

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		26-0020		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 2/2008 TIME 13: 24

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY 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 MERCY MEDICAL CENTER 26-0020
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 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.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	258,403	77,707	12,532,476
2	SUBPROVIDER	0	176,969	0	-2,196,849
2 .01	SUBPROVIDER II	0	33,938	0	332,603
5	HOSPITAL-BASED SNF	0	-24,602	0	155,956
100	TOTAL	0	444,708	77,707	10,824,186

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 662 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: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

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). Y N 0

MULTI CAMPUS

61.00 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.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	263,278,805		263,278,805	10,245,602.00	25.70	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A	2,657,942	-50,160	2,607,782	26,487.00	98.46	
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	2,444,043		2,444,043	19,447.00	125.68	
5.01	PHYSICIAN - PART B	12,962,102	-503,279	12,458,823	73,217.00	170.16	
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)	3,914,405	-75,228	3,839,177	181,934.00	21.10	
7	CONTRACT SERVICES, I&R	974,498		974,498	32,665.00	29.83	
8	HOME OFFICE PERSONNEL						
8.01	SNF	6,337,539	-2,285,678	4,051,861	251,919.00	16.08	
9	EXCLUDED AREA SALARIES	19,895,660	1,568,178	21,463,838	715,420.00	30.00	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	6,317,933		6,317,933	88,332.00	71.52	
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A	163,448		163,448	4,951.00	33.01	
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	12,136		12,136	169.00	71.81	
12	HOME OFFICE SALARIES & WAGE RELATED COSTS	50,409,754		50,409,754	1,363,361.00	36.97	
12.01	HOME OFFICE: PHYS PART A						
13	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
14	WAGE RELATED COSTS						
15	WAGE-RELATED COSTS (CORE)	57,312,191		57,312,191			CMS 339
16	WAGE-RELATED COSTS (OTHER)						CMS 339
17	EXCLUDED AREAS	4,292,533		4,292,533			CMS 339
18	NON-PHYS ANESTHETIST PART A						CMS 339
19	NON-PHYS ANESTHETIST PART B						CMS 339
19.01	PHYSICIAN PART A	271,529		271,529			CMS 339
20	PHYSICIAN PART B	254,480		254,480			CMS 339
21	PART A TEACHING PHYSICIANS	1,297,243		1,297,243			CMS 339
22	WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
23	INTERNS & RESIDENTS (APPRVD)	977,607		977,607			CMS 339
24	OVERHEAD COSTS - DIRECT SALARIES						
25	EMPLOYEE BENEFITS	2,319,169	136,149	2,455,318	100,507.00	24.43	
26	ADMINISTRATIVE & GENERAL	22,139,600	-7,076,348	15,063,252	562,505.00	26.78	
27	A & G UNDER CONTRACT						
28	MAINTENANCE & REPAIRS	2,613,301		2,613,301	120,526.00	21.68	
29	OPERATION OF PLANT	1,220,906		1,220,906	77,549.00	15.74	
30	LAUNDRY & LINEN SERVICE	228,561		228,561	19,184.00	11.91	
31	HOUSEKEEPING	5,155,116		5,155,116	426,124.00	12.10	
32	HOUSEKEEPING UNDER CONTRACT						
33	DIETARY	5,587,666	-35,027	5,552,639	395,415.00	14.04	
34	DIETARY UNDER CONTRACT						
35	CAFETERIA						
36	MAINTENANCE OF PERSONNEL						
37	NURSING ADMINISTRATION	4,342,813	-1,022,922	3,319,891	114,148.00	29.08	
38	CENTRAL SERVICE AND SUPPLY	2,136,844		2,136,844	148,615.00	14.38	
39	PHARMACY	8,388,507		8,388,507	241,049.00	34.80	
40	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,053,357		3,053,357	170,298.00	17.93	
41	SOCIAL SERVICE	3,673,512		3,673,512	133,949.00	27.42	
42	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	242,983,757	578,507	243,562,264	9,938,339.00	24.51	
2	EXCLUDED AREA SALARIES	26,233,199	-717,500	25,515,699	967,339.00	26.38	
3	SUBTOTAL SALARIES	216,750,558	1,296,007	218,046,565	8,971,000.00	24.31	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	56,903,271		56,903,271	1,456,813.