPICE	93	37.18
38	MISC OTHER OPERATING REVENUE	B	1947	EMPLOYEE BENEFITS	5	38
38.01	MISC OTHER OPERATING REVENUE	B	194	COMMUNICATIONS	6.01	38.01
38.02	MISC OTHER OPERATING REVENUE	B	-7660	INFORMATION SYSTEMS	6.02	38.02
38.03	MISC OTHER OPERATING REVENUE	B	-69116	BUSINESS OFFICE	6.05	38.03
38.04	MISC OTHER OPERATING REVENUE	B	-3315687	OTHER ADMIN & GENERAL	6.06	38.04
38.05	MISC OTHER OPERATING REVENUE	B	-22328	MAINTENANCE & REPAIRS	7	38.05
38.06	MISC OTHER OPERATING REVENUE	B	-57288	OPERATION OF PLANT	8	38.06
38.07	MISC OTHER OPERATING REVENUE	B	-31241	HOUSEKEEPING	10	38.07
38.08	MISC OTHER OPERATING REVENUE	B	-5955	NURSING ADMINISTRATION	14	38.08
38.09	MISC OTHER OPERATING REVENUE	B	-2348	ADULTS & PEDIATRICS	25	38.09
38.10	MISC OTHER OPERATING REVENUE	B	-5850	NICU	30	38.10
38.11	MISC OTHER OPERATING REVENUE	B	-12551	OPERATING ROOM	37	38.11
38.12	MISC OTHER OPERATING REVENUE	B	-399	G. D. UNIT	37.01	38.12
38.13	MISC OTHER OPERATING REVENUE	B	-82008	RADIOLOGY-DIAGNOSTIC	41	38.13
38.14	MISC OTHER OPERATING REVENUE	B	-207698	LABORATORY	44	38.14
38.15	MISC OTHER OPERATING REVENUE	B	-13425	RESPIRATORY THERAPY	49	38.15
38.16	MISC OTHER OPERATING REVENUE	B	-94648	PHYSICAL THERAPY	50	38.16
38.17	MISC OTHER OPERATING REVENUE	B	-221572	ELECTROCARDIOLOGY	53	38.17
38.18	MISC OTHER OPERATING REVENUE	B	-10631	CARDIAC CATH LAB	53.01	38.18
38.19	MISC OTHER OPERATING REVENUE	B	-56833	CARDIAC REHAB	53.02	38.19
38.20	MISC OTHER OPERATING REVENUE	B	-10966	ELECTROENCEPHALOGRAPHY	54	38.20
38.21	MISC OTHER OPERATING REVENUE	B	-264619	OTHER ANCILLARY SERVICES	61.01	38.21
39	RENTAL OF HOSPITAL SPACE	B	-2839	OTHER ADMIN & GENERAL	6.06	39
39.01	RENTAL OF HOSPITAL SPACE	B	-34258	OPERATION OF PLANT	8	39.01
39.02	RENTAL OF HOSPITAL SPACE	B	-4000	LAUNDRY & LINEN SERVICE	9	39.02
39.03	RENTAL OF HOSPITAL SPACE	B	-21312	HOUSEKEEPING	10	39.03
39.04	RENTAL OF HOSPITAL SPACE	B	-4169	PHYSICAL THERAPY	50	39.04
39.05	RENTAL OF HOSPITAL SPACE	B	-83816	ELECTROCARDIOLOGY	53	39.05
40	CAFETERIA-EMPLOYEES & GUESTS	B	-671424	DIETARY	11	40
41	TUITION/FEES/BOOKS	B	-6281	PARAMED ED PRGM-(EMS PROGRAM)	24	41
41.01	TUITION/FEES/BOOKS	B	-15974	SCHOOL OF CLINICAL LAB SCIENCE	24.01	41.01
41.02	TUITION/FEES/BOOKS	B	-28838	SCHOOL OF RESPIRATORY THERAPY	24.02	41.02
41.03	TUITION/FEES/BOOKS	B	-20333	SCHOOL OF END (EEG)	24.03	41.03
42	BAD DEBT EXPENSE-ACUTE&SNF	A	-23027606	BUSINESS OFFICE	6.05	42
42.01	BAD DEBT EXPENSE-HHA	A	-177649	HOME HEALTH AGENCY	71	42.01
42.02	MEDICAID TAX	A	-8848895	OTHER ADMIN & GENERAL	6.06	42.02
43	NONALLOW MEMBERSHIP/LOBBYING COST	A	-45352	OTHER ADMIN & GENERAL	6.06	43
44	NONPAID WORKERS	A	-4210	NONPAID WORKERS	99	44
45	NONALLOW COSTS FOR ALCOHOL	A	-1685	DIETARY	11	45
46	NONALLOW INTEREST EXPENSE	A	-2662104	OTHER ADMIN & GENERAL	6.06	46
47	NONALLOW SELF-FUNDED HEALTH CARE	A	-8211076	EMPLOYEE BENEFITS	5	47
48	NONALLOW ADVERTISING COSTS	A	-300	PURCHASING/RECEIVING/STORES	6.03	48
48.01	NONALLOW ADVERTISING COSTS	A	-1939195	OTHER ADMIN & GENERAL	6.06	48.01
48.02	NONALLOW ADVERTISING COSTS	A	-530	ADULTS & PEDIATRICS	25	48.02
48.03	NONALLOWABLE ADVERTISING COSTS	A	-1261	RADIOLOGY-THERAPEUTIC	42	48.03
48.04	NONALLOWABLE ADVERTISING COSTS	A	-4461	PHYSICAL THERAPY	50	48.04
48.05	NONALLOWABLE ADVERTISING COSTS	A	-2303	HOME HEALTH AGENCY	71	48.05
49						49
50	TOTAL		-73452467			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6.06	OTHER ADMIN & GENERAL	4693353	2734284	1959069	1
2	6.02	INFORMATION SYSTEMS	6627334	7376528	-749194	2
3						3
4						4
5	TOTALS		11320687	10110812	1209875	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
B	HOSPITAL SISTERS HEALTH SYSTEM				CORPORATE OFFICE		1
							2
							3
							4
							5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	5	EMPLOYEE BENEFITS	AGGREGATE	61912		61912	171400	1	82	4
2	6.06	OTHER ADMIN & GENERAL	AGGREGATE	3585608		3585608	171400	4134	340658	17033
3	31	SUBPROVIDER I	DR S	163483		163483	142500	1	69	3
4	34	SKILLED NURSING FACILITY	DR H	48000		48000	171400	480	39554	1978
5	40	ANESTHESIOLOGY	AGGREGATE	4159657	4159657		200300	1	96	5
6	44	LABORATORY	AGGREGATE	165000		165000	219500	2682	283028	14151
7	49	RESPIRATORY THERAPY	AGGREGATE	141000	135000	6000	171400	1	82	4
8	50	PHYSICAL THERAPY	AGGREGATE	26006	26006		171400	1	82	4
9	53	ELECTROCARDIOLOGY	AGGREGATE	1743283	1726351	16932	171400	893	73587	3679
10	54	ELECTROENCEPHALOGRAPHY	AGGREGATE	46533	35853	10680	171400	1	82	4
11	37	OPERATING ROOM	AGGREGATE	1115151		1115151	200300	1	96	5
12	61	EMERGENCY	AGGREGATE	1560229		1560229	171400	1	82	4
13	61.01	OTHER ANCILLARY SERVICES	AGGREGATE	677753		677753	171400	1	82	4
14	59	RENAL DIALYSIS	AGGREGATE	36997		36997	171400	1	82	4
101		TOTAL		13530612	6082867	7447745		8199	737662	36882



PROVIDER NO. 14-0053 ST. JOHN'S HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05  
 11/20/2008 13:51

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	5	EMPLOYEE BENEFITS	AGGREGATE				82	61830	61830
2	6.06	OTHER ADMIN & GENERAL	AGGREGATE				340658	3244950	3244950
3	31	SUBPROVIDER I	DR S				69	163414	163414
4	34	SKILLED NURSING FACILITY	DR H				39554	8446	8446
5	40	ANESTHESIOLOGY	AGGREGATE				96		4159657
6	44	LABORATORY	AGGREGATE				283028		
7	49	RESPIRATORY THERAPY	AGGREGATE				82	5918	140918
8	50	PHYSICAL THERAPY	AGGREGATE				82		26006
9	53	ELECTROCARDIOLOGY	AGGREGATE				73587		1726351
10	54	ELECTROENCEPHALOGRAPHY	AGGREGATE				82	10598	46451
11	37	OPERATING ROOM	AGGREGATE				96	1115055	1115055
12	61	EMERGENCY	AGGREGATE				82	1560147	1560147
13	61.01	OTHER ANCILLARY SERVICES	AGGREGATE				82	677671	677671
14	59	RENAL DIALYSIS	AGGREGATE				82	36915	36915
101		TOTAL					737662	6884944	12967811



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	OLD CAP	OLD CAP	OLD CAP	OLD CAP	OLD CAP	OLD CAP
	FOR COST	REL COSTS	REL COSTS	REL COSTS-	REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS
	ALLOCATION	DEP-PH I	DEP-PH II	DEP-PH III	LAND IMP	DEP-SNF	PAVILION	MOVABLE	EQUIPMENT
	0	1.01	1.02	1.03	1.04	1.05	1.06	2	
53.01 CARDIAC CATH LAB	23738788		6085	901	1715			729	53.01
53.02 CARDIAC REHAB	497740				881		13521	30	53.02
54 ELECTROENCEPHALOGRAPHY	573453		2794		670				54
55 MEDICAL SUPPLIES CHARGED TO PAT	128415								55
56 DRUGS CHARGED TO PATIENTS									56
59 RENAL DIALYSIS	475416								59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	5659667			1				117	61
61.01 OTHER ANCILLARY SERVICES	948080		441		885	792			61.01
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	7630197				4758	4836		1432	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE	807618				105	107			93
95 SUBTOTALS	326168029	77548	678384	317307	357956	21005	603826	20945	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	281799		2122		509				96
99 NONPAID WORKERS									99
100 PHYSICIAN SUPPORT SERVICES	1646092			10186	44329	1422	614615	1281	100
100.01OUTSIDE LAUNDRY SERVICES									100.01
100.02NON-REIMBURSABLE-SNF	177108				1492	1516			100.02
100.03NON-REIMBURSABLE-OTHER	533948	319	86602	86091	52520	6216	16296		100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	328806976	77867	767108	413584	456806	30159	1234737	22226	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP
	REL COSTS INT PH II 2.01	REL COSTS INT PH III 2.02	REL COSTS DEP PH I 3.01	REL COSTS DEP PH II 3.02	REL COSTS DEP PH III 3.03	REL COSTS LAND IMP 3.04	REL COSTS DEP SNF 3.05	REL COSTS PAVILION 3.06	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
1.01 OLD CAP COSTS-DEP PHASE I									1.01
1.02 OLD CAP COSTS-DEP PHASE II									1.02
1.03 OLD CAP COSTS-DEP PHASE III									1.03
1.04 OLD CAP COSTS-LAND IMP									1.04
1.05 OLD CAP COSTS-DEP SNF									1.05
1.06 OLD CAP COSTS-DEP PAVILION									1.06
2 OLD CAP REL COSTS-MVBLE EQUIP									2
2.01 OLD CAP COSTS-EQUIP INT PII	33341								2.01
2.02 OLD CAP COSTS-EQUIP INT PH III		28651							2.02
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAP COSTS-DEP PHASE I			1729878						3.01
3.02 NEW CAP COSTS-DEP PHASE II				845521					3.02
3.03 NEW CAP COSTS-DEP PHASE III					1318890				3.03
3.04 NEW CAP COSTS-LAND IMP						436059			3.04
3.05 NEW CAP COSTS-DEP SNF							120856		3.05
3.06 NEW CAP COSTS-DEP PAVILION								496168	3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU									3.07
3.08 NEW CAP COSTS-DEP WCC									3.08
3.09 NEW CAP COSTS-DEP PHI									3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG									3.10
3.11 NEW CAP COSTS-DEP FARRAGUT									3.11
3.12 NEW CAP COSTS-DEP EMERGENCY									3.12
3.13 NEW CAP REL COSTS-SJH SOUTH									3.13
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP COSTS-EQUIP INT PHASE I									4.01
5 EMPLOYEE BENEFITS	23				14090	821			5
6.01 COMMUNICATIONS				11780		3602	186		6.01
6.02 INFORMATION SYSTEMS				3659		522			6.02
6.03 PURCHASING/RECEIVING/STORES			33119	48491		7494			6.03
6.04 ADMITTING				9545	5789	2126		2064	6.04
6.05 BUSINESS OFFICE					1591	2744	16458		6.05
6.06 OTHER ADMIN & GENERAL	2047	983	197582	40265	55049	16702	5430	17139	6.06
7 MAINTENANCE & REPAIRS	1		97036	6290		3290	2766		7
8 OPERATION OF PLANT	81	7	741641	163114	196782	83163	28051	124538	8
9 LAUNDRY & LINEN SERVICE	172		505915	2527	1925	9999	2049		9
10 HOUSEKEEPING	116		24986	3446	14759	2183	1348		10
11 DIETARY	2486		16884	18856	52707	6961	4594		11
12 CAFETERIA	5087		54486	12828		3907		10671	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION					24706	1439			14
15 CENTRAL SERVICES & SUPPLY	2426		33923	20216		3472			15
16 PHARMACY	189			14166		2051	176		16
17 MEDICAL RECORDS & LIBRARY	1087			4127	5853	1059			17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL						5608			21
22 I&R SERVICES-SALARY & FRINGES A				31156	110909	10910			22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(EMS PROGRAM)									24
24.01 SCHOOL OF CLINICAL LAB SCIENCE									24.01
24.02 SCHOOL OF RESPIRATORY THERAPY									24.02
24.03 SCHOOL OF END (EEG)									24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	85			119778	311963	49393			25
26 INTENSIVE CARE UNIT	154			15258	13214	2948			26
30 NICU						6526			30
31 SUBPROVIDER I				24060	49755	6334			31
33 NURSERY	5					318			33
34 SKILLED NURSING FACILITY				24115	63038	7115			34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2693			51023	16166	18126		31951	37
37.01 G. D. UNIT						1465		13769	37.01
38 RECOVERY ROOM				4494		641			38
39 DELIVERY ROOM & LABOR ROOM	120					8527			39
40 ANESTHESIOLOGY				3143	6023	800			40
41 RADIOLOGY-DIAGNOSTIC	5804	21104		41431	11386	7225		2672	41
42 RADIOLOGY-THERAPEUTIC	2382					2796		26289	42
43 RADIOISOTOPE					21016	1225			43
44 LABORATORY	1912		17209	36219	2608	6186			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	12				25778	2102	134	5433	49
50 PHYSICAL THERAPY	317			27469	3882	5763		2684	50
53 ELECTROCARDIOLOGY	489	93				11036			53

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OLD CAP		NEW CAP		NEW CAP		NEW CAP		NEW CAP		NEW CAP	
	REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS
	INT PH II	INT PH III	DEP PH I	DEP PH II	DEP PH III	LAND IMP	DEP SNF	PAVILION				
	2.01	2.02	3.01	3.02	3.03	3.04	3.05	3.06				
53.01 CARDIAC CATH LAB	4745	6329		6707	2874	7627						53.01
53.02 CARDIAC REHAB						2680		5433				53.02
54 ELECTROENCEPHALOGRAPHY	90			3079		440						54
55 MEDICAL SUPPLIES CHARGED TO PAT												55
56 DRUGS CHARGED TO PATIENTS												56
59 RENAL DIALYSIS												59
OUTPATIENT SERVICE COST CENTERS												
61 EMERGENCY	795	135				5	5391					61
61.01 OTHER ANCILLARY SERVICES				486			581	3173				61.01
62 OBSERVATION BEDS (NON-DISTINCT)												62
63.50 RHC												63.50
63.60 FQHC												63.60
OTHER REIMBURSABLE COST CENTERS												
69.10 CMHC												69.10
69.20 OUTPATIENT PHYSICAL THERAPY												69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY												69.30
69.40 OUTPATIENT SPEECH PATHOLOGY												69.40
71 HOME HEALTH AGENCY							3415	19379				71
SPECIAL PURPOSE COST CENTERS												
85.01 PANCREAS ACQUISITION												85.01
85.02 INTESTINAL ACQUISITION												85.02
93 HOSPICE							69	429				93
95 SUBTOTALS	33318	28651	1722781	747728	1011868	326782	84173	242643				95
NONREIMBURSABLE COST CENTERS												
96 GIFT, FLOWER, COFFEE SHOP & CAN	23			2339			634					96
99 NONPAID WORKERS												99
100 PHYSICIAN SUPPORT SERVICES						32484	60485	5697		246977		100
100.01OUTSIDE LAUNDRY SERVICES												100.01
100.02NON-REIMBURSABLE-SNF							979	6077				100.02
100.03NON-REIMBURSABLE-OTHER			7097	95454	274538	47179	24909	6548				100.03
101 CROSS FOOT ADJUSTMENTS												101
102 NEGATIVE COST CENTER												102
103 TOTAL	33341	28651	1729878	845521	1318890	436059	120856	496168				103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NEW CAP REL COSTS COLLEGE 3.07	NEW CAP REL COSTS DEP WCC 3.08	NEW CAP REL COSTS DEP PHI 3.09	NEW CAP REL COSTS DEPCENTRUM 3.10	NEW CAP REL COSTS FARRAGUT 3.11	NEW CAP REL COSTS ED 3.12	NEW CAP REL COSTS SJH SOUTH 3.13	NEW CAP MOVABLE EQUIPMENT 4
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP COSTS-DEP PHASE I								1.01
1.02 OLD CAP COSTS-DEP PHASE II								1.02
1.03 OLD CAP COSTS-DEP PHASE III								1.03
1.04 OLD CAP COSTS-LAND IMP								1.04
1.05 OLD CAP COSTS-DEP SNF								1.05
1.06 OLD CAP COSTS-DEP PAVILION								1.06
2 OLD CAP REL COSTS-MVBLE EQUIP								2
2.01 OLD CAP COSTS-EQUIP INT PII								2.01
2.02 OLD CAP COSTS-EQUIP INT PH III								2.02
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP COSTS-DEP PHASE I								3.01
3.02 NEW CAP COSTS-DEP PHASE II								3.02
3.03 NEW CAP COSTS-DEP PHASE III								3.03
3.04 NEW CAP COSTS-LAND IMP								3.04
3.05 NEW CAP COSTS-DEP SNF								3.05
3.06 NEW CAP COSTS-DEP PAVILION								3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU	140587							3.07
3.08 NEW CAP COSTS-DEP WCC		1496681						3.08
3.09 NEW CAP COSTS-DEP PHI			1453599					3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG				58344				3.10
3.11 NEW CAP COSTS-DEP FARRAGUT					55508			3.11
3.12 NEW CAP COSTS-DEP EMERGENCY						474643		3.12
3.13 NEW CAP REL COSTS-SJH SOUTH							50487	3.13
4 NEW CAP REL COSTS-MVBLE EQUIP								14967423
4.01 NEW CAP COSTS-EQUIP INT PHASE I								4.01
5 EMPLOYEE BENEFITS								1925
6.01 COMMUNICATIONS		51242				949		696693
6.02 INFORMATION SYSTEMS								2202653
6.03 PURCHASING/RECEIVING/STORES								15895
6.04 ADMITTING		3098				4039		48773
6.05 BUSINESS OFFICE								8009
6.06 OTHER ADMIN & GENERAL		44862						227173
7 MAINTENANCE & REPAIRS						11723		70573
8 OPERATION OF PLANT		236813	185946			130818		55696
9 LAUNDRY & LINEN SERVICE		12539						60797
10 HOUSEKEEPING		4475				822		26074
11 DIETARY		4563						64001
12 CAFETERIA								13463
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION								51535
15 CENTRAL SERVICES & SUPPLY								792943
16 PHARMACY								7761
17 MEDICAL RECORDS & LIBRARY						5601		184056
18 SOCIAL SERVICE								
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL	58493							16470
22 I&R SERVICES-SALARY & FRINGES A								
23 I&R SERVICES-OTHER PRGM COSTS A								
24 PARAMED ED PRGM-(EMS PROGRAM)								76456
24.01 SCHOOL OF CLINICAL LAB SCIENCE								1743
24.02 SCHOOL OF RESPIRATORY THERAPY								1244
24.03 SCHOOL OF END (EEG)								6272
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		396106						725273
26 INTENSIVE CARE UNIT								418435
30 NICU		178965						248700
31 SUBPROVIDER I								19222
33 NURSERY		9778						4847
34 SKILLED NURSING FACILITY								55724
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			195527					1446959
37.01 G. D. UNIT								187439
38 RECOVERY ROOM								82265
39 DELIVERY ROOM & LABOR ROOM		223878						129830
40 ANESTHESIOLOGY								294568
41 RADIOLOGY-DIAGNOSTIC						15716		2179250
42 RADIOLOGY-THERAPEUTIC								780302
43 RADIOISOTOPE								372701
44 LABORATORY		14795				1157		329117
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
49 RESPIRATORY THERAPY								197944
50 PHYSICAL THERAPY		36476						79571
53 ELECTROCARDIOLOGY			331851					406803

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP
	REL COSTS COLLEGE	REL COSTS DEP WCC	REL COSTS DEP PHI	REL COSTS DEP CENTRUM	REL COSTS FARRAGUT	REL COSTS ED	REL COSTS SUH SOUTH	REL COSTS SOUTH	MOVABLE EQUIPMENT
	3.07	3.08	3.09	3.10	3.11		3.12	3.13	4
53.01 CARDIAC CATH LAB			195527						1839406 53.01
53.02 CARDIAC REHAB			63203						28175 53.02
54 ELECTROENCEPHALOGRAPHY									69436 54
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS									56
59 RENAL DIALYSIS									5829 59
61 OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY						233606			270104 61
61.01 OTHER ANCILLARY SERVICES									56690 61.01
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
69.10 OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		8050							69905 71
85.01 SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE									93
95 SUBTOTALS	58493	1225640	972054			404431		14928700	95
96 NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		8240							3793 96
99 NONPAID WORKERS									99
100 PHYSICIAN SUPPORT SERVICES		174131	481545	58344	55508		50487	18033	100
100.01 OUTSIDE LAUNDRY SERVICES									100.01
100.02 NON-REIMBURSABLE-SNF									13925 100.02
100.03 NON-REIMBURSABLE-OTHER	82094	88670				70212			2972 100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	140587	1496681	1453599	58344	55508	474643	50487	14967423	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	EMPLOYEE	COMMUNI-	INFO	PURCHASING	ADMITTING	BUSINESS	SUBTOTAL	OTHER
	BENEFITS	CATIONS	SYSTEM	RECEIVING	6.04	OFFICE		ADMIN & GENERAL
	5	6.01	6.02	6.03	6.04	6.05	5A	6.06
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP COSTS-DEP PHASE I								1.01
1.02 OLD CAP COSTS-DEP PHASE II								1.02
1.03 OLD CAP COSTS-DEP PHASE III								1.03
1.04 OLD CAP COSTS-LAND IMP								1.04
1.05 OLD CAP COSTS-DEP SNF								1.05
1.06 OLD CAP COSTS-DEP PAVILION								1.06
2 OLD CAP REL COSTS-MVBLE EQUIP								2
2.01 OLD CAP COSTS-EQUIP INT PII								2.01
2.02 OLD CAP COSTS-EQUIP INT PH III								2.02
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP COSTS-DEP PHASE I								3.01
3.02 NEW CAP COSTS-DEP PHASE II								3.02
3.03 NEW CAP COSTS-DEP PHASE III								3.03
3.04 NEW CAP COSTS-LAND IMP								3.04
3.05 NEW CAP COSTS-DEP SNF								3.05
3.06 NEW CAP COSTS-DEP PAVILION								3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU								3.07
3.08 NEW CAP COSTS-DEP WCC								3.08
3.09 NEW CAP COSTS-DEP PHI								3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG								3.10
3.11 NEW CAP COSTS-DEP FARRAGUT								3.11
3.12 NEW CAP COSTS-DEP EMERGENCY								3.12
3.13 NEW CAP REL COSTS-SJH SOUTH								3.13
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP COSTS-EQUIP INT PHASE I								4.01
5 EMPLOYEE BENEFITS	30133477							5
6.01 COMMUNICATIONS	214070	2938597						6.01
6.02 INFORMATION SYSTEMS	571308	69805	12271172					6.02
6.03 PURCHASING/RECEIVING/STORES	169125	27181	212018	1408375				6.03
6.04 ADMITTING	521522	96985	403351	3101	3538955			6.04
6.05 BUSINESS OFFICE	465594	62392	444720	471		3830718		6.05
6.06 OTHER ADMIN & GENERAL	2354792	367555	1370359	16396			30755673	30755673 6.06
7 MAINTENANCE & REPAIRS	807228	30887	175820	22545			7578872	782056 7
8 OPERATION OF PLANT	472914	93279	67225	3107			14426331	1488639 8
9 LAUNDRY & LINEN SERVICE	198902	8031	41369	8126			2195418	226543 9
10 HOUSEKEEPING	582713	11119	41369	10427			4541619	468645 10
11 DIETARY	290372	29652	305099	54673			3125602	322528 11
12 CAFETERIA	177073	7413		612			566043	58409 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	492636	28416	139621	1366			3406899	351555 14
15 CENTRAL SERVICES & SUPPLY	197759	20385		19876			1741317	179685 15
16 PHARMACY	1007460	40771	165477	236311			19292307	1990754 16
17 MEDICAL RECORDS & LIBRARY	547775	108105	615369	605			6073901	626760 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL	258232	22239	361981	1176			1016765	104919 21
22 I&R SERVICES-SALARY & FRINGES A	13885	2471					6631573	684305 22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(EMS PROGRAM)	31426	4324	25856	115			285523	29463 24
24.01 SCHOOL OF CLINICAL LAB SCIENCE	16871	1853		22			79041	8156 24.01
24.02 SCHOOL OF RESPIRATORY THERAPY	36456	4942		27			180151	18590 24.02
24.03 SCHOOL OF END (EEG)	23379	2471		33			118713	12250 24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	4947902	214974	1354845	31469	356130	380666	40213991	4149698 25
26 INTENSIVE CARE UNIT	1608872	88337	429207	12749	103204	110314	12568663	1296948 26
30 NICU	1197423	54979	196504	8522	84775	90616	8797677	907823 30
31 SUBPROVIDER I	511184	41389	160306	996	31241	33394	3350965	345783 31
33 NURSERY	26891	1853	10342	236	2036	2176	248864	25680 33
34 SKILLED NURSING FACILITY	628921	32123	170648	2365	25450	27204	3618182	373357 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1721934	155671	801530	377178	594000	635134	36504917	3766906 37
37.01 G. D. UNIT	175164	14826	10342	7260	42752	45697	2500305	258004 37.01
38 RECOVERY ROOM	358836	44477		2718	34639	37025	2693716	277962 38
39 DELIVERY ROOM & LABOR ROOM	720286	44477	294756	6315	54535	58292	5729106	591181 39
40 ANESTHESIOLOGY	128766	14208		31939	60926	65124	2993287	308874 40
41 RADIOLOGY-DIAGNOSTIC	1111210	91426	868756	29366	383960	410413	12949932	1336291 41
42 RADIOLOGY-THERAPEUTIC	104443	23474	118937	765	33912	36248	1982643	204587 42
43 RADIOISOTOPE	66681	12973		9274	31499	33669	1646128	169862 43
44 LABORATORY	1182992	108105	661909	72634	280047	299341	16511046	1703758 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	805663	14208	129279	15337	127366	136141	5817584	600311 49
50 PHYSICAL THERAPY	911573	94514	284414	2679	56107	59973	6138048	633379 50
53 ELECTROCARDIOLOGY	424322	82777	222360	2304	107768	115193	3830529	395268 53



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNI-CATIONS	INFO SYSTEM	PURCHASING RECEIVING STORES	ADMITTING	BUSINESS OFFICE	SUBTOTAL	OTHER ADMIN & GENERAL	
	5	6.01	6.02	6.03	6.04	6.05	5A	6.06	
53.01 CARDIAC CATH LAB	794022	83395	491261	342749	556072	594382	28673314	2958771	53.01
53.02 CARDIAC REHAB	126438	6795	72396	481	5746	6142	829661	85612	53.02
54 ELECTROENCEPHALOGRAPHY	119048	9884	72396	772	14503	15502	882067	91020	54
55 MEDICAL SUPPLIES CHARGED TO PAT					24165	25830	178410	18410	55
56 DRUGS CHARGED TO PATIENTS					319903	341943	661846	68295	56
59 RENAL DIALYSIS		5560	20685	312	8083	8639	524524	54125	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1031581	122313	382666	17666	184790	197522	8106359	836487	61
61.01 OTHER ANCILLARY SERVICES	442337	43860	72396	6723	12999	13894	1603337	165447	61.01
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	1200514	124784	692936	37846		42429	9840481	1015429	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE	120283	6177	82739	3250		5305	1026082	105880	93
95 SUBTOTALS	29918778	2577835	11971244	1402894	3536608	3828208	322437412	30098405	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4942		4498			308899	31875	96
99 NONPAID WORKERS									99
100 PHYSICIAN SUPPORT SERVICES	81540	321226	206847	532	1400	1497	4114658	424587	100
100.01OUTSIDE LAUNDRY SERVICES									100.01
100.02NON-REIMBURSABLE-SNF	37899	3089		42	947	1013	244087	25187	100.02
100.03NON-REIMBURSABLE-OTHER	95260	31505	93081	409			1701920	175619	100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	30133477	2938597	12271172	1408375	3538955	3830718	328806976	30755673	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE + REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
1.01 OLD CAP COSTS-DEP PHASE I									1.01
1.02 OLD CAP COSTS-DEP PHASE II									1.02
1.03 OLD CAP COSTS-DEP PHASE III									1.03
1.04 OLD CAP COSTS-LAND IMP									1.04
1.05 OLD CAP COSTS-DEP SNF									1.05
1.06 OLD CAP COSTS-DEP PAVILION									1.06
2 OLD CAP REL COSTS-MVBLE EQUIP									2
2.01 OLD CAP COSTS-EQUIP INT PII									2.01
2.02 OLD CAP COSTS-EQUIP INT PH III									2.02
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAP COSTS-DEP PHASE I									3.01
3.02 NEW CAP COSTS-DEP PHASE II									3.02
3.03 NEW CAP COSTS-DEP PHASE III									3.03
3.04 NEW CAP COSTS-LAND IMP									3.04
3.05 NEW CAP COSTS-DEP SNF									3.05
3.06 NEW CAP COSTS-DEP PAVILION									3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU									3.07
3.08 NEW CAP COSTS-DEP WCC									3.08
3.09 NEW CAP COSTS-DEP PHI									3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG									3.10
3.11 NEW CAP COSTS-DEP FARRAGUT									3.11
3.12 NEW CAP COSTS-DEP EMERGENCY									3.12
3.13 NEW CAP REL COSTS-SJH SOUTH									3.13
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP COSTS-EQUIP INT PHASE I									4.01
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 INFORMATION SYSTEMS									6.02
6.03 PURCHASING/RECEIVING/STORES									6.03
6.04 ADMITTING									6.04
6.05 BUSINESS OFFICE									6.05
6.06 OTHER ADMIN & GENERAL									6.06
7 MAINTENANCE & REPAIRS	8360928								7
8 OPERATION OF PLANT	2420713	18335683							8
9 LAUNDRY & LINEN SERVICE	499784	580931	3502676						9
10 HOUSEKEEPING	412148	126815	46374	5595601					10
11 DIETARY	220879	404417	24735	41326	4139487				11
12 CAFETERIA	56593	227019	1386	69785		979235			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	116051	83633		18755		15585	3992478		14
15 CENTRAL SERVICES & SUPPLY	282845	201712	231850	89303		14546		2741258	15
16 PHARMACY	51220	119134	6575	18755		28052			16
17 MEDICAL RECORDS & LIBRARY	21491	61553		32457		33767			17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	40713	325842	485	55610		9870			21
22 I&R SERVICES-SALARY & FRINGES A		633857				57663			22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(EMS PROGRAM)	6567			5561		1558			24
24.01 SCHOOL OF CLINICAL LAB SCIENCE	1552			9377		519			24.01
24.02 SCHOOL OF RESPIRATORY THERAPY	836			4689		1558			24.02
24.03 SCHOOL OF END (EEG)	2388			9377		1039			24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	728184	2869679	1096117	1886618	2958406	222344	1590192	29271	25
26 INTENSIVE CARE UNIT	213596	171285	276909	325662	232783	62858	457039	7417	26
30 NICU	183270	379125	92521	105840		37403	271957	11086	30
31 SUBPROVIDER I	111275	367985	51582	400607	303343	22338	162419	864	31
33 NURSERY	4776	18495	4915	11376		1039	7554	49	33
34 SKILLED NURSING FACILITY	69846	413401	134551	410712	375042	25455	185082	14093	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	519125	1053123	358090	525347		67533	491033	3007	37
37.01 G. D. UNIT	41669	85091	25834	28132		6753	49103	548	37.01
38 RECOVERY ROOM	31042	37270	85451	26787		13507	98207	2799	38
39 DELIVERY ROOM & LABOR ROOM	126677	495420	131645	260784	150606	27013	196413	1341	39
40 ANESTHESIOLOGY	251325	46456	17091	26787		8831	64212		40
41 RADIOLOGY-DIAGNOSTIC	152944	419747	109335	163667		46754		3243	41
42 RADIOLOGY-THERAPEUTIC	39161	162456	11760	22571		3636		119	42
43 RADIOISOTOPE	9313	71142	8169	22571		1558			43
44 LABORATORY	95038	359389	1799	217859		60261		4321	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	286785	122098	1523	22571		31169		159	49
50 PHYSICAL THERAPY	82143	334826	30259	110456		31689		257	50
53 ELECTROCARDIOLOGY	79158	641165	54354	16029		18182		126	53

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	TENANCE + REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	
53.01 CARDIAC CATH LAB	130259	443130	94107	249698	2544	30130		67	53.01
53.02 CARDIAC REHAB	85486	155691		5561		5195			53.02
54 ELECTROENCEPHALOGRAPHY	37251	25540	19621	16683		5195			54
55 MEDICAL SUPPLIES CHARGED TO PAT								2614649	55
56 DRUGS CHARGED TO PATIENTS								196	56
59 RENAL DIALYSIS	7880								59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	172405	313228	244626	330096	10922	44676	324837	15517	61
61.01 OTHER ANCILLARY SERVICES	127990	33732	35024	37509		16624	75544	910	61.01
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	38087	198407				15585		30885	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE	1672	4019						334	93
95 SUBTOTALS	7760137	11986813	3196688	5578918	4033646	969885	3973592	2741258	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	6925	36851		5561					96
99 NONPAID WORKERS									99
100 PHYSICIAN SUPPORT SERVICES	374539	3514119	56094			5714			100
100.01OUTSIDE LAUNDRY SERVICES			246813						100.01
100.02NON-REIMBURSABLE-SNF	8955	56867	3081	11122	61759	2597	18886		100.02
100.03NON-REIMBURSABLE-OTHER	210372	2741033			44082	1039			100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	8360928	18335683	3502676	5595601	4139487	979235	3992478	2741258	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	NURSING SCHOOL	I&R SALARY & FRINGES	PARAMED EDUCATION (EMS)	SCHOOL OF CLIN LAB SCIENCE	SCHOOL OF RESPIRATOR THERAPY	SCHOOL OF END (EEG)
	16	17	21	22	24	24.01	24.02	24.03
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP COSTS-DEP PHASE I								1.01
1.02 OLD CAP COSTS-DEP PHASE II								1.02
1.03 OLD CAP COSTS-DEP PHASE III								1.03
1.04 OLD CAP COSTS-LAND IMP								1.04
1.05 OLD CAP COSTS-DEP SNF								1.05
1.06 OLD CAP COSTS-DEP PAVILION								1.06
2 OLD CAP REL COSTS-MVBLE EQUIP								2
2.01 OLD CAP COSTS-EQUIP INT PII								2.01
2.02 OLD CAP COSTS-EQUIP INT PH III								2.02
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP COSTS-DEP PHASE I								3.01
3.02 NEW CAP COSTS-DEP PHASE II								3.02
3.03 NEW CAP COSTS-DEP PHASE III								3.03
3.04 NEW CAP COSTS-LAND IMP								3.04
3.05 NEW CAP COSTS-DEP SNF								3.05
3.06 NEW CAP COSTS-DEP PAVILION								3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU								3.07
3.08 NEW CAP COSTS-DEP WCC								3.08
3.09 NEW CAP COSTS-DEP PHI								3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG								3.10
3.11 NEW CAP COSTS-DEP FARRAGUT								3.11
3.12 NEW CAP COSTS-DEP EMERGENCY								3.12
3.13 NEW CAP REL COSTS-SJH SOUTH								3.13
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP COSTS-EQUIP INT PHASE I								4.01
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 INFORMATION SYSTEMS								6.02
6.03 PURCHASING/RECEIVING/STORES								6.03
6.04 ADMITTING								6.04
6.05 BUSINESS OFFICE								6.05
6.06 OTHER ADMIN & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	21506797							16
17 MEDICAL RECORDS & LIBRARY		6849929						17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL			1554204					21
22 I&R SERVICES-SALARY & FRINGES A				8007398				22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(EMS PROGRAM)					328672			24
24.01 SCHOOL OF CLINICAL LAB SCIENCE						98645		24.01
24.02 SCHOOL OF RESPIRATORY THERAPY							205824	24.02
24.03 SCHOOL OF END (EEG)								143767 24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	9889	3493687	1052416	175172				25
26 INTENSIVE CARE UNIT	1495	136048	160698	929561				26
30 NICU	206	98490	14179					30
31 SUBPROVIDER I	230	164216	11816					31
33 NURSERY	23	161819		10868				33
34 SKILLED NURSING FACILITY	254	193983	204811					34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	83144		15755	3020435				37
37.01 G. D. UNIT	8870		10241					37.01
38 RECOVERY ROOM	22		16542					38
39 DELIVERY ROOM & LABOR ROOM	633			247095				39
40 ANESTHESIOLOGY	483133		3939					40
41 RADIOLOGY-DIAGNOSTIC	10018			3196566				41
42 RADIOLOGY-THERAPEUTIC	6							42
43 RADIOISOTOPE	63							43
44 LABORATORY	3587					98645		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	2637						205824	49
50 PHYSICAL THERAPY	2157							50
53 ELECTROCARDIOLOGY	11494							53

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	NURSING SCHOOL	I&R SALARY & FRINGES	PARAMED EDUCATION (EMS)	SCHOOL OF CLIN LAB SCIENCE	SCHOOL OF RESPIRATOR THERAPY	SCHOOL OF END (EEG)
	16	17	21	22	24	24.01	24.02	24.03
53.01 CARDIAC CATH LAB	97		29934					53.01
53.02 CARDIAC REHAB								53.02
54 ELECTROENCEPHALOGRAPHY	783						143767	54
55 MEDICAL SUPPLIES CHARGED TO PAT								55
56 DRUGS CHARGED TO PATIENTS	20726901							56
59 RENAL DIALYSIS	505							59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	2868	2601686	15755	427701	328672			61
61.01 OTHER ANCILLARY SERVICES	2389							61.01
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	11937							71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
93 HOSPICE	143456							93
95 SUBTOTALS	21506797	6849929	1536086	8007398	328672	98645	205824	143767
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
99 NONPAID WORKERS								99
100 PHYSICIAN SUPPORT SERVICES								100
100.01OUTSIDE LAUNDRY SERVICES								100.01
100.02NON-REIMBURSABLE-SNF			18118					100.02
100.03NON-REIMBURSABLE-OTHER								100.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	21506797	6849929	1554204	8007398	328672	98645	205824	143767

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
1.01 OLD CAP COSTS-DEP PHASE I				1.01
1.02 OLD CAP COSTS-DEP PHASE II				1.02
1.03 OLD CAP COSTS-DEP PHASE III				1.03
1.04 OLD CAP COSTS-LAND IMP				1.04
1.05 OLD CAP COSTS-DEP SNF				1.05
1.06 OLD CAP COSTS-DEP PAVILION				1.06
2 OLD CAP REL COSTS-MVBLE EQUIP				2
2.01 OLD CAP COSTS-EQUIP INT PII				2.01
2.02 OLD CAP COSTS-EQUIP INT PH III				2.02
3 NEW CAP REL COSTS-BLDG & FIXT				3
3.01 NEW CAP COSTS-DEP PHASE I				3.01
3.02 NEW CAP COSTS-DEP PHASE II				3.02
3.03 NEW CAP COSTS-DEP PHASE III				3.03
3.04 NEW CAP COSTS-LAND IMP				3.04
3.05 NEW CAP COSTS-DEP SNF				3.05
3.06 NEW CAP COSTS-DEP PAVILION				3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU				3.07
3.08 NEW CAP COSTS-DEP WCC				3.08
3.09 NEW CAP COSTS-DEP PHI				3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG				3.10
3.11 NEW CAP COSTS-DEP FARRAGUT				3.11
3.12 NEW CAP COSTS-DEP EMERGENCY				3.12
3.13 NEW CAP REL COSTS-SJH SOUTH				3.13
4 NEW CAP REL COSTS-MVBLE EQUIP				4
4.01 NEW CAP COSTS-EQUIP INT PHASE I				4.01
5 EMPLOYEE BENEFITS				5
6.01 COMMUNICATIONS				6.01
6.02 INFORMATION SYSTEMS				6.02
6.03 PURCHASING/RECEIVING/STORES				6.03
6.04 ADMITTING				6.04
6.05 BUSINESS OFFICE				6.05
6.06 OTHER ADMIN & GENERAL				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(EMS PROGRAM)				24
24.01 SCHOOL OF CLINICAL LAB SCIENCE				24.01
24.02 SCHOOL OF RESPIRATORY THERAPY				24.02
24.03 SCHOOL OF END (EEG)				24.03
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	60475664	-175172	60300492	25
26 INTENSIVE CARE UNIT	16840962	-929561	15911401	26
30 NICU	10899577		10899577	30
31 SUBPROVIDER I	5293423		5293423	31
33 NURSERY	495458	-10868	484590	33
34 SKILLED NURSING FACILITY	6018769		6018769	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	46408415	-3020435	43387980	37
37.01 G. D. UNIT	3014550		3014550	37.01
38 RECOVERY ROOM	3283305		3283305	38
39 DELIVERY ROOM & LABOR ROOM	7957914	-247095	7710819	39
40 ANESTHESIOLOGY	4203935		4203935	40
41 RADIOLOGY-DIAGNOSTIC	18388497	-3196566	15191931	41
42 RADIOLOGY-THERAPEUTIC	2426939		2426939	42
43 RADIOISOTOPE	1928806		1928806	43
44 LABORATORY	19055703		19055703	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	7090661		7090661	49
50 PHYSICAL THERAPY	7363214		7363214	50
53 ELECTROCARDIOLOGY	5046305		5046305	53

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
53.01 CARDIAC CATH LAB	32612051		32612051	53.01
53.02 CARDIAC REHAB	1167206		1167206	53.02
54 ELECTROENCEPHALOGRAPHY	1221927		1221927	54
55 MEDICAL SUPPLIES CHARGED TO PAT	2811469		2811469	55
56 DRUGS CHARGED TO PATIENTS	21457238		21457238	56
59 RENAL DIALYSIS	587034		587034	59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	13775835	-427701	13348134	61
61.01 OTHER ANCILLARY SERVICES	2098506		2098506	61.01
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	11150811		11150811	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
93 HOSPICE	1281443		1281443	93
95 SUBTOTALS	314355617	-8007398	306348219	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	390111		390111	96
99 NONPAID WORKERS				99
100 PHYSICIAN SUPPORT SERVICES	8489711		8489711	100
100.01OUTSIDE LAUNDRY SERVICES	246813		246813	100.01
100.02NON-REIMBURSABLE-SNF	450659		450659	100.02
100.03NON-REIMBURSABLE-OTHER	4874065		4874065	100.03
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	328806976	-8007398	320799578	103





ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	OLD CAP	OLD CAP	OLD CAP	OLD CAP	OLD CAP	OLD CAP	OLD CAP
	CAP-REL COSTS	REL COSTS DEP-PH I	REL COSTS DEP-PH II	REL COSTS- DEP-PH III	REL COSTS LAND IMP	REL COSTS DEP-SNF	REL COSTS PAVILION	REL COSTS MOVABLE EQUIPMENT	
	0	1.01	1.02	1.03	1.04	1.05	1.06	2	
53.01 CARDIAC CATH LAB			6085	901	1715			729	53.01
53.02 CARDIAC REHAB					881		13521	30	53.02
54 ELECTROENCEPHALOGRAPHY			2794		670				54
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS									56
59 RENAL DIALYSIS									59
61 OUTPATIENT SERVICE COST CENTERS EMERGENCY	300			1				117	61
61.01 OTHER ANCILLARY SERVICES			441		885	792			61.01
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
69.10 OTHER REIMBURSABLE COST CENTERS CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	49715				4758	4836		1432	71
85.01 SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE	48640				105	107			93
95 SUBTOTALS	2184934	77548	678384	317307	357956	21005	603826	20945	95
96 NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN			2122		509				96
99 NONPAID WORKERS									99
100 PHYSICIAN SUPPORT SERVICES				10186	44329	1422	614615	1281	100
100.01 OUTSIDE LAUNDRY SERVICES									100.01
100.02 NON-REIMBURSABLE-SNF					1492	1516			100.02
100.03 NON-REIMBURSABLE-OTHER		319	86602	86091	52520	6216	16296		100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2184934	77867	767108	413584	456806	30159	1234737	22226	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	CAP REL	EMPLOYEE	COMMUNI-	INFO	PURCHASING	ADMITTING
	REL COSTS INT PH II 2.01	REL COSTS INT PH III 2.02	COST TO BE ALLOC 4A	BENEFITS 5	CATIONS 6.01	SYSTEM 6.02	RECEIVING STORES 6.03	6.04
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP COSTS-DEP PHASE I								1.01
1.02 OLD CAP COSTS-DEP PHASE II								1.02
1.03 OLD CAP COSTS-DEP PHASE III								1.03
1.04 OLD CAP COSTS-LAND IMP								1.04
1.05 OLD CAP COSTS-DEP SNF								1.05
1.06 OLD CAP COSTS-DEP PAVILION								1.06
2 OLD CAP REL COSTS-MVBLE EQUIP								2
2.01 OLD CAP COSTS-EQUIP INT PII								2.01
2.02 OLD CAP COSTS-EQUIP INT PH III								2.02
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP COSTS-DEP PHASE I								3.01
3.02 NEW CAP COSTS-DEP PHASE II								3.02
3.03 NEW CAP COSTS-DEP PHASE III								3.03
3.04 NEW CAP COSTS-LAND IMP								3.04
3.05 NEW CAP COSTS-DEP SNF								3.05
3.06 NEW CAP COSTS-DEP PAVILION								3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU								3.07
3.08 NEW CAP COSTS-DEP WCC								3.08
3.09 NEW CAP COSTS-DEP PHI								3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG								3.10
3.11 NEW CAP COSTS-DEP FARRAGUT								3.11
3.12 NEW CAP COSTS-DEP EMERGENCY								3.12
3.13 NEW CAP REL COSTS-SJH SOUTH								3.13
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP COSTS-EQUIP INT PHASE I								4.01
5 EMPLOYEE BENEFITS	23		5692	5692				5
6.01 COMMUNICATIONS			13386	41	13427			6.01
6.02 INFORMATION SYSTEMS			187442	108	319	187869		6.02
6.03 PURCHASING/RECEIVING/STORES			159883	32	124	3246	163285	6.03
6.04 ADMITTING			18694	99	443	6175	360	25771 6.04
6.05 BUSINESS OFFICE			12954	88	285	6809	55	6.05
6.06 OTHER ADMIN & GENERAL	2047	983	506731	446	1682	20982	1901	6.06
7 MAINTENANCE & REPAIRS	1		15803	153	141	2692	2614	7
8 OPERATION OF PLANT	81	7	807173	90	426	1029	360	8
9 LAUNDRY & LINEN SERVICE	172		42950	38	37	633	942	9
10 HOUSEKEEPING	116		12381	110	51	633	1209	10
11 DIETARY	2486		48414	55	135	4671	6340	11
12 CAFETERIA	5087		52081	34	34		71	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION			9941	93	130	2138	158	14
15 CENTRAL SERVICES & SUPPLY	2426		393218	37	93		2305	15
16 PHARMACY	189		165688	191	186	2533	27401	16
17 MEDICAL RECORDS & LIBRARY	1087		8357	104	494	9421	70	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL			507	49	102	5542	136	21
22 I&R SERVICES-SALARY & FRINGES A			79677	3	11			22
23 I&R SERVICES-OTHER PRGM COSTS A				6	20	396	13	23
24 PARAMED ED PRGM-(EMS PROGRAM)				3	8		3	24
24.01 SCHOOL OF CLINICAL LAB SCIENCE				7	23		3	24.01
24.02 SCHOOL OF RESPIRATORY THERAPY				4	11		4	24.02
24.03 SCHOOL OF END (EEG)								24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	85		271785	922	982	20742	3649	2635 25
26 INTENSIVE CARE UNIT	154		34959	305	404	6571	1478	764 26
30 NICU				227	251	3008	988	627 30
31 SUBPROVIDER I			47086	97	189	2454	115	231 31
33 NURSERY	5		5	5	8	158	27	15 33
34 SKILLED NURSING FACILITY			52493	119	147	2613	274	188 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2693		459508	326	711	12271	43715	3982 37
37.01 G. D. UNIT			37004	33	68	158	842	316 37.01
38 RECOVERY ROOM			5055	68	203		315	256 38
39 DELIVERY ROOM & LABOR ROOM	120		120	136	203	4513	732	404 39
40 ANESTHESIOLOGY			5959	24	65		3704	451 40
41 RADIOLOGY-DIAGNOSTIC	5804	21104	132052	210	418	13300	3405	2841 41
42 RADIOLOGY-THERAPEUTIC	2382		75788	20	107	1821	89	251 42
43 RADIOISOTOPE			8457	13	59		1075	233 43
44 LABORATORY	1912		180899	224	494	10134	8422	2072 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	12		35587	153	65	1979	1778	942 49
50 PHYSICAL THERAPY	317		284014	173	432	4354	311	415 50
53 ELECTROCARDIOLOGY	489	93	582	80	378	3404	267	797 53

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	OLD CAP REL COSTS		CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNI-CATIONS 6.01	INFO SYSTEM 6.02	PURCHASING RECEIVING STORES 6.03	ADMITTING 6.04		
	INT PH II 2.01	REL COSTS 2.02							INT PH III	
53.01 CARDIAC CATH LAB		4745	6329	20504	150	381	7521	39744	4115	53.01
53.02 CARDIAC REHAB				14432	24	31	1108	56	43	53.02
54 ELECTROENCEPHALOGRAPHY		90		3554	23	45	1108	89	107	54
55 MEDICAL SUPPLIES CHARGED TO PAT									179	55
56 DRUGS CHARGED TO PATIENTS									2367	56
59 RENAL DIALYSIS						25	317	36	60	59
OUTPATIENT SERVICE COST CENTERS										
61 EMERGENCY		795	135	1348	195	559	5859	2048	1367	61
61.01 OTHER ANCILLARY SERVICES				2118	84	200	1108	780	96	61.01
62 OBSERVATION BEDS (NON-DISTINCT)										62
63.50 RHC										63.50
63.60 FQHC										63.60
OTHER REIMBURSABLE COST CENTERS										
69.10 CMHC										69.10
69.20 OUTPATIENT PHYSICAL THERAPY										69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY										69.30
69.40 OUTPATIENT SPEECH PATHOLOGY										69.40
71 HOME HEALTH AGENCY				60741	227	570	10609	4388		71
SPECIAL PURPOSE COST CENTERS										
85.01 PANCREAS ACQUISITION										85.01
85.02 INTESTINAL ACQUISITION										85.02
93 HOSPICE				48852	23	28	1267	377		93
95 SUBTOTALS		33318	28651	4323874	5652	11778	183277	162649	25754	95
NONREIMBURSABLE COST CENTERS										
96 GIFT, FLOWER, COFFEE SHOP & CAN		23		2654		23		522		96
99 NONPAID WORKERS										99
100 PHYSICIAN SUPPORT SERVICES				671833	15	1468	3167	62	10	100
100.01OUTSIDE LAUNDRY SERVICES										100.01
100.02NON-REIMBURSABLE-SNF				3008	7	14		5	7	100.02
100.03NON-REIMBURSABLE-OTHER				248044	18	144	1425	47		100.03
101 CROSS FOOT ADJUSTMENTS										101
102 NEGATIVE COST CENTER										102
103 TOTAL		33341	28651	5249413	5692	13427	187869	163285	25771	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	BUSINESS OFFICE	OTHER ADMIN & GENERAL	MAIN-TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA
	6.05	6.06	7	8	9	10	11	12
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP COSTS-DEP PHASE I								1.01
1.02 OLD CAP COSTS-DEP PHASE II								1.02
1.03 OLD CAP COSTS-DEP PHASE III								1.03
1.04 OLD CAP COSTS-LAND IMP								1.04
1.05 OLD CAP COSTS-DEP SNF								1.05
1.06 OLD CAP COSTS-DEP PAVILION								1.06
2 OLD CAP REL COSTS-MVBLE EQUIP								2
2.01 OLD CAP COSTS-EQUIP INT PII								2.01
2.02 OLD CAP COSTS-EQUIP INT PH III								2.02
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP COSTS-DEP PHASE I								3.01
3.02 NEW CAP COSTS-DEP PHASE II								3.02
3.03 NEW CAP COSTS-DEP PHASE III								3.03
3.04 NEW CAP COSTS-LAND IMP								3.04
3.05 NEW CAP COSTS-DEP SNF								3.05
3.06 NEW CAP COSTS-DEP PAVILION								3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU								3.07
3.08 NEW CAP COSTS-DEP WCC								3.08
3.09 NEW CAP COSTS-DEP PHI								3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG								3.10
3.11 NEW CAP COSTS-DEP FARRAGUT								3.11
3.12 NEW CAP COSTS-DEP EMERGENCY								3.12
3.13 NEW CAP REL COSTS-SJH SOUTH								3.13
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP COSTS-EQUIP INT PHASE I								4.01
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 INFORMATION SYSTEMS								6.02
6.03 PURCHASING/RECEIVING/STORES								6.03
6.04 ADMITTING								6.04
6.05 BUSINESS OFFICE	20191							6.05
6.06 OTHER ADMIN & GENERAL		531742						6.06
7 MAINTENANCE & REPAIRS		13521	34924					7
8 OPERATION OF PLANT		25737	10110	844925				8
9 LAUNDRY & LINEN SERVICE		3917	2088	26770	77375			9
10 HOUSEKEEPING		8102	1722	5844	1024	31076		10
11 DIETARY		5576	923	18636	546	230	85526	11
12 CAFETERIA		1010	236	10461	31	388		64346 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		6078	485	3854		104		1024 14
15 CENTRAL SERVICES & SUPPLY		3107	1181	9295	5122	496		956 15
16 PHARMACY		34417	214	5490	145	104		1843 16
17 MEDICAL RECORDS & LIBRARY		10836	90	2836		180		2219 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL		1814	170	15015	11	309		649 21
22 I&R SERVICES-SALARY & FRINGES A		11831		29209				3789 22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(EMS PROGRAM)		509	27			31		102 24
24.01 SCHOOL OF CLINICAL LAB SCIENCE		141	6			52		34 24.01
24.02 SCHOOL OF RESPIRATORY THERAPY		321	3			26		102 24.02
24.03 SCHOOL OF END (EEG)		212	10			52		68 24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1999	71757	3042	132237	24213	10477	61122	14612 25
26 INTENSIVE CARE UNIT	579	22422	892	7893	6117	1809	4810	4130 26
30 NICU	476	15695	766	17470	2044	588		2458 30
31 SUBPROVIDER I	175	5978	465	16957	1139	2225	6267	1468 31
33 NURSERY	11	444	20	852	109	63		68 33
34 SKILLED NURSING FACILITY	143	6455	292	19050	2972	2281	7749	1673 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3411	65125	2168	48529	7910	2918		4438 37
37.01 G. D. UNIT	240	4461	174	3921	571	156		444 37.01
38 RECOVERY ROOM	194	4806	130	1717	1888	149		888 38
39 DELIVERY ROOM & LABOR ROOM	306	10221	529	22829	2908	1448	3112	1775 39
40 ANESTHESIOLOGY	342	5340	1050	2141	378	149		580 40
41 RADIOLOGY-DIAGNOSTIC	2155	23103	639	19342	2415	909		3072 41
42 RADIOLOGY-THERAPEUTIC	190	3537	164	7486	260	125		239 42
43 RADIOISOTOPE	177	2937	39	3278	180	125		102 43
44 LABORATORY	1572	29456	397	16561	40	1210		3960 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	715	10379	1198	5626	34	125		2048 49
50 PHYSICAL THERAPY	315	10950	343	15429	668	613		2082 50
53 ELECTROCARDIOLOGY	605	6834	331	29545	1201	89		1195 53

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	BUSINESS	OTHER	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OFFICE	ADMIN & GENERAL	TENANCE + REPAIRS	OF PLANT	& LINEN SERVICE	KEEPING		11	12
	6.05	6.06	7	8	9	10			
53.01 CARDIAC CATH LAB	3122	51153	544	20420	2079	1387	53	1980	53.01
53.02 CARDIAC REHAB	32	1480	357	7174		31		341	53.02
54 ELECTROENCEPHALOGRAPHY	81	1574	156	1177	433	93		341	54
55 MEDICAL SUPPLIES CHARGED TO PAT	136	318							55
56 DRUGS CHARGED TO PATIENTS	1796	1181							56
59 RENAL DIALYSIS	45	936	33						59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1037	14462	720	14434	5404	1833	226	2936	61
61.01 OTHER ANCILLARY SERVICES	73	2860	535	1554	774	208		1092	61.01
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	223	17555	159	9143				1024	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE	28	1831	7	185					93
95 SUBTOTALS	20178	520379	32415	552360	70616	30983	83339	63732	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		551	29	1698		31			96
99 NONPAID WORKERS									99
100 PHYSICIAN SUPPORT SERVICES	8	7341	1564	161938	1239			375	100
100.01OUTSIDE LAUNDRY SERVICES					5452				100.01
100.02NON-REIMBURSABLE-SNF	5	435	37	2620	68	62	1276	171	100.02
100.03NON-REIMBURSABLE-OTHER		3036	879	126309			911	68	100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	20191	531742	34924	844925	77375	31076	85526	64346	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	PARAMED EDUCATION (EMS) 24	SCHOOL OF CLIN LAB SCIENCE 24.01
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP COSTS-DEP PHASE I								1.01
1.02 OLD CAP COSTS-DEP PHASE II								1.02
1.03 OLD CAP COSTS-DEP PHASE III								1.03
1.04 OLD CAP COSTS-LAND IMP								1.04
1.05 OLD CAP COSTS-DEP SNF								1.05
1.06 OLD CAP COSTS-DEP PAVILION								1.06
2 OLD CAP REL COSTS-MVBLE EQUIP								2
2.01 OLD CAP COSTS-EQUIP INT PII								2.01
2.02 OLD CAP COSTS-EQUIP INT PH III								2.02
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP COSTS-DEP PHASE I								3.01
3.02 NEW CAP COSTS-DEP PHASE II								3.02
3.03 NEW CAP COSTS-DEP PHASE III								3.03
3.04 NEW CAP COSTS-LAND IMP								3.04
3.05 NEW CAP COSTS-DEP SNF								3.05
3.06 NEW CAP COSTS-DEP PAVILION								3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU								3.07
3.08 NEW CAP COSTS-DEP WCC								3.08
3.09 NEW CAP COSTS-DEP PHI								3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG								3.10
3.11 NEW CAP COSTS-DEP FARRAGUT								3.11
3.12 NEW CAP COSTS-DEP EMERGENCY								3.12
3.13 NEW CAP REL COSTS-SJH SOUTH								3.13
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP COSTS-EQUIP INT PHASE I								4.01
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 INFORMATION SYSTEMS								6.02
6.03 PURCHASING/RECEIVING/STORES								6.03
6.04 ADMITTING								6.04
6.05 BUSINESS OFFICE								6.05
6.06 OTHER ADMIN & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	24005							14
15 CENTRAL SERVICES & SUPPLY		415810						15
16 PHARMACY			238212					16
17 MEDICAL RECORDS & LIBRARY				34607				17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL					24304			21
22 I&R SERVICES-SALARY & FRINGES A						124520		22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(EMS PROGRAM)							1104	24
24.01 SCHOOL OF CLINICAL LAB SCIENCE								247
24.02 SCHOOL OF RESPIRATORY THERAPY								24.01
24.03 SCHOOL OF END (EEG)								24.02
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	9562	4440	110	17650				25
26 INTENSIVE CARE UNIT	2748	1125	17	687				26
30 NICU	1635	1682	2	498				30
31 SUBPROVIDER I	977	131	3	830				31
33 NURSERY	45	7		818				33
34 SKILLED NURSING FACILITY	1113	2138	3	980				34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2952	456	921					37
37.01 G. D. UNIT	295	83	98					37.01
38 RECOVERY ROOM	590	425						38
39 DELIVERY ROOM & LABOR ROOM	1181	203	7					39
40 ANESTHESIOLOGY	386		5351					40
41 RADIOLOGY-DIAGNOSTIC		492	111					41
42 RADIOLOGY-THERAPEUTIC		18						42
43 RADIOISOTOPE			1					43
44 LABORATORY		655	40					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		24	29					49
50 PHYSICAL THERAPY		39	24					50
53 ELECTROCARDIOLOGY		19	127					53

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	PARAMED EDUCATION (EMS) 24	SCHOOL OF CLIN LAB SCIENCE 24.01	
53.01 CARDIAC CATH LAB		10	1						53.01
53.02 CARDIAC REHAB									53.02
54 ELECTROENCEPHALOGRAPHY			9						54
55 MEDICAL SUPPLIES CHARGED TO PAT		396605							55
56 DRUGS CHARGED TO PATIENTS		30	229573						56
59 RENAL DIALYSIS			6						59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1953	2354	32	13144					61
61.01 OTHER ANCILLARY SERVICES	454	138	26						61.01
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		4685	132						71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE		51	1589						93
95 SUBTOTALS	23891	415810	238212	34607					95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
99 NONPAID WORKERS									99
100 PHYSICIAN SUPPORT SERVICES									100
100.01OUTSIDE LAUNDRY SERVICES									100.01
100.02NON-REIMBURSABLE-SNF	114								100.02
100.03NON-REIMBURSABLE-OTHER									100.03
101 CROSS FOOT ADJUSTMENTS					24304	124520	1104	247	101
102 NEGATIVE COST CENTER									102
103 TOTAL	24005	415810	238212	34607	24304	124520	1104	247	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SCHOOL OF	SCHOOL OF	SUBTOTAL	I&R COST &	TOTAL
	RESPIRATOR THERAPY	END (EEG)		POST STEP-DOWN ADJS	
	24.02	24.03	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
1.01 OLD CAP COSTS-DEP PHASE I					1.01
1.02 OLD CAP COSTS-DEP PHASE II					1.02
1.03 OLD CAP COSTS-DEP PHASE III					1.03
1.04 OLD CAP COSTS-LAND IMP					1.04
1.05 OLD CAP COSTS-DEP SNF					1.05
1.06 OLD CAP COSTS-DEP PAVILION					1.06
2 OLD CAP REL COSTS-MVBLE EQUIP					2
2.01 OLD CAP COSTS-EQUIP INT PII					2.01
2.02 OLD CAP COSTS-EQUIP INT PH III					2.02
3 NEW CAP REL COSTS-BLDG & FIXT					3
3.01 NEW CAP COSTS-DEP PHASE I					3.01
3.02 NEW CAP COSTS-DEP PHASE II					3.02
3.03 NEW CAP COSTS-DEP PHASE III					3.03
3.04 NEW CAP COSTS-LAND IMP					3.04
3.05 NEW CAP COSTS-DEP SNF					3.05
3.06 NEW CAP COSTS-DEP PAVILION					3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU					3.07
3.08 NEW CAP COSTS-DEP WCC					3.08
3.09 NEW CAP COSTS-DEP PHI					3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG					3.10
3.11 NEW CAP COSTS-DEP FARRAGUT					3.11
3.12 NEW CAP COSTS-DEP EMERGENCY					3.12
3.13 NEW CAP REL COSTS-SJH SOUTH					3.13
4 NEW CAP REL COSTS-MVBLE EQUIP					4
4.01 NEW CAP COSTS-EQUIP INT PHASE I					4.01
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 INFORMATION SYSTEMS					6.02
6.03 PURCHASING/RECEIVING/STORES					6.03
6.04 ADMITTING					6.04
6.05 BUSINESS OFFICE					6.05
6.06 OTHER ADMIN & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(EMS PROGRAM)					24
24.01 SCHOOL OF CLINICAL LAB SCIENCE					24.01
24.02 SCHOOL OF RESPIRATORY THERAPY	485				24.02
24.03 SCHOOL OF END (EEG)		361			24.03
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS			651936		25
26 INTENSIVE CARE UNIT			97710		26
30 NICU			48415		30
31 SUBPROVIDER I			86787		31
33 NURSERY			2655		33
34 SKILLED NURSING FACILITY			100683		34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			659341		37
37.01 G. D. UNIT			48864		37.01
38 RECOVERY ROOM			16684		38
39 DELIVERY ROOM & LABOR ROOM			50627		39
40 ANESTHESIOLOGY			25920		40
41 RADIOLOGY-DIAGNOSTIC			204464		41
42 RADIOLOGY-THERAPEUTIC			90095		42
43 RADIOISOTOPE			16676		43
44 LABORATORY			256136		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY			60682		49
50 PHYSICAL THERAPY			320162		50
53 ELECTROCARDIOLOGY			45454		53



ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SCHOOL OF RESPIRATOR THERAPY	SCHOOL OF END (EEG)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24.02	24.03	25	26	27	
53.01 CARDIAC CATH LAB			153164		153164	53.01
53.02 CARDIAC REHAB			25109		25109	53.02
54 ELECTROENCEPHALOGRAPHY			8790		8790	54
55 MEDICAL SUPPLIES CHARGED TO PAT			397238		397238	55
56 DRUGS CHARGED TO PATIENTS			234947		234947	56
59 RENAL DIALYSIS			1458		1458	59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY			69911		69911	61
61.01 OTHER ANCILLARY SERVICES			12100		12100	61.01
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY			109456		109456	71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
93 HOSPICE			54238		54238	93
95 SUBTOTALS			3849702		3849702	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			5508		5508	96
99 NONPAID WORKERS						99
100 PHYSICIAN SUPPORT SERVICES			849020		849020	100
100.01OUTSIDE LAUNDRY SERVICES			5452		5452	100.01
100.02NON-REIMBURSABLE-SNF			7829		7829	100.02
100.03NON-REIMBURSABLE-OTHER			380881		380881	100.03
101 CROSS FOOT ADJUSTMENTS	485	361	151021		151021	101
102 NEGATIVE COST CENTER						102
103 TOTAL	485	361	5249413		5249413	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP
	CAP-REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS	REL COSTS
	0	3.01	3.02	3.03	3.04	3.05	3.06	3.07	
GENERAL SERVICE COST CENTERS									
1									1
1.01									1.01
1.02									1.02
1.03									1.03
1.04									1.04
1.05									1.05
1.06									1.06
2									2
2.01									2.01
2.02									2.02
3									3
3.01									3.01
3.02									3.02
3.03									3.03
3.04									3.04
3.05									3.05
3.06									3.06
3.07									3.07
3.08									3.08
3.09									3.09
3.10									3.10
3.11									3.11
3.12									3.12
3.13									3.13
4									4
4.01									4.01
5				14090	821				5
6.01			11780		3602	186			6.01
6.02	2405803		3659		522				6.02
6.03		33119	48491		7494				6.03
6.04			9545	5789	2126		2064		6.04
6.05				1591	2744	16458			6.05
6.06	56907	197582	40265	55049	16702	5430	17139		6.06
7		97036	6290		3290	2766			7
8		741641	163114	196782	83163	28051	124538		8
9		505915	2527	1925	9999	2049			9
10		24986	3446	14759	2183	1348			10
11		16884	18856	52707	6961	4594			11
12		54486	12828		3907		10671		12
13									13
14				24706	1439				14
15		33923	20216		3472				15
16			14166		2051	176			16
17			4127	5853	1059				17
18									18
20									20
21						5608		58493	21
22			31156	110909	10910				22
23									23
24									24
24.01									24.01
24.02									24.02
24.03									24.03
INPATIENT ROUTINE SERV COST CENTERS									
25			119778	311963	49393				25
26			15258	13214	2948				26
30					6526				30
31			24060	49755	6334				31
33					318				33
34			24115	63038	7115				34
ANCILLARY SERVICE COST CENTERS									
37			51023	16166	18126		31951		37
37.01					1465		13769		37.01
38			4494		641				38
39					8527				39
40			3143	6023	800				40
41			41431	11386	7225		2672		41
42					2796		26289		42
43					21016				43
44		17209	36219	2608	6186				44
46.30									46.30
49				25778	2102	134	5433		49
50			27469	3882	5763		2684		50
53					11036				53

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP
	CAP-REL COSTS	REL COSTS DEP PH I	REL COSTS DEP PH II	REL COSTS DEP PH III	REL COSTS LAND IMP	REL COSTS DEP SNF	REL COSTS PAVILION	REL COSTS COLLEGE	REL COSTS
	0	3.01	3.02	3.03	3.04	3.05	3.06	3.07	
53.01 CARDIAC CATH LAB			6707		2874		7627		53.01
53.02 CARDIAC REHAB							2680		53.02
54 ELECTROENCEPHALOGRAPHY			3079				440		54
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS									56
59 RENAL DIALYSIS									59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY					5		5391		61
61.01 OTHER ANCILLARY SERVICES			486				581	3173	61.01
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY							3415	19379	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE						69	429		93
95 SUBTOTALS	2462710	1722781	747728	1011868	326782	84173	242643	58493	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			2339				634		96
99 NONPAID WORKERS									99
100 PHYSICIAN SUPPORT SERVICES					32484		60485	5697	100
100.01OUTSIDE LAUNDRY SERVICES								246977	100.01
100.02NON-REIMBURSABLE-SNF							979	6077	100.02
100.03NON-REIMBURSABLE-OTHER		7097	95454	274538	47179	24909	6548	82094	100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2462710	1729878	845521	1318890	436059	120856	496168	140587	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	CAP REL
	REL COSTS DEP WCC 3.08	REL COSTS DEP PHI 3.09	REL COSTS DEPCENTRUM 3.10	REL COSTS FARRAGUT 3.11	REL COSTS ED 3.12	REL COSTS SJH SOUTH 3.13	MOVABLE EQUIPMENT 4	BE ALLOC 4A	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
1.01 OLD CAP COSTS-DEP PHASE I									1.01
1.02 OLD CAP COSTS-DEP PHASE II									1.02
1.03 OLD CAP COSTS-DEP PHASE III									1.03
1.04 OLD CAP COSTS-LAND IMP									1.04
1.05 OLD CAP COSTS-DEP SNF									1.05
1.06 OLD CAP COSTS-DEP PAVILION									1.06
2 OLD CAP REL COSTS-MVBLE EQUIP									2
2.01 OLD CAP COSTS-EQUIP INT PII									2.01
2.02 OLD CAP COSTS-EQUIP INT PH III									2.02
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAP COSTS-DEP PHASE I									3.01
3.02 NEW CAP COSTS-DEP PHASE II									3.02
3.03 NEW CAP COSTS-DEP PHASE III									3.03
3.04 NEW CAP COSTS-LAND IMP									3.04
3.05 NEW CAP COSTS-DEP SNF									3.05
3.06 NEW CAP COSTS-DEP PAVILION									3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU									3.07
3.08 NEW CAP COSTS-DEP WCC									3.08
3.09 NEW CAP COSTS-DEP PHI									3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG									3.10
3.11 NEW CAP COSTS-DEP FARRAGUT									3.11
3.12 NEW CAP COSTS-DEP EMERGENCY									3.12
3.13 NEW CAP REL COSTS-SJH SOUTH									3.13
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP COSTS-EQUIP INT PHASE I									4.01
5 EMPLOYEE BENEFITS							1925	16836	5
6.01 COMMUNICATIONS	51242				949		696693	764452	6.01
6.02 INFORMATION SYSTEMS							2202653	4612637	6.02
6.03 PURCHASING/RECEIVING/STORES							15895	104999	6.03
6.04 ADMITTING	3098				4039		48773	75434	6.04
6.05 BUSINESS OFFICE							8009	28802	6.05
6.06 OTHER ADMIN & GENERAL	44862						227173	661109	6.06
7 MAINTENANCE & REPAIRS					11723		70573	191678	7
8 OPERATION OF PLANT	236813	185946			130818		55696	1946562	8
9 LAUNDRY & LINEN SERVICE	12539						60797	595751	9
10 HOUSEKEEPING	4475				822		26074	78093	10
11 DIETARY	4563						64001	168566	11
12 CAFETERIA							13463	95355	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION							51535	77680	14
15 CENTRAL SERVICES & SUPPLY							792943	850554	15
16 PHARMACY							7761	24154	16
17 MEDICAL RECORDS & LIBRARY					5601		184056	200696	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL							16470	80571	21
22 I&R SERVICES-SALARY & FRINGES A								152975	22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(EMS PROGRAM)							76456	76456	24
24.01 SCHOOL OF CLINICAL LAB SCIENCE							1743	1743	24.01
24.02 SCHOOL OF RESPIRATORY THERAPY							1244	1244	24.02
24.03 SCHOOL OF END (EEG)							6272	6272	24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	396106						725273	1602513	25
26 INTENSIVE CARE UNIT							418435	449855	26
30 NICU	178965						248700	434191	30
31 SUBPROVIDER I							19222	99371	31
33 NURSERY	9778						4847	14943	33
34 SKILLED NURSING FACILITY							55724	149992	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		195527					1446959	1759752	37
37.01 G. D. UNIT							187439	202673	37.01
38 RECOVERY ROOM							82265	87400	38
39 DELIVERY ROOM & LABOR ROOM	223878						129830	362235	39
40 ANESTHESIOLOGY							294568	304534	40
41 RADIOLOGY-DIAGNOSTIC					15716		2179250	2257680	41
42 RADIOLOGY-THERAPEUTIC							780302	809387	42
43 RADIOISOTOPE							372701	394942	43
44 LABORATORY	14795				1157		329117	407291	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY							197944	231391	49
50 PHYSICAL THERAPY	36476						79571	155845	50
53 ELECTROCARDIOLOGY		331851					406803	749690	53

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	CAP REL
	REL COSTS DEP WCC 3.08	REL COSTS DEP PHI 3.09	REL COSTS DEPCENTRUM 3.10	REL COSTS FARRAGUT 3.11	REL COSTS ED 3.12	REL COSTS SJH SOUTH 3.13	MOVABLE EQUIPMENT 4	BE ALLOC 4A	
53.01 CARDIAC CATH LAB		195527					1839406	2052141	53.01
53.02 CARDIAC REHAB		63203					28175	99491	53.02
54 ELECTROENCEPHALOGRAPHY							69436	72955	54
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS									56
59 RENAL DIALYSIS							5829	5829	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY					233606		270104	509106	61
61.01 OTHER ANCILLARY SERVICES							56690	60930	61.01
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	8050						69905	100749	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE								498	93
95 SUBTOTALS	1225640	972054			404431		14928700	24188003	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	8240						3793	15006	96
99 NONPAID WORKERS									99
100 PHYSICIAN SUPPORT SERVICES	174131	481545	58344	55508		50487	18033	1183691	100
100.01OUTSIDE LAUNDRY SERVICES									100.01
100.02NON-REIMBURSABLE-SNF							13925	20981	100.02
100.03NON-REIMBURSABLE-OTHER	88670				70212		2972	699673	100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1496681	1453599	58344	55508	474643	50487	14967423	26107354	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNI- CATIONS	INFO SYSTEM	PURCHASING RECEIVING STORES	ADMITTING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	MAIN- TENANCE + REPAIRS
	5	6.01	6.02	6.03	6.04	6.05	6.06	7
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP COSTS-DEP PHASE I								1.01
1.02 OLD CAP COSTS-DEP PHASE II								1.02
1.03 OLD CAP COSTS-DEP PHASE III								1.03
1.04 OLD CAP COSTS-LAND IMP								1.04
1.05 OLD CAP COSTS-DEP SNF								1.05
1.06 OLD CAP COSTS-DEP PAVILION								1.06
2 OLD CAP REL COSTS-MVBLE EQUIP								2
2.01 OLD CAP COSTS-EQUIP INT PII								2.01
2.02 OLD CAP COSTS-EQUIP INT PH III								2.02
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP COSTS-DEP PHASE I								3.01
3.02 NEW CAP COSTS-DEP PHASE II								3.02
3.03 NEW CAP COSTS-DEP PHASE III								3.03
3.04 NEW CAP COSTS-LAND IMP								3.04
3.05 NEW CAP COSTS-DEP SNF								3.05
3.06 NEW CAP COSTS-DEP PAVILION								3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU								3.07
3.08 NEW CAP COSTS-DEP WCC								3.08
3.09 NEW CAP COSTS-DEP PHI								3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG								3.10
3.11 NEW CAP COSTS-DEP FARRAGUT								3.11
3.12 NEW CAP COSTS-DEP EMERGENCY								3.12
3.13 NEW CAP REL COSTS-SJH SOUTH								3.13
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP COSTS-EQUIP INT PHASE I								4.01
5 EMPLOYEE BENEFITS	16836							5
6.01 COMMUNICATIONS	120	764572						6.01
6.02 INFORMATION SYSTEMS	320	18162	4631119					6.02
6.03 PURCHASING/RECEIVING/STORES	95	7072	80015	192181				6.03
6.04 ADMITTING	292	25234	152224	423	253607			6.04
6.05 BUSINESS OFFICE	261	16233	167837	64		213197		6.05
6.06 OTHER ADMIN & GENERAL	1318	95629	517170	2238			1277464	6.06
7 MAINTENANCE & REPAIRS	452	8036	66354	3077			32483	302080 7
8 OPERATION OF PLANT	265	24270	25371	424			61831	87460 8
9 LAUNDRY & LINEN SERVICE	111	2089	15613	1109			9410	18057 9
10 HOUSEKEEPING	326	2893	15613	1423			19465	14891 10
11 DIETARY	163	7715	115144	7462			13396	7980 11
12 CAFETERIA	99	1929		84			2426	2045 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	276	7393	52693	186			14602	4193 14
15 CENTRAL SERVICES & SUPPLY	111	5304		2713			7463	10219 15
16 PHARMACY	564	10608	62451	32253			82687	1851 16
17 MEDICAL RECORDS & LIBRARY	307	28127	232239	83			26033	776 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL	145	5786	136611	161			4358	1471 21
22 I&R SERVICES-SALARY & FRINGES A	8	643					28423	22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(EMS PROGRAM)	18	1125	9758	16			1224	237 24
24.01 SCHOOL OF CLINICAL LAB SCIENCE	9	482		3			339	56 24.01
24.02 SCHOOL OF RESPIRATORY THERAPY	20	1286		4			772	30 24.02
24.03 SCHOOL OF END (EEG)	13	643		5			509	86 24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2735	55933	511316	4295	25535	21173	172373	26309 25
26 INTENSIVE CARE UNIT	901	22984	161982	1740	7400	6136	53869	7717 26
30 NICU	670	14305	74160	1163	6079	5040	37707	6622 30
31 SUBPROVIDER I	286	10769	60499	136	2240	1857	14362	4020 31
33 NURSERY	15	482	3903	32	146	121	1067	173 33
34 SKILLED NURSING FACILITY	352	8358	64402	323	1825	1513	15508	2524 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	964	40503	302496	51436	42446	35454	156460	18756 37
37.01 G. D. UNIT	98	3857	3903	991	3065	2542	10716	1505 37.01
38 RECOVERY ROOM	201	11572		371	2484	2059	11545	1122 38
39 DELIVERY ROOM & LABOR ROOM	403	11572	111241	862	3910	3242	24555	4577 39
40 ANESTHESIOLOGY	72	3697		4359	4369	3622	12829	9080 40
41 RADIOLOGY-DIAGNOSTIC	622	23787	327867	4008	27531	22828	55503	5526 41
42 RADIOLOGY-THERAPEUTIC	58	6108	44887	104	2432	2016	8498	1415 42
43 RADIOISOTOPE	37	3375		1266	2259	1873	7055	336 43
44 LABORATORY	662	28127	249803	9913	20080	16650	70766	3434 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	451	3697	48790	2093	9132	7572	24934	10362 49
50 PHYSICAL THERAPY	510	24591	107337	366	4023	3336	26308	2968 50
53 ELECTROCARDIOLOGY	238	21537	83918	314	7727	6407	16418	2860 53

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNI-CATIONS	INFO SYSTEM	PURCHASING RECEIVING STORES	ADMITTING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	MAIN-TENANCE + REPAIRS	
	5	6.01	6.02	6.03	6.04	6.05	6.06	7	
53.01 CARDIAC CATH LAB	445	21698	185401	46780	39871	33061	122894	4706	53.01
53.02 CARDIAC REHAB	71	1768	27322	66	412	342	3556	3089	53.02
54 ELECTROENCEPHALOGRAPHY	67	2572	27322	105	1040	862	3781	1346	54
55 MEDICAL SUPPLIES CHARGED TO PAT					1733	1437	765		55
56 DRUGS CHARGED TO PATIENTS					22938	19019	2837		56
59 RENAL DIALYSIS		1447	7806	43	580	481	2248	285	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	578	31824	144418	2411	13250	10987	34744	6229	61
61.01 OTHER ANCILLARY SERVICES	248	11412	27322	918	932	773	6872	4624	61.01
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	672	32467	261513	5165		2360	42176	1376	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE	67	1607	31225	444		295	4398	60	93
95 SUBTOTALS	16716	670708	4517926	191432	253439	213058	1250165	280373	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1286		614			1324	250	96
99 NONPAID WORKERS									99
100 PHYSICIAN SUPPORT SERVICES	46	83577	78064	73	100	83	17635	13532	100
100.01OUTSIDE LAUNDRY SERVICES									100.01
100.02NON-REIMBURSABLE-SNF	21	804		6	68	56	1046	324	100.02
100.03NON-REIMBURSABLE-OTHER	53	8197	35129	56			7294	7601	100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	16836	764572	4631119	192181	253607	213197	1277464	302080	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &		
	8	9	10	11	12	TRATION	SUPPLY	16	
						14	15		
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT							1	
1.01	OLD CAP COSTS-DEP PHASE I							1.01	
1.02	OLD CAP COSTS-DEP PHASE II							1.02	
1.03	OLD CAP COSTS-DEP PHASE III							1.03	
1.04	OLD CAP COSTS-LAND IMP							1.04	
1.05	OLD CAP COSTS-DEP SNF							1.05	
1.06	OLD CAP COSTS-DEP PAVILION							1.06	
2	OLD CAP REL COSTS-MVBLE EQUIP							2	
2.01	OLD CAP COSTS-EQUIP INT PII							2.01	
2.02	OLD CAP COSTS-EQUIP INT PH III							2.02	
3	NEW CAP REL COSTS-BLDG & FIXT							3	
3.01	NEW CAP COSTS-DEP PHASE I							3.01	
3.02	NEW CAP COSTS-DEP PHASE II							3.02	
3.03	NEW CAP COSTS-DEP PHASE III							3.03	
3.04	NEW CAP COSTS-LAND IMP							3.04	
3.05	NEW CAP COSTS-DEP SNF							3.05	
3.06	NEW CAP COSTS-DEP PAVILION							3.06	
3.07	NEW CAP COSTS-DEP COLLEGE OF NU							3.07	
3.08	NEW CAP COSTS-DEP WCC							3.08	
3.09	NEW CAP COSTS-DEP PHI							3.09	
3.10	NEW CAP COSTS-DEP CENTRUM BLDG							3.10	
3.11	NEW CAP COSTS-DEP FARRAGUT							3.11	
3.12	NEW CAP COSTS-DEP EMERGENCY							3.12	
3.13	NEW CAP REL COSTS-SJH SOUTH							3.13	
4	NEW CAP REL COSTS-MVBLE EQUIP							4	
4.01	NEW CAP COSTS-EQUIP INT PHASE I							4.01	
5	EMPLOYEE BENEFITS							5	
6.01	COMMUNICATIONS							6.01	
6.02	INFORMATION SYSTEMS							6.02	
6.03	PURCHASING/RECEIVING/STORES							6.03	
6.04	ADMITTING							6.04	
6.05	BUSINESS OFFICE							6.05	
6.06	OTHER ADMIN & GENERAL							6.06	
7	MAINTENANCE & REPAIRS							7	
8	OPERATION OF PLANT	2146183						8	
9	LAUNDRY & LINEN SERVICE	67998	710138					9	
10	HOUSEKEEPING	14844	9402	156950				10	
11	DIETARY	47337	5015	1159	373937			11	
12	CAFETERIA	26572	281	1957		130748		12	
13	MAINTENANCE OF PERSONNEL							13	
14	NURSING ADMINISTRATION	9789		526		2081	169419	14	
15	CENTRAL SERVICES & SUPPLY	23610	47006	2505		1942	951427	15	
16	PHARMACY	13945	1333	526		3746		234118 16	
17	MEDICAL RECORDS & LIBRARY	7205		910		4509		17	
18	SOCIAL SERVICE							18	
20	NONPHYSICIAN ANESTHETISTS							20	
21	NURSING SCHOOL	38140	98	1560		1318		21	
22	I&R SERVICES-SALARY & FRINGES A	74193				7699		22	
23	I&R SERVICES-OTHER PRGM COSTS A							23	
24	PARAMED ED PRGM-(EMS PROGRAM)			156		208		24	
24.01	SCHOOL OF CLINICAL LAB SCIENCE			263		69		24.01	
24.02	SCHOOL OF RESPIRATORY THERAPY			132		208		24.02	
24.03	SCHOOL OF END (EEG)			263		139		24.03	
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	335894	222227	52917	267245	29683	67479	10159 108 25	
26	INTENSIVE CARE UNIT	20049	56141	9134	21028	8393	19394	2574 16 26	
30	NICU	44376	18758	2969		4994	11540	3848 2 30	
31	SUBPROVIDER I	43072	10458	11237	27402	2983	6892	300 2 31	
33	NURSERY	2165	996	319		139	321	17 33	
34	SKILLED NURSING FACILITY	48388	27279	11520	33879	3399	7854	4891 3 34	
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	123267	72600	14735		9017	20837	1044 905 37	
37.01	G. D. UNIT	9960	5238	789		902	2084	190 97 37.01	
38	RECOVERY ROOM	4362	17324	751		1803	4167	971 38	
39	DELIVERY ROOM & LABOR ROOM	57989	26690	7315	13605	3607	8335	466 7 39	
40	ANESTHESIOLOGY	5438	3465	751		1179	2725		5259 40
41	RADIOLOGY-DIAGNOSTIC	49131	22167	4591		6243		1126 109 41	
42	RADIOLOGY-THERAPEUTIC	19015	2384	633		486	41		42
43	RADIOISOTOPE	8327	1656	633		208			1 43
44	LABORATORY	42066	365	6111		8046	1500		39 44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY	14291	309	633		4162	55		29 49
50	PHYSICAL THERAPY	39191	6135	3098		4231	89		23 50
53	ELECTROCARDIOLOGY	75048	11020	450		2428	44		125 53



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &		
	8	9	10	11	12	TRATION	SUPPLY	16	
						14	15		
53.01 CARDIAC CATH LAB	51868	19079	7004	230	4023		23	1	53.01
53.02 CARDIAC REHAB	18224		156		694				53.02
54 ELECTROENCEPHALOGRAPHY	2989	3978	468		694			9	54
55 MEDICAL SUPPLIES CHARGED TO PAT							907484		55
56 DRUGS CHARGED TO PATIENTS							68	225628	56
59 RENAL DIALYSIS								6	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	36663	49596	9259	987	5965	13784	5386	31	61
61.01 OTHER ANCILLARY SERVICES	3948	7101	1052		2220	3206	316	26	61.01
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	23223					2081	10719	130	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE	470						116	1562	93
95 SUBTOTALS	1403047	648101	156482	364376	129499	168618	951427	234118	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	4313		156						96
99 NONPAID WORKERS									99
100 PHYSICIAN SUPPORT SERVICES	411330	11373			763				100
100.01OUTSIDE LAUNDRY SERVICES		50039							100.01
100.02NON-REIMBURSABLE-SNF	6656	625	312	5579	347	801			100.02
100.03NON-REIMBURSABLE-OTHER	320837			3982	139				100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2146183	710138	156950	373937	130748	169419	951427	234118	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY	NURSING SCHOOL	I&R SALARY & FRINGES	PARAMED EDUCATION (EMS)	SCHOOL OF CLIN LAB SCIENCE	SCHOOL OF RESPIRATOR THERAPY	SCHOOL OF END (EEG)	SUBTOTAL
	17	21	22	24	24.01	24.02	24.03	25
53.01 CARDIAC CATH LAB								2589225 53.01
53.02 CARDIAC REHAB								155191 53.02
54 ELECTROENCEPHALOGRAPHY								118188 54
55 MEDICAL SUPPLIES CHARGED TO PAT								911419 55
56 DRUGS CHARGED TO PATIENTS								270490 56
59 RENAL DIALYSIS								18725 59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	190242							1065460 61
61.01 OTHER ANCILLARY SERVICES								131900 61.01
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								482631 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
93 HOSPICE								40742 93
95 SUBTOTALS	500885							22475564 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								22949 96
99 NONPAID WORKERS								99
100 PHYSICIAN SUPPORT SERVICES								1800267 100
100.01OUTSIDE LAUNDRY SERVICES								50039 100.01
100.02NON-REIMBURSABLE-SNF								37626 100.02
100.03NON-REIMBURSABLE-OTHER								1082961 100.03
101 CROSS FOOT ADJUSTMENTS		270219	263941	89198	2964	3696	7930	637948 101
102 NEGATIVE COST CENTER								102
103 TOTAL	500885	270219	263941	89198	2964	3696	7930	26107354 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS		
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
1.01 OLD CAP COSTS-DEP PHASE I			1.01
1.02 OLD CAP COSTS-DEP PHASE II			1.02
1.03 OLD CAP COSTS-DEP PHASE III			1.03
1.04 OLD CAP COSTS-LAND IMP			1.04
1.05 OLD CAP COSTS-DEP SNF			1.05
1.06 OLD CAP COSTS-DEP PAVILION			1.06
2 OLD CAP REL COSTS-MVBLE EQUIP			2
2.01 OLD CAP COSTS-EQUIP INT PII			2.01
2.02 OLD CAP COSTS-EQUIP INT PH III			2.02
3 NEW CAP REL COSTS-BLDG & FIXT			3
3.01 NEW CAP COSTS-DEP PHASE I			3.01
3.02 NEW CAP COSTS-DEP PHASE II			3.02
3.03 NEW CAP COSTS-DEP PHASE III			3.03
3.04 NEW CAP COSTS-LAND IMP			3.04
3.05 NEW CAP COSTS-DEP SNF			3.05
3.06 NEW CAP COSTS-DEP PAVILION			3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF NU			3.07
3.08 NEW CAP COSTS-DEP WCC			3.08
3.09 NEW CAP COSTS-DEP PHI			3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLDG			3.10
3.11 NEW CAP COSTS-DEP FARRAGUT			3.11
3.12 NEW CAP COSTS-DEP EMERGENCY			3.12
3.13 NEW CAP REL COSTS-SJH SOUTH			3.13
4 NEW CAP REL COSTS-MVBLE EQUIP			4
4.01 NEW CAP COSTS-EQUIP INT PHASE I			4.01
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 INFORMATION SYSTEMS			6.02
6.03 PURCHASING/RECEIVING/STORES			6.03
6.04 ADMITTING			6.04
6.05 BUSINESS OFFICE			6.05
6.06 OTHER ADMIN & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(EMS PROGRAM)			24
24.01 SCHOOL OF CLINICAL LAB SCIENCE			24.01
24.02 SCHOOL OF RESPIRATORY THERAPY			24.02
24.03 SCHOOL OF END (EEG)			24.03
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	3663361		25
26 INTENSIVE CARE UNIT	859261		26
30 NICU	673626		30
31 SUBPROVIDER I	307894		31
33 NURSERY	36672		33
34 SKILLED NURSING FACILITY	396195		34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	2650672		37
37.01 G. D. UNIT	248610		37.01
38 RECOVERY ROOM	146132		38
39 DELIVERY ROOM & LABOR ROOM	640611		39
40 ANESTHESIOLOGY	361379		40
41 RADIOLOGY-DIAGNOSTIC	2808719		41
42 RADIOLOGY-THERAPEUTIC	897464		42
43 RADIOISOTOPE	421968		43
44 LABORATORY	864853		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	357901		49
50 PHYSICAL THERAPY	378051		50
53 ELECTROCARDIOLOGY	978224		53

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
53.01 CARDIAC CATH LAB		2589225	53.01
53.02 CARDIAC REHAB		155191	53.02
54 ELECTROENCEPHALOGRAPHY		118188	54
55 MEDICAL SUPPLIES CHARGED TO PAT		911419	55
56 DRUGS CHARGED TO PATIENTS		270490	56
59 RENAL DIALYSIS		18725	59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY		1065460	61
61.01 OTHER ANCILLARY SERVICES		131900	61.01
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY	482631		71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
93 HOSPICE	40742		93
95 SUBTOTALS	22475564		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	22949		96
99 NONPAID WORKERS			99
100 PHYSICIAN SUPPORT SERVICES	1800267		100
100.01OUTSIDE LAUNDRY SERVICES	50039		100.01
100.02NON-REIMBURSABLE-SNF	37626		100.02
100.03NON-REIMBURSABLE-OTHER	1082961		100.03
101 CROSS FOOT ADJUSTMENTS	637948		101
102 NEGATIVE COST CENTER			102
103 TOTAL		26107354	103





COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP	NEW CAP
	REL COSTS INT PH II	REL COSTS INT PH III	REL COSTS DEP PH I (SQUARE FEET)	REL COSTS DEP PH II (SQUARE FEET)	REL COSTS DEP PH III (SQUARE FEET)	REL COSTS LAND IMP (SQUARE FEET)	REL COSTS DEP SNF (SQUARE FEET)	REL COSTS PAVILION (SQUARE FEET)	REL COSTS 3.06
	2.01	2.02	3.01	3.02	3.03	3.04	3.05		
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
1.01 OLD CAP COSTS-DEP PHASE I									1.01
1.02 OLD CAP COSTS-DEP PHASE II									1.02
1.03 OLD CAP COSTS-DEP PHASE III									1.03
1.04 OLD CAP COSTS-LAND IMP									1.04
1.05 OLD CAP COSTS-DEP SNF									1.05
1.06 OLD CAP COSTS-DEP PAVILION									1.06
2 OLD CAP REL COSTS-MVBLE EQUIP									2
2.01 OLD CAP COSTS-EQUIP INT PII	2323152								2.01
2.02 OLD CAP COSTS-EQUIP INT PH II		1027876							2.02
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAP COSTS-DEP PHASE I			111883						3.01
3.02 NEW CAP COSTS-DEP PHASE II				451955					3.02
3.03 NEW CAP COSTS-DEP PHASE III					287742				3.03
3.04 NEW CAP COSTS-LAND IMP						1632767			3.04
3.05 NEW CAP COSTS-DEP SNF							72891		3.05
3.06 NEW CAP COSTS-DEP PAVILION								197610	3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF									3.07
3.08 NEW CAP COSTS-DEP WCC									3.08
3.09 NEW CAP COSTS-DEP PHI									3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLD									3.10
3.11 NEW CAP COSTS-DEP FARRAGUT									3.11
3.12 NEW CAP COSTS-DEP EMERGENCY									3.12
3.13 NEW CAP REL COSTS-SJH SOUTH									3.13
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP COSTS-EQUIP INT PHASE									4.01
5 EMPLOYEE BENEFITS	1608					3074	3074		5
6.01 COMMUNICATIONS				6297			13487	112	6.01
6.02 INFORMATION SYSTEMS				1956			1956		6.02
6.03 PURCHASING/RECEIVING/STORES			2142	25920			28062		6.03
6.04 ADMITTING				5102	1263		7959	822	6.04
6.05 BUSINESS OFFICE					347	10273	9926		6.05
6.06 OTHER ADMIN & GENERAL	142605	35283	12779	21523	12010	62538	3275	6826	6.06
7 MAINTENANCE & REPAIRS	55		6276	3362		12319	1668		7
8 OPERATION OF PLANT	5620	236	47967	87188	42932	311395	16918	49600	8
9 LAUNDRY & LINEN SERVICE	11982		32721	1351	420	37440	1236		9
10 HOUSEKEEPING	8091		1616	1842	3220	8173	813		10
11 DIETARY	173201		1092	10079	11499	26064	2771		11
12 CAFETERIA	354417		3524	6857		14631		4250	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION					5390	5390			14
15 CENTRAL SERVICES & SUPPLY	169065		2194	10806		13000			15
16 PHARMACY	13185			7572		7678	106		16
17 MEDICAL RECORDS & LIBRARY	75723			2206	1277	3967			17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL							21000		21
22 I&R SERVICES-SALARY & FRINGES				16654	24197	40851			22
23 I&R SERVICES-OTHER PRGM COSTS									23
24 PARAMED ED PRGM-(EMS PROGRAM)									24
24.01 SCHOOL OF CLINICAL LAB SCIENC									24.01
24.02 SCHOOL OF RESPIRATORY THERAPY									24.02
24.03 SCHOOL OF END (EEG)									24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	5914			64025	68061	184946			25
26 INTENSIVE CARE UNIT	10712			8156	2883	11039			26
30 NICU						24434			30
31 SUBPROVIDER I				12861	10855	23716			31
33 NURSERY	364					1192			33
34 SKILLED NURSING FACILITY				12890	13753	26643			34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	187605			27273	3527	67872		12725	37
37.01 G. D. UNIT						5484		5484	37.01
38 RECOVERY ROOM				2402		2402			38
39 DELIVERY ROOM & LABOR ROOM	8340					31929			39
40 ANESTHESIOLOGY				1680	1314	2994			40
41 RADIOLOGY-DIAGNOSTIC	404563	757127		22146	2484	27052		1064	41
42 RADIOLOGY-THERAPEUTIC	165950					10470		10470	42
43 RADIOISOTOPE	29				4585	4585			43
44 LABORATORY	133225		1113	19360	569	23162			44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	869				5624	7869	81	2164	49









COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW C AP	EMPLOYEE	COMMUNI-	INFO	PURCHASING	ADMITTING	BUSINESS	RECON-
	REL COSTS	BENEFITS	CATIONS	SYSTEM	RECEIVING	REVENUE	OFFICE	
	INT PH II	GROSS	(PHONES)	(PIECES OF	STORES	(REVENUE)	(REVENUE)	6A.06
	4.01	5	6.01	EQUIPMENT)	(SUPPLIES)	(REVENUE)	(REVENUE)	
				6.02	6.03	6.04	6.05	
GENERAL SERVICE COST CENTERS								
1								1
1.01								1.01
1.02								1.02
1.03								1.03
1.04								1.04
1.05								1.05
1.06								1.06
2								2
2.01								2.01
2.02								2.02
3								3
3.01								3.01
3.02								3.02
3.03								3.03
3.04								3.04
3.05								3.05
3.06								3.06
3.07								3.07
3.08								3.08
3.09								3.09
3.10								3.10
3.11								3.11
3.12								3.12
3.13								3.13
4								4
4.01								4.01
5	2323152							5
6.01	1608	126839742						6.01
6.02		901079	4757					6.02
6.03		2404789	113	2373				6.03
6.04		711892	44	41	79427911			6.04
6.05		2195226	157	78	174912	903076581		6.05
6.06		1959810	101	86	26572		914471635	6.06
7	142605	9911949	595	265	924699			-30755673
8	55	3397839	50	34	1271508			7
9	5620	1990623	151	13	175251			8
10	11982	837231	13	8	458298			9
11	8091	2452796	18	8	588070			10
12	173201	1222252	48	59	3083472			11
13	354417	745348	12		34525			12
14								13
15		2073639	46	27	77031			14
16	169065	832419	33		1121002			15
17	13185	4240669	66	32	13327540			16
18	75723	2305731	175	119	34110			17
19								18
20		1086966	36	70	66333			20
21		58444	4					21
22								22
23								23
24		132281	7	5	6491			24
24.01		71015	3		1266			24.01
24.02		153454	8		1539			24.02
24.03		98407	4		1876			24.03
INPATIENT ROUTINE SERV COST CENTERS								
25	5914	20826907	348	262	1774820	90872683	90872683	25
26	10712	6772174	143	83	719012	26334327	26334327	26
30		5040273	89	38	480629	21631893	21631893	30
31		2151712	67	31	56145	7971746	7971746	31
33	364	113191	3	2	13297	519519	519519	33
34		2647297	52	33	133370	6494095	6494095	34
ANCILLARY SERVICE COST CENTERS								
37	187605	7248082	252	155	21270045	151620309	151620309	37
37.01		737313	24	2	409476	10908859	10908859	37.01
38		1510436	72		153278	8838733	8838733	38
39	8340	3031878	72	57	356164	13915559	13915559	39
40		542012	23		1801329	15546333	15546333	40
41	404563	4677379	148	168	1656169	97973934	97973934	41
42	165950	439628	38	23	43127	8653186	8653186	42
43	29	280677	21		523040	8037414	8037414	43
44	133225	4979531	175	128	4096448	71458722	71458722	44
46.30								46.30
49	869	3391253	23	25	864989	32499701	32499701	49

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW C AP	EMPLOYEE	COMMUNI-	INFO	PURCHASING	ADMITTING	BUSINESS	RECON- CILIATION
	REL COSTS	BENEFITS	CATIONS	SYSTEM	RECEIVING	OFFICE	OFFICE	
	INT PH II	GROSS	(PHONES)	(PIECES OF	STORES	(REVENUE)	(REVENUE)	
	4.01	5	6.01	EQUIPMENT)	(SUPPLIES)	(REVENUE)	(REVENUE)	6A.06
				6.02	6.03	6.04	6.05	
50 PHYSICAL THERAPY	22088	3837056	153	55	151112	14316775	14316775	50
53 ELECTROCARDIOLOGY	34094	1786085	134	43	129940	27498967	27498967	53
53.01 CARDIAC CATH LAB	330599	3342252	135	95	19330502	141891257	141891257	53.01
53.02 CARDIAC REHAB		532213	11	14	27104	1466317	1466317	53.02
54 ELECTROENCEPHALOGRAPHY	6278	501106	16	14	43524	3700674	3700674	54
55 MEDICAL SUPPLIES CHARGED TO P						6166211	6166211	55
56 DRUGS CHARGED TO PATIENTS						81628689	81628689	56
59 RENAL DIALYSIS			9	4	17573	2062416	2062416	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	55364	4342200	198	74	996319	47152447	47152447	61
61.01 OTHER ANCILLARY SERVICES		1861913	71	14	379144	3316832	3316832	61.01
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		5053286	202	134	2134464		10128740	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
93 HOSPICE		506302	10	16	183281		1266314	93
95 SUBTOTALS	2321546	125936015	4173	2315	79118796	902477598	913872652	-30755673 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1606		8		253667			96
99 NONPAID WORKERS								99
100 PHYSICIAN SUPPORT SERVICES		343224	520	40	30008	357251	357251	100
100.01 OUTSIDE LAUNDRY SERVICES								100.01
100.02 NON-REIMBURSABLE-SNF		159528	5		2350	241732	241732	100.02
100.03 NON-REIMBURSABLE-OTHER		400975	51	18	23090			100.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I		30133477	2938597	12271172	1408375	3538955	3830718	103
104 UNIT COST MULT-WS B PT I			617.741644		.017731		.004189	104
104 UNIT COST MULT-WS B PT I		.237571		5171.163928		.003919		104
105 COST TO BE ALLOC PER B PT II		5692	13427	187869	163285	25771	20191	105
106 UNIT COST MULT-WS B PT II			2.822577		.002056		.000022	106
106 UNIT COST MULT-WS B PT II		.000045		79.169406		.000029		106
107 COST TO BE ALLOC PER B PT III		16836	764572	4631119	192181	253607	213197	107
108 UNIT COST MULT-WS B PT III			160.725667		.002420		.000233	108
108 UNIT COST MULT-WS B PT III		.000133		1951.588285		.000281		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMIN & GENERAL ACCUM COST	MAIN-TENANCE + REPAIRS MAINT HOURS	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA (MEALS FTES)	NURSING ADMINIS-TRATION (DIRECT FTES)
	6.06	7	8	9	10	11	12	14
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP COSTS-DEP PHASE I								1.01
1.02 OLD CAP COSTS-DEP PHASE II								1.02
1.03 OLD CAP COSTS-DEP PHASE III								1.03
1.04 OLD CAP COSTS-LAND IMP								1.04
1.05 OLD CAP COSTS-DEP SNF								1.05
1.06 OLD CAP COSTS-DEP PAVILION								1.06
2 OLD CAP REL COSTS-MVBLE EQUIP								2
2.01 OLD CAP COSTS-EQUIP INT PII								2.01
2.02 OLD CAP COSTS-EQUIP INT PH II								2.02
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP COSTS-DEP PHASE I								3.01
3.02 NEW CAP COSTS-DEP PHASE II								3.02
3.03 NEW CAP COSTS-DEP PHASE III								3.03
3.04 NEW CAP COSTS-LAND IMP								3.04
3.05 NEW CAP COSTS-DEP SNF								3.05
3.06 NEW CAP COSTS-DEP PAVILION								3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF								3.07
3.08 NEW CAP COSTS-DEP WCC								3.08
3.09 NEW CAP COSTS-DEP PHI								3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLD								3.10
3.11 NEW CAP COSTS-DEP FARRAGUT								3.11
3.12 NEW CAP COSTS-DEP EMERGENCY								3.12
3.13 NEW CAP REL COSTS-SJH SOUTH								3.13
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP COSTS-EQUIP INT PHASE								4.01
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 INFORMATION SYSTEMS								6.02
6.03 PURCHASING/RECEIVING/STORES								6.03
6.04 ADMITTING								6.04
6.05 BUSINESS OFFICE								6.05
6.06 OTHER ADMIN & GENERAL	298051303							6.06
7 MAINTENANCE & REPAIRS	7578872	70028						7
8 OPERATION OF PLANT	14426331	20275	1181704					8
9 LAUNDRY & LINEN SERVICE	2195418	4186	37440	3489441				9
10 HOUSEKEEPING	4541619	3452	8173	46199	153953			10
11 DIETARY	3125602	1850	26064	24642	1137	400216		11
12 CAFETERIA	566043	474	14631	1381	1920		1885	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	3406899	972	5390		516		30	1057 14
15 CENTRAL SERVICES & SUPPLY	1741317	2369	13000	230974	2457		28	15
16 PHARMACY	19292307	429	7678	6550	516		54	16
17 MEDICAL RECORDS & LIBRARY	6073901	180	3967		893		65	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL	1016765	341	21000	483	1530		19	21
22 I&R SERVICES-SALARY & FRINGES	6631573		40851				111	22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(EMS PROGRAM)	285523	55			153		3	24
24.01 SCHOOL OF CLINICAL LAB SCIENC	79041	13			258		1	24.01
24.02 SCHOOL OF RESPIRATORY THERAPY	180151	7			129		3	24.02
24.03 SCHOOL OF END (EEG)	118713	20			258		2	24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	40213991	6099	184946	1091975	51907	286026	428	421 25
26 INTENSIVE CARE UNIT	12568663	1789	11039	275863	8960	22506	121	121 26
30 NICU	8797677	1535	24434	92171	2912		72	72 30
31 SUBPROVIDER I	3350965	932	23716	51387	11022	29328	43	43 31
33 NURSERY	248864	40	1192	4896	313		2	2 33
34 SKILLED NURSING FACILITY	3618182	585	26643	134043	11300	36260	49	49 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	36504917	4348	67872	356737	14454		130	130 37
37.01 G. D. UNIT	2500305	349	5484	25736	774		13	13 37.01
38 RECOVERY ROOM	2693716	260	2402	85128	737		26	26 38
39 DELIVERY ROOM & LABOR ROOM	5729106	1061	31929	131148	7175	14561	52	52 39
40 ANESTHESIOLOGY	2993287	2105	2994	17026	737		17	17 40
41 RADIOLOGY-DIAGNOSTIC	12949932	1281	27052	108922	4503		90	41
42 RADIOLOGY-THERAPEUTIC	1982643	328	10470	11716	621		7	42
43 RADIOISOTOPE	1646128	78	4585	8138	621		3	43
44 LABORATORY	16511046	796	23162	1792	5994		116	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	5817584	2402	7869	1517	621		60	49

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMIN & GENERAL ACCUM COST 6.06	MAIN- TENANCE + REPAIRS MAINT HOURS 7	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA (MEALS FTES 12	NURSING ADMINIS- TRATION (DIRECT FTES 14	
50 PHYSICAL THERAPY	6138048	688	21579	30145	3039		61	50	
53 ELECTROCARDIOLOGY	3830529	663	41322	54149	441		35	53	
53.01 CARDIAC CATH LAB	28673314	1091	28559	93751	6870	246	58	53.01	
53.02 CARDIAC REHAB	829661	716	10034		153		10	53.02	
54 ELECTROENCEPHALOGRAPHY	882067	312	1646	19547	459		10	54	
55 MEDICAL SUPPLIES CHARGED TO P	178410							55	
56 DRUGS CHARGED TO PATIENTS	661846							56	
59 RENAL DIALYSIS	524524	66						59	
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	8106359	1444	20187	243702	9082	1056	86	86 61	
61.01 OTHER ANCILLARY SERVICES	1603337	1072	2174	34892	1032		32	20 61.01	
62 OBSERVATION BEDS (NON-DISTINC								62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC								69.10	
69.20 OUTPATIENT PHYSICAL THERAPY								69.20	
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30	
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40	
71 HOME HEALTH AGENCY	9840481	319	12787				30	71	
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION								85.01	
85.02 INTESTINAL ACQUISITION								85.02	
93 HOSPICE	1026082	14	259					93	
95 SUBTOTALS	291681739	64996	772530	3184610	153494	389983	1867	1052 95	
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	308899	58	2375		153			96	
99 NONPAID WORKERS								99	
100 PHYSICIAN SUPPORT SERVICES	4114658	3137	226479	55882			11	100	
100.01 OUTSIDE LAUNDRY SERVICES				245880				100.01	
100.02 NON-REIMBURSABLE-SNF	244087	75	3665	3069	306	5971	5	5 100.02	
100.03 NON-REIMBURSABLE-OTHER	1701920	1762	176655			4262	2	100.03	
101 CROSS FOOT ADJUSTMENTS								101	
102 NEGATIVE COST CENTER								102	
103 COST TO BE ALLOC PER B PT I	30755673	8360928	18335683	3502676	5595601	4139487	979235	3992478 103	
104 UNIT COST MULT-WS B PT I	.103189		15.516308		36.346164		519.488064	104	
104 UNIT COST MULT-WS B PT I		119.394071		1.003793		10.343132		3777.178808 104	
105 COST TO BE ALLOC PER B PT II	531742	34924	844925	77375	31076	85526	64346	24005 105	
106 UNIT COST MULT-WS B PT II	.001784		.715006		.201854		34.135809	106	
106 UNIT COST MULT-WS B PT II		.498715		.022174		.213700		22.710501 106	
107 COST TO BE ALLOC PER B PT III	1277464	302080	2146183	710138	156950	373937	130748	169419 107	
108 UNIT COST MULT-WS B PT III	.004286		1.816176		1.019467		69.362334	108	
108 UNIT COST MULT-WS B PT III		4.313703		.203511		.934338		160.282876 108	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION (EMS)	SCHOOL OF CLIN LAB SCIENCE
	COSTED REQUIS. 15	COSTED REQUIS. 16	(TIME DISCHARGES 17	ASSIGNED TIME 21	ASSIGNED TIME 22	ASSIGNED TIME 23	ASSIGNED TIME 24	(ASSIGNED TIME) 24.01
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
1.01	OLD CAP COSTS-DEP PHASE I							1.01
1.02	OLD CAP COSTS-DEP PHASE II							1.02
1.03	OLD CAP COSTS-DEP PHASE III							1.03
1.04	OLD CAP COSTS-LAND IMP							1.04
1.05	OLD CAP COSTS-DEP SNF							1.05
1.06	OLD CAP COSTS-DEP PAVILION							1.06
2	OLD CAP REL COSTS-MVBLE EQUIP							2
2.01	OLD CAP COSTS-EQUIP INT PII							2.01
2.02	OLD CAP COSTS-EQUIP INT PH II							2.02
3	NEW CAP REL COSTS-BLDG & FIXT							3
3.01	NEW CAP COSTS-DEP PHASE I							3.01
3.02	NEW CAP COSTS-DEP PHASE II							3.02
3.03	NEW CAP COSTS-DEP PHASE III							3.03
3.04	NEW CAP COSTS-LAND IMP							3.04
3.05	NEW CAP COSTS-DEP SNF							3.05
3.06	NEW CAP COSTS-DEP PAVILION							3.06
3.07	NEW CAP COSTS-DEP COLLEGE OF							3.07
3.08	NEW CAP COSTS-DEP WCC							3.08
3.09	NEW CAP COSTS-DEP PHI							3.09
3.10	NEW CAP COSTS-DEP CENTRUM BLD							3.10
3.11	NEW CAP COSTS-DEP FARRAGUT							3.11
3.12	NEW CAP COSTS-DEP EMERGENCY							3.12
3.13	NEW CAP REL COSTS-SJH SOUTH							3.13
4	NEW CAP REL COSTS-MVBLE EQUIP							4
4.01	NEW CAP COSTS-EQUIP INT PHASE							4.01
5	EMPLOYEE BENEFITS							5
6.01	COMMUNICATIONS							6.01
6.02	INFORMATION SYSTEMS							6.02
6.03	PURCHASING/RECEIVING/STORES							6.03
6.04	ADMITTING							6.04
6.05	BUSINESS OFFICE							6.05
6.06	OTHER ADMIN & GENERAL							6.06
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT							8
9	LAUNDRY & LINEN SERVICE							9
10	HOUSEKEEPING							10
11	DIETARY							11
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION							14
15	CENTRAL SERVICES & SUPPLY	895125						15
16	PHARMACY		13956460					16
17	MEDICAL RECORDS & LIBRARY			34288				17
18	SOCIAL SERVICE							18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL				1973			21
22	I&R SERVICES-SALARY & FRINGES					25050		22
23	I&R SERVICES-OTHER PRGM COSTS						25050	23
24	PARAMED ED PRGM-(EMS PROGRAM)							24
24.01	SCHOOL OF CLINICAL LAB SCIENC						100	24.01
24.02	SCHOOL OF RESPIRATORY THERAPY							24.02
24.03	SCHOOL OF END (EEG)							24.03
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	9558	6417	17488	1336	548	548	25
26	INTENSIVE CARE UNIT	2422	970	681	204	2908	2908	26
30	NICU	3620	134	493	18			30
31	SUBPROVIDER I	282	149	822	15			31
33	NURSERY	16	15	810		34	34	33
34	SKILLED NURSING FACILITY	4602	165	971	260			34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	982	53955		20	9449	9449	37
37.01	G. D. UNIT	179	5756		13			37.01
38	RECOVERY ROOM	914	14		21			38
39	DELIVERY ROOM & LABOR ROOM	438	411			773	773	39
40	ANESTHESIOLOGY		313521		5			40
41	RADIOLOGY-DIAGNOSTIC	1059	6501			10000	10000	41
42	RADIOLOGY-THERAPEUTIC	39	4					42
43	RADIOISOTOPE		41					43
44	LABORATORY	1411	2328					44
46.30	BLOOD CLOTTING FACTORS ADMIN							100
49	RESPIRATORY THERAPY	52	1711					49



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION (EMS)	SCHOOL OF CLIN LAB SCIENCE
	REQUIS. 15	COSTED REQUIS. 16	(TIME) DISCHARGES 17	ASSIGNED TIME 21	ASSIGNED TIME 22	ASSIGNED TIME 23	ASSIGNED TIME 24	(ASSIGNED TIME) 24.01
50 PHYSICAL THERAPY	84	1400						50
53 ELECTROCARDIOLOGY	41	7459						53
53.01 CARDIAC CATH LAB	22	63		38				53.01
53.02 CARDIAC REHAB								53.02
54 ELECTROENCEPHALOGRAPHY		508						54
55 MEDICAL SUPPLIES CHARGED TO P	853782							55
56 DRUGS CHARGED TO PATIENTS	64	13450360						56
59 RENAL DIALYSIS		328						59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	5067	1861	13023	20	1338	1338	100	61
61.01 OTHER ANCILLARY SERVICES	297	1550						61.01
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	10085	7746						71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
93 HOSPICE	109	93093						93
95 SUBTOTALS	895125	13956460	34288	1950	25050	25050	100	100 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
99 NONPAID WORKERS								99
100 PHYSICIAN SUPPORT SERVICES								100
100.01 OUTSIDE LAUNDRY SERVICES								100.01
100.02 NON-REIMBURSABLE-SNF				23				100.02
100.03 NON-REIMBURSABLE-OTHER								100.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2741258	21506797	6849929	1554204	8007398		328672	98645 103
104 UNIT COST MULT-WS B PT I	3.062430		199.776277		319.656607		3286.720000	104
104 UNIT COST MULT-WS B PT I		1.540992		787.736442				986.450000 104
105 COST TO BE ALLOC PER B PT II	415810	238212	34607	24304	124520		1104	247 105
106 UNIT COST MULT-WS B PT II	.464527		1.009304		4.970858		11.040000	106
106 UNIT COST MULT-WS B PT II		.017068		12.318297				2.470000 106
107 COST TO BE ALLOC PER B PT III	951427	234118	500885	270219	263941		89198	2964 107
108 UNIT COST MULT-WS B PT III	1.062898		14.608172		10.536567		891.980000	108
108 UNIT COST MULT-WS B PT III		.016775		136.958439				29.640000 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SCHOOL OF RESPIRATOR		SCHOOL OF END (EEG)
	(ASSIGNED TIME)	(ASSIGNED TIME)	
	24.02	24.03	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
1.01 OLD CAP COSTS-DEP PHASE I			1.01
1.02 OLD CAP COSTS-DEP PHASE II			1.02
1.03 OLD CAP COSTS-DEP PHASE III			1.03
1.04 OLD CAP COSTS-LAND IMP			1.04
1.05 OLD CAP COSTS-DEP SNF			1.05
1.06 OLD CAP COSTS-DEP PAVILION			1.06
2 OLD CAP REL COSTS-MVBLE EQUIP			2
2.01 OLD CAP COSTS-EQUIP INT PII			2.01
2.02 OLD CAP COSTS-EQUIP INT PH II			2.02
3 NEW CAP REL COSTS-BLDG & FIXT			3
3.01 NEW CAP COSTS-DEP PHASE I			3.01
3.02 NEW CAP COSTS-DEP PHASE II			3.02
3.03 NEW CAP COSTS-DEP PHASE III			3.03
3.04 NEW CAP COSTS-LAND IMP			3.04
3.05 NEW CAP COSTS-DEP SNF			3.05
3.06 NEW CAP COSTS-DEP PAVILION			3.06
3.07 NEW CAP COSTS-DEP COLLEGE OF			3.07
3.08 NEW CAP COSTS-DEP WCC			3.08
3.09 NEW CAP COSTS-DEP PHI			3.09
3.10 NEW CAP COSTS-DEP CENTRUM BLD			3.10
3.11 NEW CAP COSTS-DEP FARRAGUT			3.11
3.12 NEW CAP COSTS-DEP EMERGENCY			3.12
3.13 NEW CAP REL COSTS-SJH SOUTH			3.13
4 NEW CAP REL COSTS-MVBLE EQUIP			4
4.01 NEW CAP COSTS-EQUIP INT PHASE			4.01
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 INFORMATION SYSTEMS			6.02
6.03 PURCHASING/RECEIVING/STORES			6.03
6.04 ADMITTING			6.04
6.05 BUSINESS OFFICE			6.05
6.06 OTHER ADMIN & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES			22
23 I&R SERVICES-OTHER PRGM COSTS			23
24 PARAMED ED PRGM-(EMS PROGRAM)			24
24.01 SCHOOL OF CLINICAL LAB SCIENC			24.01
24.02 SCHOOL OF RESPIRATORY THERAPY	100		24.02
24.03 SCHOOL OF END (EEG)		100	24.03
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
30 NICU			30
31 SUBPROVIDER I			31
33 NURSERY			33
34 SKILLED NURSING FACILITY			34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM			37
37.01 G. D. UNIT			37.01
38 RECOVERY ROOM			38
39 DELIVERY ROOM & LABOR ROOM			39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC			41
42 RADIOLOGY-THERAPEUTIC			42
43 RADIOISOTOPE			43
44 LABORATORY			44
46.30 BLOOD CLOTTING FACTORS ADMIN			46.30
49 RESPIRATORY THERAPY	100		49

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SCHOOL OF		
	RESPIRATOR THERAPY (ASSIGNED TIME)	SCHOOL OF END (EEG) (ASSIGNED TIME)	
	24.02	24.03	
50 PHYSICAL THERAPY			50
53 ELECTROCARDIOLOGY			53
53.01 CARDIAC CATH LAB			53.01
53.02 CARDIAC REHAB			53.02
54 ELECTROENCEPHALOGRAPHY		100	54
55 MEDICAL SUPPLIES CHARGED TO P			55
56 DRUGS CHARGED TO PATIENTS			56
59 RENAL DIALYSIS			59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY			61
61.01 OTHER ANCILLARY SERVICES			61.01
62 OBSERVATION BEDS (NON-DISTINC			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERA			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
93 HOSPICE			93
95 SUBTOTALS	100	100	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
99 NONPAID WORKERS			99
100 PHYSICIAN SUPPORT SERVICES			100
100.01 OUTSIDE LAUNDRY SERVICES			100.01
100.02 NON-REIMBURSABLE-SNF			100.02
100.03 NON-REIMBURSABLE-OTHER			100.03
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	205824	143767	103
104 UNIT COST MULT-WS B PT I	2058.240000		104
104 UNIT COST MULT-WS B PT I		1437.670000	104
105 COST TO BE ALLOC PER B PT II	485	361	105
106 UNIT COST MULT-WS B PT II	4.850000		106
106 UNIT COST MULT-WS B PT II		3.610000	106
107 COST TO BE ALLOC PER B PT III	3696	7930	107
108 UNIT COST MULT-WS B PT III	36.960000		108
108 UNIT COST MULT-WS B PT III		79.300000	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	60300492		60300492		60300492	25
26 INTENSIVE CARE UNIT	15911401		15911401		15911401	26
30 NICU	10899577		10899577		10899577	30
31 SUBPROVIDER I	5293423		5293423	163414	5456837	31
33 NURSERY	484590		484590		484590	33
34 SKILLED NURSING FACILITY	6018769		6018769	8446	6027215	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	43387980		43387980	1115055	44503035	37
37.01 G. D. UNIT	3014550		3014550		3014550	37.01
38 RECOVERY ROOM	3283305		3283305		3283305	38
39 DELIVERY ROOM & LABOR ROOM	7710819		7710819		7710819	39
40 ANESTHESIOLOGY	4203935		4203935		4203935	40
41 RADIOLOGY-DIAGNOSTIC	15191931		15191931		15191931	41
42 RADIOLOGY-THERAPEUTIC	2426939		2426939		2426939	42
43 RADIOISOTOPE	1928806		1928806		1928806	43
44 LABORATORY	19055703		19055703		19055703	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	7090661		7090661	5918	7096579	49
50 PHYSICAL THERAPY	7363214		7363214		7363214	50
53 ELECTROCARDIOLOGY	5046305		5046305		5046305	53
53.01 CARDIAC CATH LAB	32612051		32612051		32612051	53.01
53.02 CARDIAC REHAB	1167206		1167206		1167206	53.02
54 ELECTROENCEPHALOGRAPHY	1221927		1221927	10598	1232525	54
55 MEDICAL SUPPLIES CHARGED TO	2811469		2811469		2811469	55
56 DRUGS CHARGED TO PATIENTS	21457238		21457238		21457238	56
59 RENAL DIALYSIS	587034		587034	36915	623949	59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	13348134		13348134	1560147	14908281	61
61.01 OTHER ANCILLARY SERVICES	2098506		2098506	677671	2776177	61.01
62 OBSERVATION BEDS (NON-DISTI	3241115		3241115		3241115	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	297157080		297157080	3578164	300735244	101
102 LESS OBSERVATION BEDS	3241115		3241115		3241115	102
103 TOTAL	293915965		293915965	3578164	297494129	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	86309162		86309162			25
26 INTENSIVE CARE UNIT	26135136		26135136			26
30 NICU	21224928		21224928			30
31 SUBPROVIDER I	7533841		7533841			31
33 NURSERY	465840		465840			33
34 SKILLED NURSING FACILITY	6449851		6449851			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	88531043	60219602	148750645	.291683	.291683	.299179 37
37.01 G. D. UNIT	2502587	7881929	10384516	.290293	.290293	.290293 37.01
38 RECOVERY ROOM	3526067	5124305	8650372	.379557	.379557	.379557 38
39 DELIVERY ROOM & LABOR ROOM	8424294	908978	9333272	.826165	.826165	.826165 39
40 ANESTHESIOLOGY	7154520	8066777	15221297	.276188	.276188	.276188 40
41 RADIOLOGY-DIAGNOSTIC	40652610	54899134	95551744	.158992	.158992	.158992 41
42 RADIOLOGY-THERAPEUTIC	988801	7369293	8358094	.290370	.290370	.290370 42
43 RADIOISOTOPE	3324919	4466702	7791621	.247549	.247549	.247549 43
44 LABORATORY	46635077	23514154	70149231	.271645	.271645	.271645 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	30254530	1775278	32029808	.221377	.221377	.221562 49
50 PHYSICAL THERAPY	7291178	6716853	14008031	.525642	.525642	.525642 50
53 ELECTROCARDIOLOGY	12637114	8077626	20714740	.243609	.243609	.243609 53
53.01 CARDIAC CATH LAB	101394273	39412432	140806705	.231609	.231609	.231609 53.01
53.02 CARDIAC REHAB	648081	785060	1433141	.814439	.814439	.814439 53.02
54 ELECTROENCEPHALOGRAPHY	678914	2825352	3504266	.348697	.348697	.351721 54
55 MEDICAL SUPPLIES CHARGED TO	5733155	375428	6108583	.460249	.460249	.460249 55
56 DRUGS CHARGED TO PATIENTS	66656460	14043612	80700072	.265889	.265889	.265889 56
59 RENAL DIALYSIS	1915029	137960	2052989	.285941	.285941	.303922 59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	15265640	30714927	45980567	.290299	.290299	.324230 61
61.01 OTHER ANCILLARY SERVICES	726429	2533816	3260245	.643665	.643665	.851524 61.01
62 OBSERVATION BEDS (NON-DISTI	1703198	5146820	6850018	.473154	.473154	.473154 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	594762677	284996038	879758715			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	594762677	284996038	879758715			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	651936		651936	3663361		3663361
26 INTENSIVE CARE UNIT	97710		97710	859261		859261
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 NICU	48415		48415	673626		673626
31 SUBPROVIDER I	86787		86787	307894		307894
33 NURSERY	2655		2655	36672		36672
101 TOTAL	887503		887503	5540814		5540814

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	72336	37627	9.01	339019	50.64	1905431
26 INTENSIVE CARE UNIT	9939	5592	9.83	54969	86.45	483428
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 NICU	11353		4.26		59.33	
31 SUBPROVIDER I	7592	3884	11.43	44394	40.56	157535
33 NURSERY	3212		.83		11.42	
101 TOTAL	104432	47103		438382		2546394

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0053) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	659341	2650672	148750645	44597144	.004433	197699	.017820	794721 37
37.01 G. D. UNIT	48864	248610	10384516	1796813	.004705	8454	.023940	43016 37.01
38 RECOVERY ROOM	16684	146132	8650372	1536795	.001929	2964	.016893	25961 38
39 DELIVERY ROOM & LABOR ROOM	50627	640611	9333272		.005424		.068637	39
40 ANESTHESIOLOGY	25920	361379	15221297	3185163	.001703	5424	.023742	75622 40
41 RADIOLOGY-DIAGNOSTIC	204464	2808719	95551744	22612257	.002140	48390	.029395	664687 41
42 RADIOLOGY-THERAPEUTIC	90095	897464	8358094	500355	.010779	5393	.107377	53727 42
43 RADIOISOTOPE	16676	421968	7791621	2335732	.002140	4998	.054157	126496 43
44 LABORATORY	256136	864853	70149231	25023395	.003651	91360	.012329	308513 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	60682	357901	32029808	16100723	.001895	30511	.011174	179909 49
50 PHYSICAL THERAPY	320162	378051	14008031	3584725	.022856	81932	.026988	96745 50
53 ELECTROCARDIOLOGY	45454	978224	20714740	10664038	.002194	23397	.047224	503599 53
53.01 CARDIAC CATH LAB	153164	2589225	140806705	45031675	.001088	48994	.018389	828087 53.01
53.02 CARDIAC REHAB	25109	155191	1433141	459449	.017520	8050	.108287	49752 53.02
54 ELECTROENCEPHALOGRAPHY	8790	118188	3504266	230166	.002508	577	.033727	7763 54
55 MEDICAL SUPPLIES CHARGED TO P	397238	911419	6108583	3062663	.065029	199162	.149203	456959 55
56 DRUGS CHARGED TO PATIENTS	234947	270490	80700072	34494540	.002911	100414	.003352	115626 56
59 RENAL DIALYSIS	1458	18725	2052989	1436159	.000710	1020	.009121	13099 59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	69911	1065460	45980567	7239839	.001520	11005	.023172	167762 61
61.01 OTHER ANCILLARY SERVICES	12100	131900	3260245	425434	.003711	1579	.040457	17212 61.01
62 OBSERVATION BEDS (NON-DISTINC	35040	196904	6850018	430421	.005115	2202	.028745	12372 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	2732862	16212086	731639957	224747486		873525		4541628 101

PROVIDER NO. 14-0053 ST. JOHN'S HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
 11/20/2008 13:51

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL COSTS	
	ANESTHETIST COST 1	SCHOOL COST 2	HEALTH COSTS 2.01	MEDICAL COSTS 2.02	ADJUSTMENT AMOUNT 3		
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS		1052416				1052416	25
26 INTENSIVE CARE UNIT		160698				160698	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 NICU		14179				14179	30
31 SUBPROVIDER I		11816				11816	31
33 NURSERY							33
34 SKILLED NURSING FACILITY		204811				204811	34
35 NURSING FACILITY							35
101 TOTAL		1443920				1443920	101



PROVIDER NO. 14-0053 ST. JOHN'S HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
11/20/2008 13:51

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	72336	14.55	37627	547473	25
26 INTENSIVE CARE UNIT	9939	16.17	5592	90423	26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 NICU	11353	1.25			30
31 SUBPROVIDER I	7592	1.56	3884	6059	31
33 NURSERY	3212				33
34 SKILLED NURSING FACILITY	10361	19.77	7757	153356	34
35 NURSING FACILITY					35
101 TOTAL	114793		54860	797311	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0053) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS		
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST							
	1	1.01	2	2.01	2.02	2.03	3		
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM			15755				15755	37	
37.01 G. D. UNIT			10241				10241	37.01	
38 RECOVERY ROOM			16542				16542	38	
39 DELIVERY ROOM & LABOR ROOM								39	
40 ANESTHESIOLOGY			3939				3939	40	
41 RADIOLOGY-DIAGNOSTIC								41	
42 RADIOLOGY-THERAPEUTIC								42	
43 RADIOISOTOPE								43	
44 LABORATORY				98645			98645	44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
49 RESPIRATORY THERAPY				205824			205824	49	
50 PHYSICAL THERAPY								50	
53 ELECTROCARDIOLOGY								53	
53.01 CARDIAC CATH LAB			29934				29934	53.01	
53.02 CARDIAC REHAB								53.02	
54 ELECTROENCEPHALOGRAPHY				143767			143767	54	
55 MEDICAL SUPPLIES CHARGED TO P								55	
56 DRUGS CHARGED TO PATIENTS								56	
59 RENAL DIALYSIS								59	
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY			15755	328672			344427	61	
61.01 OTHER ANCILLARY SERVICES								61.01	
62 OBSERVATION BEDS (NON-DISTINC			56567				56567	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL			148733	776908			925641	101	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0053) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM		
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES	
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	15755	148750645	.000106	.000106	44597144	4727	16697396	37
37.01 G. D. UNIT	10241	10384516	.000986	.000986	1796813	1772	2083051	37.01
38 RECOVERY ROOM	16542	8650372	.001912	.001912	1536795	2938	1471961	38
39 DELIVERY ROOM & LABOR ROOM		9333272					983	39
40 ANESTHESIOLOGY	3939	15221297	.000259	.000259	3185163	825	1798445	40
41 RADIOLOGY-DIAGNOSTIC		95551744			22612257		11899013	41
42 RADIOLOGY-THERAPEUTIC		8358094			500355		3164813	42
43 RADIOISOTOPE		7791621			2335732		3954797	43
44 LABORATORY	98645	70149231	.001406	.001406	25023395	35183	1483222	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	205824	32029808	.006426	.006426	16100723	103463	472116	49
50 PHYSICAL THERAPY		14008031			3584725		72396	50
53 ELECTROCARDIOLOGY		20714740			10664038		2408193	53
53.01 CARDIAC CATH LAB	29934	140806705	.000213	.000213	45031675	9592	17012984	53.01
53.02 CARDIAC REHAB		1433141			459449		343599	53.02
54 ELECTROENCEPHALOGRAPHY	143767	3504266	.041026	.041026	230166	9443	737748	54
55 MEDICAL SUPPLIES CHARGED TO P		6108583			3062663		108799	55
56 DRUGS CHARGED TO PATIENTS		80700072			34494540		1923698	56
59 RENAL DIALYSIS		2052989			1436159			59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	344427	45980567	.007491	.007491	7239839	54234	5333205	61
61.01 OTHER ANCILLARY SERVICES		3260245			425434		963402	61.01
62 OBSERVATION BEDS (NON-DISTINC	56567	6850018	.008258	.008258	430421	3554	743191	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	925641	731639957			224747486	225731	72673012	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0053) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			1770		37
37.01 G. D. UNIT			2054		37.01
38 RECOVERY ROOM			2814		38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY			466		40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY			2085		44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY			3034		49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB			3624		53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY			30267		54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 RENAL DIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY			39951		61
61.01 OTHER ANCILLARY SERVICES					61.01
62 OBSERVATION BEDS (NON-DISTINC			6137		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			92202		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0053) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL		DIAGNOSTIC	
				CENTER			
				2	3	4	
37 ANCILLARY SERVICE COST CENTERS							
OPERATING ROOM	.291683	.291683	.291683				37
37.01 G. D. UNIT	.290293	.290293	.290293				37.01
38 RECOVERY ROOM	.379557	.379557	.379557				38
39 DELIVERY ROOM & LABOR ROOM	.826165	.826165	.826165				39
40 ANESTHESIOLOGY	.276188	.276188	.276188				40
41 RADIOLOGY-DIAGNOSTIC	.158992	.158992	.158992				41
42 RADIOLOGY-THERAPEUTIC	.290370	.290370	.290370				42
43 RADIOISOTOPE	.247549	.247549	.247549				43
44 LABORATORY	.271645	.271645	.271645				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.221377	.221377	.221377				49
50 PHYSICAL THERAPY	.525642	.525642	.525642				50
53 ELECTROCARDIOLOGY	.243609	.243609	.243609				53
53.01 CARDIAC CATH LAB	.231609	.231609	.231609				53.01
53.02 CARDIAC REHAB	.814439	.814439	.814439				53.02
54 ELECTROENCEPHALOGRAPHY	.348697	.348697	.348697				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.460249	.460249	.460249				55
56 DRUGS CHARGED TO PATIENTS	.265889	.265889	.265889				56
59 RENAL DIALYSIS	.285941	.285941	.285941				59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	.290299	.290299	.290299				61
61.01 OTHER ANCILLARY SERVICES	.643665	.643665	.643665				61.01
62 OBSERVATION BEDS (NON-DISTINCT	.473154	.473154	.473154				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.265889	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0053) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37.01 OPERATING ROOM		16697396						37
38 G. D. UNIT		2083051						37.01
39 RECOVERY ROOM		1471961						38
40 DELIVERY ROOM & LABOR ROOM		983						39
41 ANESTHESIOLOGY		1798445						40
42 RADIOLOGY-DIAGNOSTIC		11899013						41
43 RADIOLOGY-THERAPEUTIC		3164813						42
44 RADIOISOTOPE		3954797						43
46.30 LABORATORY		1483222						44
49 BLOOD CLOTTING FACTORS ADMIN C								46.30
50 RESPIRATORY THERAPY		472116						49
53 PHYSICAL THERAPY		72396						50
53.01 ELECTROCARDIOLOGY		2408193						53
53.02 CARDIAC CATH LAB		17012984						53.01
54 CARDIAC REHAB		343599						53.02
55 ELECTROENCEPHALOGRAPHY		737748						54
56 MEDICAL SUPPLIES CHARGED TO PA		108799						55
59 DRUGS CHARGED TO PATIENTS		1923698						56
61 RENAL DIALYSIS								59
61.01 OUTPATIENT SERVICE COST CENTERS								
62 EMERGENCY		5333205						61
63.50 OTHER ANCILLARY SERVICES		963402						61.01
63.60 OBSERVATION BEDS (NON-DISTINCT)		743191						62
65.01 RHC								63.50
65.02 FQHC								63.60
65.03 OTHER REIMBURSABLE COST CENTERS								
101 AMBULANCE CHARGES (S-2 LINE 56)								65.01
102 AMBULANCE CHARGES (S-2 LINE 56)								65.02
103 AMBULANCE CHARGES (S-2 LINE 56)								65.03
104 SUBTOTAL		72673012						101
CRNA CHARGES								102
PBP CLINIC LAB								103
NET CHARGES		72673012						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0053) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 1.01	ALL OTHER (COLUMNS 1.01x5.02) 1.02	PPS SERVICES (COLUMNS 1.01x5.03) 1.03	PPS SERVICES (COLUMNS 1.01x5.04) 1.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		4870347					37
37.01 G. D. UNIT		604695					37.01
38 RECOVERY ROOM		558693					38
39 DELIVERY ROOM & LABOR ROOM		812					39
40 ANESTHESIOLOGY		496709					40
41 RADIOLOGY-DIAGNOSTIC		1891848					41
42 RADIOLOGY-THERAPEUTIC		918967					42
43 RADIOISOTOPE		979006					43
44 LABORATORY		402910					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		104516					49
50 PHYSICAL THERAPY		38054					50
53 ELECTROCARDIOLOGY		586657					53
53.01 CARDIAC CATH LAB		3940360					53.01
53.02 CARDIAC REHAB		279840					53.02
54 ELECTROENCEPHALOGRAPHY		257251					54
55 MEDICAL SUPPLIES CHARGED TO PAT		50075					55
56 DRUGS CHARGED TO PATIENTS		511490					56
59 RENAL DIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1548224					61
61.01 OTHER ANCILLARY SERVICES		620108					61.01
62 OBSERVATION BEDS (NON-DISTINCT		351644					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		19012206					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		19012206					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S053) [ ] SUB IV [XX] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST	TOTAL CHARGES	CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	659341	2650672	148750645	4571	.004433	20	.017820	81	37
37.01 G. D. UNIT	48864	248610	10384516	5347	.004705	25	.023940	128	37.01
38 RECOVERY ROOM	16684	146132	8650372	15554	.001929	30	.016893	263	38
39 DELIVERY ROOM & LABOR ROOM	50627	640611	9333272		.005424		.068637		39
40 ANESTHESIOLOGY	25920	361379	15221297	35741	.001703	61	.023742	849	40
41 RADIOLOGY-DIAGNOSTIC	204464	2808719	95551744	305566	.002140	654	.029395	8982	41
42 RADIOLOGY-THERAPEUTIC	90095	897464	8358094	3159	.010779	34	.107377	339	42
43 RADIOISOTOPE	16676	421968	7791621	3972	.002140	9	.054157	215	43
44 LABORATORY	256136	864853	70149231	388678	.003651	1419	.012329	4792	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	60682	357901	32029808	58858	.001895	112	.011174	658	49
50 PHYSICAL THERAPY	320162	378051	14008031	61422	.022856	1404	.026988	1658	50
53 ELECTROCARDIOLOGY	45454	978224	20714740	78269	.002194	172	.047224	3696	53
53.01 CARDIAC CATH LAB	153164	2589225	140806705	211	.001088		.018389	4	53.01
53.02 CARDIAC REHAB	25109	155191	1433141		.017520		.108287		53.02
54 ELECTROENCEPHALOGRAPHY	8790	118188	3504266	10504	.002508	26	.033727	354	54
55 MEDICAL SUPPLIES CHARGED TO P	397238	911419	6108583	28385	.065029	1846	.149203	4235	55
56 DRUGS CHARGED TO PATIENTS	234947	270490	80700072	1024239	.002911	2982	.003352	3433	56
59 RENAL DIALYSIS	1458	18725	2052989	35480	.000710	25	.009121	324	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	69911	1065460	45980567	144453	.001520	220	.023172	3347	61
61.01 OTHER ANCILLARY SERVICES	12100	131900	3260245	2818	.003711	10	.040457	114	61.01
62 OBSERVATION BEDS (NON-DISTINC	35040	196904	6850018		.005115		.028745		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	2732862	16212086	731639957	2207227		9049		33472	101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S053) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF [ ] ICF/MR  
 [ ] SUB III

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			15755				15755 37
37.01 G. D. UNIT			10241				10241 37.01
38 RECOVERY ROOM			16542				16542 38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY			3939				3939 40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY				98645			98645 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY				205824			205824 49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB			29934				29934 53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY				143767			143767 54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 RENAL DIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY			15755	328672			344427 61
61.01 OTHER ANCILLARY SERVICES							61.01
62 OBSERVATION BEDS (NON-DISTINC			56567				56567 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL			148733	776908			925641 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S053) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	15755	148750645	.000106	.000106	4571		37
37.01 G. D. UNIT	10241	10384516	.000986	.000986	5347	5	37.01
38 RECOVERY ROOM	16542	8650372	.001912	.001912	15554	30	38
39 DELIVERY ROOM & LABOR ROOM		9333272					39
40 ANESTHESIOLOGY	3939	15221297	.000259	.000259	35741	9	40
41 RADIOLOGY-DIAGNOSTIC		95551744			305566		41
42 RADIOLOGY-THERAPEUTIC		8358094			3159		42
43 RADIOISOTOPE		7791621			3972		43
44 LABORATORY	98645	70149231	.001406	.001406	388678	546	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	205824	32029808	.006426	.006426	58858	378	49
50 PHYSICAL THERAPY		14008031			61422		50
53 ELECTROCARDIOLOGY		20714740			78269		53
53.01 CARDIAC CATH LAB	29934	140806705	.000213	.000213	211		53.01
53.02 CARDIAC REHAB		1433141					53.02
54 ELECTROENCEPHALOGRAPHY	143767	3504266	.041026	.041026	10504	431	54
55 MEDICAL SUPPLIES CHARGED TO P		6108583			28385		55
56 DRUGS CHARGED TO PATIENTS		80700072			1024239		56
59 RENAL DIALYSIS		2052989			35480		59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	344427	45980567	.007491	.007491	144453	1082	61
61.01 OTHER ANCILLARY SERVICES		3260245			2818		61.01
62 OBSERVATION BEDS (NON-DISTINC	56567	6850018	.008258	.008258			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	925641	731639957			2207227	2481	101

PROVIDER NO. 14-0053 ST. JOHN'S HOSPITAL  
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VERSION: 2008.05  
 11/20/2008 13:51

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S053) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 G. D. UNIT					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 RENAL DIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.01 OTHER ANCILLARY SERVICES					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (14-5225) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			15755				15755 37
37.01 G. D. UNIT			10241				10241 37.01
38 RECOVERY ROOM			16542				16542 38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY			3939				3939 40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY				98645			98645 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY				205824			205824 49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB			29934				29934 53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY				143767			143767 54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 RENAL DIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY			15755	328672			344427 61
61.01 OTHER ANCILLARY SERVICES							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL			92166	776908			869074 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (14-5225) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	15755	148750645	.000106	.000106	33642	4	37
37.01 G. D. UNIT	10241	10384516	.000986	.000986	6001	6	37.01
38 RECOVERY ROOM	16542	8650372	.001912	.001912	4443	8	38
39 DELIVERY ROOM & LABOR ROOM		9333272					39
40 ANESTHESIOLOGY	3939	15221297	.000259	.000259	6470	2	40
41 RADIOLOGY-DIAGNOSTIC		95551744			227767		41
42 RADIOLOGY-THERAPEUTIC		8358094			1928		42
43 RADIOISOTOPE		7791621			21259		43
44 LABORATORY	98645	70149231	.001406	.001406	415379	584	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	205824	32029808	.006426	.006426	1075163	6909	49
50 PHYSICAL THERAPY		14008031			1461706		50
53 ELECTROCARDIOLOGY		20714740			55675		53
53.01 CARDIAC CATH LAB	29934	140806705	.000213	.000213	3037	1	53.01
53.02 CARDIAC REHAB		1433141			199		53.02
54 ELECTROENCEPHALOGRAPHY	143767	3504266	.041026	.041026	4551	187	54
55 MEDICAL SUPPLIES CHARGED TO P		6108583			318545		55
56 DRUGS CHARGED TO PATIENTS		80700072			2548659		56
59 RENAL DIALYSIS		2052989					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	344427	45980567	.007491	.007491	10640	80	61
61.01 OTHER ANCILLARY SERVICES		3260245			1940		61.01
62 OBSERVATION BEDS (NON-DISTINC		6850018					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	869074	731639957			6197004	7781	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[XX]	SNF (14-5225)	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
37.01 G. D. UNIT						37.01
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
53.01 CARDIAC CATH LAB						53.01
53.02 CARDIAC REHAB						53.02
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
59 RENAL DIALYSIS						59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
61.01 OTHER ANCILLARY SERVICES						61.01
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101



COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0053)	SUB I (TEFRA) (14-S053)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5225)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	72336	7592				10361	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	72336	7592				10361	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41930					6333	3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30406	7592				4028	4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	37627	3884				7757	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16



COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0053)	SUB I (TEFRA) (14-S053)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5225)	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	60300492	5293423				6027215	21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	60300492	5293423				6027215	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	86614900	7058141				6436128	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	49808379					4021125	29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	36806521	7058141				2415003	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.696191	.749974				.936466	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1187.89					634.95	32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1210.50	929.68				599.55	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL						35.40	34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL						33.15	35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT						209939	36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	60300492	5293423				5817276	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0053)	SUB I (TEFRA) (14-S053)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	833.62	697.24			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	31366620	2708080			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	31366620	2708080			41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY)					42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	15911401	9939	1600.91	5592	8952289 43
45	CORONARY CARE UNIT					44
46	BURN INTENSIVE CARE UNIT					45
47	SURGICAL INTENSIVE CARE UNIT					46
47	NICU	10899577	11353	960.06		47
		HOSPITAL (PPS) (14-0053)	SUB I (TEFRA) (14-S053)	SUB II	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	59308696	582112			48
49	TOTAL PROGRAM INPATIENT COSTS	99627605	3290192			49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3420743	207988			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	5640884	45002			51
52	TOTAL PROGRAM EXCLUDABLE COST	9061627	252990			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	90565978	3037202			53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0053)	SUB I (TEFRA) (14-S053)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54		295				54
55		8161.10				55
56		2407525				56
57		-629677				57
58						58
58.01		7460.45				58.01
58.02		7633.33				58.02
58.03						58.03
58.04		194462				58.04
59		2854977				59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0053 ST. JOHN'S HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
11/20/2008 13:51

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

	SNF (PPS) (14-5225) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	5817276	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	561.46	67
68 PROGRAM ROUTINE SERVICE COST	4355245	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	4355245	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	496878	71
72 PER DIEM CAPITAL RELATED COSTS	47.96	72
73 PROGRAM CAPITAL RELATED COSTS	372026	73
74 INPATIENT ROUTINE SERVICE COST	3983219	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	3983219	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	4355245	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	2020873	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	6376118	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (TEFRA)  
 (14-0053)(14-S053)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3888	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	833.62	84
85 OBSERVATION BED COST	3241115	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	651936	60300492	.010811	3241115	35040	86
87 NEW CAPITAL-RELATED COST	3663361	60300492	.060752	3241115	196904	87
88 NON PHYSICIAN ANESTHETIST		60300492		3241115		88
89 NURSING SCHOOL	1052416	60300492	.017453	3241115	56567	89
89.01 ALLIED HEALTH		60300492		3241115		89.01
89.02 ALL OTHER		60300492		3241115		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0053)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		51411509		25
26 INTENSIVE CARE UNIT		17119991		26
30 NICU				30
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.299179	44597144	13342529	37
37.01 G. D. UNIT	.290293	1796813	521602	37.01
38 RECOVERY ROOM	.379557	1536795	583301	38
39 DELIVERY ROOM & LABOR ROOM	.826165			39
40 ANESTHESIOLOGY	.276188	3185163	879704	40
41 RADIOLOGY-DIAGNOSTIC	.158992	22612257	3595168	41
42 RADIOLOGY-THERAPEUTIC	.290370	500355	145288	42
43 RADIOISOTOPE	.247549	2335732	578208	43
44 LABORATORY	.271645	25023395	6797480	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.221562	16100723	3567308	49
50 PHYSICAL THERAPY	.525642	3584725	1884282	50
53 ELECTROCARDIOLOGY	.243609	10664038	2597856	53
53.01 CARDIAC CATH LAB	.231609	45031675	10429741	53.01
53.02 CARDIAC REHAB	.814439	459449	374193	53.02
54 ELECTROENCEPHALOGRAPHY	.351721	230166	80954	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.460249	3062663	1409588	55
56 DRUGS CHARGED TO PATIENTS	.265889	34494540	9171719	56
59 RENAL DIALYSIS	.303922	1436159	436480	59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.324230	7239839	2347373	61
61.01 OTHER ANCILLARY SERVICES	.851524	425434	362267	61.01
62 OBSERVATION BEDS (NON-DISTINCT	.473154	430421	203655	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		224747486	59308696	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		224747486		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[ ] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (14-S053)	[ ] NF	[XX] TEFRA
[ ] TITLE XIX	[ ] SUB II	[ ] S/B-SNF	[ ] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
30 NICU				30
31 SUBPROVIDER I		3878119		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.291683	4571	1333	37
37.01 G. D. UNIT	.290293	5347	1552	37.01
38 RECOVERY ROOM	.379557	15554	5904	38
39 DELIVERY ROOM & LABOR ROOM	.826165			39
40 ANESTHESIOLOGY	.276188	35741	9871	40
41 RADIOLOGY-DIAGNOSTIC	.158992	305566	48583	41
42 RADIOLOGY-THERAPEUTIC	.290370	3159	917	42
43 RADIOISOTOPE	.247549	3972	983	43
44 LABORATORY	.271645	388678	105582	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.221377	58858	13030	49
50 PHYSICAL THERAPY	.525642	61422	32286	50
53 ELECTROCARDIOLOGY	.243609	78269	19067	53
53.01 CARDIAC CATH LAB	.231609	211	49	53.01
53.02 CARDIAC REHAB	.814439			53.02
54 ELECTROENCEPHALOGRAPHY	.348697	10504	3663	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.460249	28385	13064	55
56 DRUGS CHARGED TO PATIENTS	.265889	1024239	272334	56
59 RENAL DIALYSIS	.285941	35480	10145	59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.290299	144453	41935	61
61.01 OTHER ANCILLARY SERVICES	.643665	2818	1814	61.01
62 OBSERVATION BEDS (NON-DISTINCT	.473154			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2207227	582112	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2207227		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5225)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
30 NICU				30
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.291683	33642	9813	37
37.01 G. D. UNIT	.290293	6001	1742	37.01
38 RECOVERY ROOM	.379557	4443	1686	38
39 DELIVERY ROOM & LABOR ROOM	.826165			39
40 ANESTHESIOLOGY	.276188	6470	1787	40
41 RADIOLOGY-DIAGNOSTIC	.158992	227767	36213	41
42 RADIOLOGY-THERAPEUTIC	.290370	1928	560	42
43 RADIOISOTOPE	.247549	21259	5263	43
44 LABORATORY	.271645	415379	112836	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.221377	1075163	238016	49
50 PHYSICAL THERAPY	.525642	1461706	768334	50
53 ELECTROCARDIOLOGY	.243609	55675	13563	53
53.01 CARDIAC CATH LAB	.231609	3037	703	53.01
53.02 CARDIAC REHAB	.814439	199	162	53.02
54 ELECTROENCEPHALOGRAPHY	.348697	4551	1587	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.460249	318545	146610	55
56 DRUGS CHARGED TO PATIENTS	.265889	2548659	677660	56
59 RENAL DIALYSIS	.285941			59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.290299	10640	3089	61
61.01 OTHER ANCILLARY SERVICES	.643665	1940	1249	61.01
62 OBSERVATION BEDS (NON-DISTINCT)	.473154			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		6197004	2020873	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		6197004		103



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0053)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	16611748				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	17111344				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	35214522				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	534643				1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	251720				1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	674074				1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	3400636				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	392.69				3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I					3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	59.19				3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]					3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00	59.19		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	76.74				3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	59.19				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	59.19				3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	59.19				3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	59.19			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0053)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.150730				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.147820				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.147820				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1299662				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1346002				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [ 3.21-3.23 ][ LINE 23 ]	2782120				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	5427784 5427784	0			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0408				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2588				4.01
4.02	SUM OF 4 AND 4.01	0.2996				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1393				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	9603010				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317	8474				5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	87369044				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	87369044				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	6950119				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1715028				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	637896				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	225731				15
16	TOTAL	96897818				16
17	PRIMARY PAYER PAYMENTS	403684				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	96494134				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6196384				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	235856				20
21	REIMBURSABLE BAD DEBTS	1290120				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	903084				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1079438				21.02
22	SUBTOTAL	90964978				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0053)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	90964978					26
27						27
28	88313756					28
28.01						28.01
29	2651222					29
30	143438					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0053) 1	HOSPITAL (14-0053) 1.01	HOSPITAL (14-0053) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	18920004			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	8467368	8950463		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.843	0.843		1.03
1.04 LINE 1.01 TIMES LINE 1.03	15949563			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	53.09			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	92202			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	17510033			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0053) 1	HOSPITAL (14-0053) 1.01	HOSPITAL (14-0053) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4447477		18.01
19 SUBTOTAL	13062556		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	304981		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	13367537		23
24 PRIMARY PAYER PAYMENTS	10349		24
25 SUBTOTAL	13357188		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	866353		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	606447		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	733199		27.02
28 SUBTOTAL	13963635		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	13963635		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	13963729		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-94		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S053)	SUB I (14-S053)	SUB I (14-S053)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S053) 1	SUB I (14-S053) 1.01	SUB I (14-S053) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18.01				18.01
				19
19				20
20				21
21				22
22				23
23				24
24				25
25				26
26				27
27				27.01
27.01				27.02
27.02				28
28				29
29				30
30				30.99
30.99				31
31				32
32				33
33				34
34				34.01
34.01				35
35				36
36				

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5225) 1	SNF (14-5225) 1.01	SNF (14-5225) 1.02	
1 MEDICAL AND OTHER SERVICES	566			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	566			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	2129			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	2129			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	2129			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1563			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	566			17
17.01 TOTAL PPS PAYMENTS				17.01



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5225) 1	SNF (14-5225) 1.01	SNF (14-5225) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	566		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	566		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	566		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	566		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	566		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1490		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-924		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0053)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		88313756		13963729	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99	
4 TOTAL INTERIM PAYMENTS		88313756		13963729	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-S053)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2366968		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				3.01
TO .02				3.02
PROVIDER .03		NONE		NONE 3.03
PROVIDER .04				3.04
TO .05				3.05
PROGRAM .50				3.50
PROVIDER .51				3.51
TO .52		NONE		NONE 3.52
PROGRAM .53				3.53
PROGRAM .54				3.54
SUBTOTAL .99				3.99
4 TOTAL INTERIM PAYMENTS		2366968		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				5.01
TO .02				5.02
PROVIDER .03				5.03
PROVIDER .50				5.50
TO .51				5.51
PROGRAM .52				5.52
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				
PROGRAM TO .01				6.01
PROVIDER TO .02				6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SKILLED NURSING FACILITY I (14-5225)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2495535		1490
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE		NONE
	PROVIDER .04			3.04
	TO .05			3.05
	PROGRAM .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		NONE
	PROGRAM .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2495535		1490
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				
	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	[ ] TITLE V	[XX] TITLE XVIII	[ ] TITLE XIX
		SNF I (14-5225) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2			2
3			3
4			4
5			5
6			6
7		4187	7
8			8
9		-4187	9
COMPUTATION OF LESSER OF COST OR CHARGES			
10			10
11			11
12			12
13			13
14			14
15			15
16			16
CUSTOMARY CHARGES			
17			17
18			18
19			19
20			20
21		4187	21
22			22
23		-4187	23
PROSPECTIVE PAYMENT AMOUNT			
24		2725398	24
25			25
26			26
27			27
28		153356	28
29		7781	29
30		2882348	30
31			31
32		2882348	32
33			33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

SNF I  
 (14-5225)  
 (PPS)  
 2

34	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	2882348	35
36	COINSURANCE	225676	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS		38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	2656672	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	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)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	OTHER ADJUSTMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	2656672	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2656672	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	2495535	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	161137	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

DIRECT GRADUATE MEDICAL EDUCATION (GME)  
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3  
 PART IV

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	59.13 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI, LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	59.13 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	76.74 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	59.13 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	30.80 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	39.04 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	69.84 3.09
3.10	SEE INSTRUCTIONS	53.81 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	30.08 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	26.97 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	32.15 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	29.73 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	29.73 3.16
3.17	SEE INSTRUCTIONS	72338.31 3.17
3.18	SEE INSTRUCTIONS	2150618 3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)  
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3  
 PART IV  
 (CONT)

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

3.19	SEE INSTRUCTIONS		30.55	3.19
3.20	SEE INSTRUCTIONS		27.19	3.20
3.21	SEE INSTRUCTIONS		27.16	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		27.16	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		72338.31	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		1964708	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		4115326	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		47103	4
5	TOTAL INPATIENT DAYS		97332	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.483942	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1991579	0	1991579	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		783	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		97332	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		28430	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11



PROVIDER NO. 14-0053 ST. JOHN'S HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
11/20/2008 13:51

DIRECT GRADUATE MEDICAL EDUCATION (GME)  
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  
PART A REASONABLE COST

12	REASONABLE COST	107273042	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	414546	15
16	TOTAL PART A REASONABLE COST	106858496	16
PART B REASONABLE COST			
17	REASONABLE COST	19012772	17
18	PRIMARY PAYER PAYMENTS	10349	18
19	TOTAL PART B REASONABLE COST	19002423	19
20	TOTAL REASONABLE COST	125860919	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.849020	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.150980	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	2020009	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1715028	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	304981	25

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT ASSETS					
1 CASH ON HAND AND IN BANKS	291531				1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	70657379				4
5 OTHER RECEIVABLES	19303044				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10340000				6
7 INVENTORY	10664504				7
8 PREPAID EXPENSES	3083523				8
9 OTHER CURRENT ASSETS	5200000				9
10 DUE FROM OTHER FUNDS					10
11 TOTAL CURRENT ASSETS	98859981				11
FIXED ASSETS					
12 LAND	11208683				12
12.01 ACCUMULATED DEPRECIATION					12.01
13 LAND IMPROVEMENTS	3532153				13
13.01 ACCUMULATED DEPRECIATION	-6793962				13.01
14 BUILDINGS	292312218				14
14.01 ACCUMULATED DEPRECIATION	-147818089				14.01
15 LEASEHOLD IMPROVEMENTS	258739				15
15.01 ACCUMULATED AMORTIZATION	-258739				15.01
16 FIXED EQUIPMENT					16
16.01 ACCUMULATED DEPRECIATION					16.01
17 AUTOMOBILES AND TRUCKS					17
17.01 ACCUMULATED DEPRECIATION					17.01
18 MAJOR MOVABLE EQUIPMENT	179977518				18
18.01 ACCUMULATED DEPRECIATION	-126455211				18.01
19 MINOR EQUIPMENT DEPRECIABLE					19
19.01 ACCUMULATED DEPRECIATION					19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE					20
21 TOTAL FIXED ASSETS	205963310				21
OTHER ASSETS					
22 INVESTMENTS	610985691				22
23 DEPOSITS ON LEASES					23
24 DUE FROM OWNERS/OFFICERS					24
25 OTHER ASSETS	8067904				25
26 TOTAL OTHER ASSETS	619053595				26
27 TOTAL ASSETS	923876886				27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
28 ACCOUNTS PAYABLE	16969840				28
29 SALARIES, WAGES & FEES PAYABLE	16494901				29
30 PAYROLL TAXES PAYABLE	1079941				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	5200000				31
32 DEFERRED INCOME					32
33 ACCELERATED PAYMENTS					33
34 DUE TO OTHER FUNDS					34
35 OTHER CURRENT LIABILITIES	8779773				35
36 TOTAL CURRENT LIABILITIES	48524455				36
LONG-TERM LIABILITIES					
37 MORTGAGE PAYABLE	206303121				37
38 NOTES PAYABLE					38
39 UNSECURED LOANS					39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41 OTHER LONG TERM LIABILITIES	41332515				41
42 TOTAL LONG TERM LIABILITIES	247635636				42
43 TOTAL LIABILITIES	296160091				43
CAPITAL ACCOUNTS					
44 GENERAL FUND BALANCE	627716795				44
45 SPECIFIC PURPOSE FUND BALANCE					45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED					46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL					48
49 PLANT FUND BALANCE - INVESTED IN PLANT					49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION					50
51 TOTAL FUND BALANCES	627716795				51
52 TOTAL LIABILITIES AND FUND BALANCES	923876886				52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	601324732			1
2 NET INCOME (LOSS)	-33380048			2
3 TOTAL	567944684			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CHANGE IN TEMP RESTRI TED ASSETS	3648483			5
6 CONTRIBUTIONS	127398			6
7 INVESTMENT INCOME	1746			7
8				8
9				9
10 TOTAL ADDITIONS	3777627			10
11 SUBTOTAL	571722311			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	571722311			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	90843998		90843998	1
4 SUBPROVIDER I	7568898		7568898	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY	4185680		4185680	6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	102598576		102598576	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	22526863		22526863	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 NICU	21631893		21631893	14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	44158756		44158756	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	146757332		146757332	16
18.50 ANCILLARY SERVICES	439125104	261236567	700361671	17
18.60 OUTPATIENT SERVICES	15414491	31244054	46658545	18
19 RHC				18.50
20 FQHC				18.60
21 HOME HEALTH AGENCY		10458159	10458159	19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE	2324495	936896	3261391	23
26 OBSERVATION BEDS	1738596	5235971	6974567	24
27 TOTAL PATIENT REVENUES	605360018	309111647	914471665	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		402259443	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37 RECLASS ELIMINATION (NET OF ROUNDING)	-724025		37
38			38
39 TOTAL DEDUCTIONS	-724025		39
40 TOTAL OPERATING EXPENSES		401535418	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	914471665	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	556354837	2
3	NET PATIENT REVENUES	358116828	3
4	LESS - TOTAL OPERATING EXPENSES	401535418	4
5	NET INCOME FROM SERVICE TO PATIENTS	-43418590	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	8490386	6
7	INCOME FROM INVESTMENTS	-591176	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	81375	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1936372	10
11	REBATES AND REFUNDS OF EXPENSES	54842	11
12	PARKING LOT RECEIPTS	43618	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	192286	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	3352275	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	38066	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	46480	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	299280	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	921604	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1635769	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	REVENUE FROM SALE OF SCRAP		24
24.01	BOARD OF HIGHER EDUCATION AND PERINATAL GRANTS	317748	24.01
24.02	GIFT SHOP REVENUE	374321	24.02
24.03	PHYSICIAN'S BILLING REVENUE	237213	24.03
24.04	MISC OTHER OP REV(NET OF ROUNDING)	4903383	24.04
24.05	OTHER NON-OP REVENUE	-12662897	24.05
24.06	NET ASSETS RLSD/RESTRIC FOR PPE	1118987	24.06
25	TOTAL OTHER INCOME	10789932	25
26	TOTAL	-32628658	26
27	OTHER		27
27.01	RECOGNITION OF MINIMUM PENSION LIAB	751390	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	751390	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-33380048	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7222

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	2178501				2654239	4832740
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	2206095				153850	2359945
7 PHYSICAL THERAPY	516246				42679	558925
8 OCCUPATIONAL THERAPY	20439				13108	33547
9 SPEECH PATHOLOGY	4427				3708	8135
10 MEDICAL SOCIAL SERVICES	49130				3625	52755
11 HOME HEALTH AIDE	78444				22170	100614
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS					160	160
23.50 TELEMEDICINE						23.50
24 TOTAL	5053282				2893539	7946821



















ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7222

WORKSHEET H-5  
 PART I

HHA COST CENTER	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED		
			HHA A & G	TOTAL HHA COSTS	
	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		1740165			1
2 SKILLED NURSING CARE		3850055	711933	4561988	2
3 PHYSICAL THERAPY		913186	168862	1082048	3
4 OCCUPATIONAL THERAPY		53238	9845	63083	4
5 SPEECH PATHOLOGY		12626	2335	14961	5
6 MEDICAL SOCIAL SERVICES		86126	15926	102052	6
7 HOME HEALTH AIDE		160031	29592	189623	7
8 SUPPLIES					8
9 DRUGS					9
9.20 COST OF ADMINISTERING VACC					9.20
10 DME					10
11 HOME DIALYSIS AIDE SERVICE					11
12 RESPIRATORY THERAPY					12
13 PRIVATE DUTY NURSING					13
14 CLINIC					14
15 HEALTH PROMOTION ACTIVITIE					15
16 DAY CARE PROGRAM					16
17 HOME DELIVERED MEALS PROGR					17
18 HOMEMAKER SERVICE					18
19 ALL OTHERS		4335384	801672	5137056	19
19.50 TELEMEDICINE					19.50
20 TOTALS		11150811	1740165	11150811	20
21 UNIT COST MULTIPLIER			.184915		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7222

WORKSHEET H-5  
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP REL COSTS DEP-PH I (SQUARE FEET)	OLD CAP REL COSTS DEP-PH II (SQUARE FEET)	OLD CAP REL COSTS- DEP-PH III (SQUARE FEET)	OLD CAP REL COSTS LAND IMP (SQUARE FEET)	OLD CAP REL COSTS DEP-SNF (SQUARE FEET)	OLD CAP REL COSTS PAVILION (SQUARE FEET)	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	
	1	1.01	1.02	1.03	1.04	1.05	1.06	2	
1 ADMINISTRATIVE AND GENERAL					11688	11688		1338	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS					11688	11688		1338	20
21 TOTAL COST TO BE ALLOCATED					4758	4836		1432	21
22 UNIT COST MULTIPLIER					.407084				22
22 UNIT COST MULTIPLIER						.413758		1.070254	22



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7222

WORKSHEET H-5  
 PART II

HHA COST CENTER	OLD CAP REL COSTS INT PH II PURCHASES 2.01	OLD CAP REL COSTS INT PH III PURCHASES 2.02	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP REL COSTS DEP PH I (SQUARE FEET) 3.01	NEW CAP REL COSTS DEP PH II (SQUARE FEET) 3.02	NEW CAP REL COSTS DEP PH III (SQUARE FEET) 3.03	NEW CAP REL COSTS LAND IMP (SQUARE FEET) 3.04	NEW CAP REL COSTS DEP SNF (SQUARE FEET) 3.05		
1 ADMINISTRATIVE AND GENERAL							12787	11688	1	
2 SKILLED NURSING CARE									2	
3 PHYSICAL THERAPY									3	
4 OCCUPATIONAL THERAPY									4	
5 SPEECH PATHOLOGY									5	
6 MEDICAL SOCIAL SERVICES									6	
7 HOME HEALTH AIDE									7	
8 SUPPLIES									8	
9 DRUGS									9	
9.20 COST OF ADMINISTERING VACC									9.20	
10 DME									10	
11 HOME DIALYSIS AIDE SERVICE									11	
12 RESPIRATORY THERAPY									12	
13 PRIVATE DUTY NURSING									13	
14 CLINIC									14	
15 HEALTH PROMOTION ACTIVITIE									15	
16 DAY CARE PROGRAM									16	
17 HOME DELIVERED MEALS PROGR									17	
18 HOMEMAKER SERVICE									18	
19 ALL OTHERS									19	
19.50 TELEMEDICINE									19.50	
20 TOTALS							12787	11688	20	
21 TOTAL COST TO BE ALLOCATED							3415	19379	21	
22 UNIT COST MULTIPLIER							.267068		22	
22 UNIT COST MULTIPLIER								1.658025	22	



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7222

WORKSHEET H-5  
 PART II

HHA COST CENTER	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW C AP REL COSTS INT PH II PURCHASES	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI- CATIONS (PHONES)	INFO SYSTEM (PIECES OF EQUIPMENT)	PURCHASING RECEIVING STORES (SUPPLIES)	ADMITTING (REVENUE)	BUSINESS OFFICE (REVENUE)	
	4	4.01	5	6.01	6.02	6.03	6.04	6.05	
1 ADMINISTRATIVE AND GENERAL	69452		1466458	202	134	2134464			1
2 SKILLED NURSING CARE			2202058					2975317	2
3 PHYSICAL THERAPY			516246					1009497	3
4 OCCUPATIONAL THERAPY			20439					318542	4
5 SPEECH PATHOLOGY			4427					45786	5
6 MEDICAL SOCIAL SERVICES			49130					58119	6
7 HOME HEALTH AIDE			77713					321277	7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS			716815					5400202	19
19.50 TELEMEDICINE									19.50
20 TOTALS	69452		5053286	202	134	2134464		10128740	20
21 TOTAL COST TO BE ALLOCATED	69905		1200514	124784	692936	37846		42429	21
22 UNIT COST MULTIPLIER	1.006522		.237571		5171.164179				22
22 UNIT COST MULTIPLIER				617.742574		.017731		.004189	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7222

WORKSHEET H-5  
 PART II

HHA COST CENTER	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE + REPAIRS MAINT HOURS	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA (MEALS FTES)
	6A.06	6.06	7	8	9	10	11	12
1 ADMINISTRATIVE AND GENERAL		1315729	319	12787				18
2 SKILLED NURSING CARE		3489932						2
3 PHYSICAL THERAPY		827769						3
4 OCCUPATIONAL THERAPY		48258						4
5 SPEECH PATHOLOGY		11445						5
6 MEDICAL SOCIAL SERVICES		78070						6
7 HOME HEALTH AIDE		145062						7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS		3924216						12
19.50 TELEMEDICINE								19.50
20 TOTALS		9840481	319	12787				30
21 TOTAL COST TO BE ALLOCATED		1015429	38087	198407				15585
22 UNIT COST MULTIPLIER			119.394984					22
22 UNIT COST MULTIPLIER		.103189		15.516306				519.50000

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7222

WORKSHEET H-5  
 PART II

HHA COST CENTER	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION (DIRECT FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY (TIME DISCHARGES	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME
	13	14	15	16	17	18	20	21
1 ADMINISTRATIVE AND GENERAL			10085	7746				1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS			10085	7746				20
21 TOTAL COST TO BE ALLOCATED			30885	11937				21
22 UNIT COST MULTIPLIER			3.062469					22
22 UNIT COST MULTIPLIER				1.541053				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7222

WORKSHEET H-5  
 PART II

HHA COST CENTER	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION (EMS) ASSIGNED TIME	SCHOOL OF CLIN LAB SCIENCE (ASSIGNED TIME)	SCHOOL OF RESPIRATOR THERAPY (ASSIGNED TIME)	SCHOOL OF END (EEG) (ASSIGNED TIME)	
	22	23	24	24.01	24.02	24.03	
1 ADMINISTRATIVE AND GENERAL							1
2 SKILLED NURSING CARE							2
3 PHYSICAL THERAPY							3
4 OCCUPATIONAL THERAPY							4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES							6
7 HOME HEALTH AIDE							7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS							20
21 TOTAL COST TO BE ALLOCATED							21
22 UNIT COST MULTIPLIER							22
22 UNIT COST MULTIPLIER							22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7222

WORKSHEET H-6  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	4561988		4561988	24939	182.93	1
2	PHYSICAL THERAPY	3	1082048		1082048	6839	158.22	2
3	OCCUPATIONAL THERAPY	4	63083		63083	1956	32.25	3
4	SPEECH PATHOLOGY	5	14961		14961	292	51.24	4
5	MEDICAL SOCIAL SERV	6	102052		102052	339	301.04	5
6	HOME HEALTH AIDE SERV	7	189623		189623	3253	58.29	6
7	TOTAL		6013755		6013755	37618		7

  

LIMITATION COST COMPUTATION		MSA				PROGRAM		
PATIENT SERVICES		NO.				COST LIMITS		
			1	2	3	4	5	
8	SKILLED NURSING CARE		7880					8
8.01	SKILLED NURSING CARE		2040					8.01
8.02	SKILLED NURSING CARE		9914					8.02
9	PHYSICAL THERAPY		7880					9
9.01	PHYSICAL THERAPY		2040					9.01
9.02	PHYSICAL THERAPY		9914					9.02
10	OCCUPATIONAL THERAPY		7880					10
10.01	OCCUPATIONAL THERAPY		2040					10.01
10.02	OCCUPATIONAL THERAPY		9914					10.02
11	SPEECH PATHOLOGY		7880					11
11.01	SPEECH PATHOLOGY		2040					11.01
11.02	SPEECH PATHOLOGY		9914					11.02
12	MEDICAL SOCIAL SERV		7880					12
12.01	MEDICAL SOCIAL SERV		2040					12.01
12.02	MEDICAL SOCIAL SERV		9914					12.02
13	HOME HEALTH AIDE SERV		7880					13
13.01	HOME HEALTH AIDE SERV		2040					13.01
13.02	HOME HEALTH AIDE SERV		9914					13.02
14	TOTAL							14

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7222

WORKSHEET H-6  
 PARTS I & II  
 (CONTINUED)

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
OTHER PATIENT SERVICES			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		63727	63727	115042	.553946	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO. 1	AMOUNT 2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					7880		17
17.01	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					2040		17.01
17.02	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9914		17.02
18	PER BENEFICIARY COST LIMITATION					7880		18
18.01	PER BENEFICIARY COST LIMITATION					2040		18.01
18.02	PER BENEFICIARY COST LIMITATION					9914		18.02
19	PER BENEFICIARY COST LIMITATION							19



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7222

WORKSHEET H-6  
 PARTS I & II  
 (CONTINUED)

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
		PART B		PART B		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		6	7	9	10	12
1	SKILLED NURSING CARE	9151	4071	1673992	744708	2418700
2	PHYSICAL THERAPY	3374	831	533834	131481	665315
3	OCCUPATIONAL THERAPY	986	352	31799	11352	43151
4	SPEECH PATHOLOGY	139	50	7122	2562	9684
5	MEDICAL SOCIAL SERV	148	44	44554	13246	57800
6	HOME HEALTH AIDE SERV	1284	1464	74844	85337	160181
7	TOTAL	15082	6812	2366145	988686	3354831

  

LIMITATION COST COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
		PART B		PART B		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		6	7	9	10	12
8	SKILLED NURSING CARE					8
8.01	SKILLED NURSING CARE					8.01
8.02	SKILLED NURSING CARE					8.02
9	PHYSICAL THERAPY					9
9.01	PHYSICAL THERAPY					9.01
9.02	PHYSICAL THERAPY					9.02
10	OCCUPATIONAL THERAPY					10
10.01	OCCUPATIONAL THERAPY					10.01
10.02	OCCUPATIONAL THERAPY					10.02
11	SPEECH PATHOLOGY					11
11.01	SPEECH PATHOLOGY					11.01
11.02	SPEECH PATHOLOGY					11.02
12	MEDICAL SOCIAL SERV					12
12.01	MEDICAL SOCIAL SERV					12.01
12.02	MEDICAL SOCIAL SERV					12.02
13	HOME HEALTH AIDE SERV					13
13.01	HOME HEALTH AIDE SERV					13.01
13.02	HOME HEALTH AIDE SERV					13.02
14	TOTAL					14



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7222

WORKSHEET H-6  
 PARTS II & III

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.525642			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.460249	138463	63727	COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.265889			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE  
 PROGRAM VISITS PROGRAM COST PROGRAM

	FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	VISITS ON OR AFTER 1/1/99	
	1	2	2.01	3	3.01	4	5	
1	PHYSICAL THERAPY	158.22						1
2	OCCUPATIONAL THERAPY	32.25						2
3	SPEECH PATHOLOGY	51.24						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7222

WORKSHEET H-7  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
2 TOTAL CHARGES				2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT 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(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1935757	754352	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	57336	56963	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	28350	21732	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	6615	3917	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES	14420	5581	10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	32810	35411	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES	566	6117	10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	2075854	884073	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	2075854	884073	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	2075854	884073	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	2075854	884073	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	2075854	884073	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	2075854	884073	24
25 TOTAL INTERIM PAYMENTS	2075854	884073	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S  
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7222

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2075854		884073	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				3.01
	TO .02				3.02
	PROVIDER .03	NONE		NONE	3.03
	TO .04				3.04
	PROVIDER .05				3.05
	TO .50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		2075854		884073	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1503

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL	7354				682761	690115 6
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES						9
10 NURSING CARE	346190					346190 10
10.20 NURSING CARE-CONTINUOUS HOME CARE						10.20
11 PHYSICAL THERAPY	93141					93141 11
12 OCCUPATIONAL THERAPY	13					13 12
13 SPEECH/LANGUAGE PATHOLOGY						13
14 MEDICAL SOCIAL SERVICES	18466					18466 14
15 SPIRITUAL COUNSELING	52377					52377 15
16 DIETARY COUNSELING						16
17 COUNSELING - OTHER						17
18 HOME HEALTH AIDE AND HOMEMAKER	36125					36125 18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE						18.20
19 OTHER						19
OTHER HOSPICE SERVICE COSTS						
20 DRUGS, BIOLOGICAL & INFUSION THERAPY						20
20.30 ANALGESICS						20.30
20.31 SEDATIVES / HYPNOTICS						20.31
20.32 OTHER - SPECIFY						20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN						21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES						25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
HOSPICE NONREIMBURSABLE SERVICE						
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTAL	553666				682761	1236427 34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1503

WORKSHEET K  
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
1					1
2					2
3					3
4					4
5					5
6	-4210	685905	-377232	308673	6
7					7
8					8
9					9
10		346190		346190	10
10.20					10.20
11		93141		93141	11
12		13		13	12
13					13
14	-27355	-8889		-8889	14
15	-20012	32365		32365	15
16					16
17					17
18		36125		36125	18
18.20					18.20
19					19
20					20
20.30					20.30
20.31					20.31
20.32					20.32
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34	-51577	1184850	-377232	807618	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1503

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								7354
8	INPATIENT CARE SERVICE								7354
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								
14	NURSING CARE-CONT.HOME CARE								346190
15	PHYSICAL THERAPY								93141
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								18466
19	SPIRITUAL COUNSELING								52377
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER								36125
23	HH AIDE & HMKR-CONT.HME CARE								36125
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								20
27	ANALGESICS								20.30
28	SEDATIVES / HYPNOTICS								20.31
29	OTHER - SPECIFY								20.32
30	DURABLE MED. EQUIP./OXYGEN								21
31	PATIENT TRANSPORTATION								22
32	IMAGING SERVICES								23
33	LABS AND DIAGNOSTICS								24
34	MEDICAL SUPPLIES								25
35	OUTPAT.SERV.(INCL.E/R DEPT.)								26
36	RADIATION THERAPY								27
37	CHEMOTHERAPY								28
38	OTHER								29
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								30
41	VOLUNTEER PROGRAM COSTS								31
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL								18466
					346190	93154	36125	59731	553666



COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1503

WORKSHEET K-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
1									1
2									2
3									3
4									4
5									5
6	308673						308673	308673	6
7									7
8									8
9									9
10	346190						346190	214170	560360
10.20									10.20
11	93141						93141	57622	150763
12	13						13	8	21
13									13
14	-8889						-8889	-5499	-14388
15	32365						32365	20023	52388
16									16
17									17
18	36125						36125	22349	58474
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	807618						807618		807618



















ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1503

WORKSHEET K-5  
 PART I

HOSPICE COST CENTER	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS	
	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		257425			1
2 INPATIENT - GENERAL CARE					2
3 INPATIENT - RESPITE CARE					3
4 PHYSICIAN SERVICES					4
5 NURSING CARE		714768	179685	894453	5
5.20 NURSING CARE-CONTINUOUS HOM					5.20
6 PHYSICAL THERAPY		166339	41815	208154	6
7 OCCUPATIONAL THERAPY		23	6	29	7
8 SPEECH/LANGUAGE PATHOLOGY					8
9 MEDICAL SOCIAL SERV. - DIRE		2623	659	3282	9
10 SPIRITUAL COUNSELING		66290	16664	82954	10
11 DIETARY COUNSELING					11
12 COUNSELING - OTHER					12
13 HOME HLTH AIDE & HOMEMAKERS		73975	18596	92571	13
13.20 HH AIDE & HMKR-CONT. HOME C					13.20
14 OTHER					14
15 DRUGS,BIOLOGICALS & INFUSIO					15
15.30 ANALGESICS					15.30
15.31 SEDATIVES / HYPNOTICS					15.31
15.32 OTHER - SPECIFY					15.32
16 DURABLE MED. EQUIP./OXYGEN					16
17 PATIENT TRANSPORTATION					17
18 IMAGING SERVICES					18
19 LABS AND DIAGNOSTICS					19
20 MEDICAL SUPPLIES					20
21 OUTPAT. SERV.(INCL.E/R DEPT					21
22 RADIATION THERAPY					22
23 CHEMOTHERAPY					23
24 OTHER					24
25 BEREAVEMENT PROGRAM COSTS					25
26 VOLUNTEER PROGRAM COSTS					26
27 FUNDRAISING					27
28 OTHER PROGRAM COSTS					28
29 TOTALS		1281443		1281443	29
30 UNIT COST MULTIPLIER			.251387		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1503

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP REL COSTS DEP-PH I (SQUARE FEET)	OLD CAP REL COSTS DEP-PH II (SQUARE FEET)	OLD CAP REL COSTS- DEP-PH III (SQUARE FEET)	OLD CAP REL COSTS LAND IMP (SQUARE FEET)	OLD CAP REL COSTS DEP-SNF (SQUARE FEET)	OLD CAP REL COSTS PAVILION (SQUARE FEET)	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE
	1	1.01	1.02	1.03	1.04	1.05	1.06	2
1 ADMINISTRATIVE AND GENERAL					259	259		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL					259	259		29
30 TOTAL COST TO BE ALLOCATED					105	107		30
31 UNIT COST MULTIPLIER					.405405			31
31 UNIT COST MULTIPLIER						.413127		31





ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1503

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW C AP REL COSTS INT PH II PURCHASES	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI- CATIONS (PHONES)	INFO SYSTEM (PIECES OF EQUIPMENT)	PURCHASING RECEIVING STORES (SUPPLIES)	ADMITTING (REVENUE)	BUSINESS OFFICE (REVENUE)
	4	4.01	5	6.01	6.02	6.03	6.04	6.05
1 ADMINISTRATIVE AND GENERAL			20925	10	16	183281		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE			346190				1266314	5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY			70					6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE			70573					9
10 SPIRITUAL COUNSELING			32417					10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS			36125					13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL			506300	10	16	183281	1266314	29
30 TOTAL COST TO BE ALLOCATED			120283	6177	82739	3250	5305	30
31 UNIT COST MULTIPLIER			.237573		5171.187500			31
31 UNIT COST MULTIPLIER				617.700000		.017732	.004189	31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1503

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	RECON- CILIATION 6A.06	OTHER ADMIN & GENERAL ACCUM COST 6.06	MAIN- TENANCE + REPAIRS MAINT HOURS 7	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA (MEALS FTES 12
1 ADMINISTRATIVE AND GENERAL		97847	14	259				1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE		647911						5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY		150780						6
7 OCCUPATIONAL THERAPY		21						7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE		2378						9
10 SPIRITUAL COUNSELING		60089						10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS		67056						13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL		1026082	14	259				29
30 TOTAL COST TO BE ALLOCATED		105880	1672	4019				30
31 UNIT COST MULTIPLIER			119.428571					31
31 UNIT COST MULTIPLIER		.103189		15.517375				31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1503

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION (DIRECT FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY (TIME DISCHARGES	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME
	13	14	15	16	17	18	20	21
1 ADMINISTRATIVE AND GENERAL			109	93093				1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL			109	93093				29
30 TOTAL COST TO BE ALLOCATED			334	143456				30
31 UNIT COST MULTIPLIER			3.064220					31
31 UNIT COST MULTIPLIER				1.540997				31



ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1503

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION (EMS) ASSIGNED TIME	SCHOOL OF CLIN LAB SCIENCE (ASSIGNED TIME)	SCHOOL OF RESPIRATOR THERAPY (ASSIGNED TIME)	SCHOOL OF END (EEG) (ASSIGNED TIME)	
	22	23	24	24.01	24.02	24.03	
1 ADMINISTRATIVE AND GENERAL							1
2 INPATIENT - GENERAL CARE							2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES							4
5 NURSING CARE							5
5.20 NURSING CARE-CONTINUOUS HOM							5.20
6 PHYSICAL THERAPY							6
7 OCCUPATIONAL THERAPY							7
8 SPEECH/LANGUAGE PATHOLOGY							8
9 MEDICAL SOCIAL SERV. - DIRE							9
10 SPIRITUAL COUNSELING							10
11 DIETARY COUNSELING							11
12 COUNSELING - OTHER							12
13 HOME HLTH AIDE & HOMEMAKERS							13
13.20 HH AIDE & HMKR-CONT. HOME C							13.20
14 OTHER							14
15 DRUGS,BIOLOGICALS & INFUSIO							15
15.30 ANALGESICS							15.30
15.31 SEDATIVES / HYPNOTICS							15.31
15.32 OTHER - SPECIFY							15.32
16 DURABLE MED. EQUIP./OXYGEN							16
17 PATIENT TRANSPORTATION							17
18 IMAGING SERVICES							18
19 LABS AND DIAGNOSTICS							19
20 MEDICAL SUPPLIES							20
21 OUTPAT. SERV.(INCL.E/R DEPT							21
22 RADIATION THERAPY							22
23 CHEMOTHERAPY							23
24 OTHER							24
25 BEREAVEMENT PROGRAM COSTS							25
26 VOLUNTEER PROGRAM COSTS							26
27 FUNDRAISING							27
28 OTHER PROGRAM COSTS							28
29 TOTAL							29
30 TOTAL COST TO BE ALLOCATED							30
31 UNIT COST MULTIPLIER							31
31 UNIT COST MULTIPLIER							31

PROVIDER NO. 14-0053 ST. JOHN'S HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2008.05  
11/20/2008 13:51

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1503

WORKSHEET K-5  
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.525642		1
2	OCCUPATIONAL THERAPY	51			2
3	SPEECH/LANGUAGE PATHOLOGY	52			3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.265889		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.271645		6
7	MEDICAL SUPPLIES	55	0.460249		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.290299		8
8.01	OTHER ANCILLARY SERVICES	61.01	0.643665		8.01
9	RADIATION THERAPY	41	0.158992		9
10	RENAL DIALYSIS	59	0.285941		10
11	TOTALS				11

PROVIDER NO. 14-0053 ST. JOHN'S HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2008.05  
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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1503

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				1281443	1
2 TOTAL UNDUPLICATED DAYS				8561	2
3 AGGREGATE COST PER DIEM				149.68	3
4 UNDUPLICATED MEDICARE DAYS	7391				4
5 AGGREGATE MEDICARE COST	1106285				5
6 UNDUPLICATED MEDICAID DAYS		554			6
7 AGGREGATE MEDICAID COST		82923			7
8 UNDUPLICATED SNF DAYS					8
9 AGGREGATE SNF COST					9
10 UNDUPLICATED NF DAYS					10
11 AGGREGATE NF COST					11
12 OTHER UNDUPLICATED DAYS			616		12
13 AGGREGATE COST FOR OTHER DAYS			92203		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0053)	SUB I	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	5864352			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	311673			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD	248.72			4
	[ E-3,PT VI,LN.18]				
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS 59.19 0.00	59.19			4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	6.95			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	407572			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0408			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2588			5.01
5.02	SUM OF LINES 5 AND 5.01	0.2996			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0625			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	366522			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	6950119			6
<b>PART II - HOLD HARMLESS METHOD</b>					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17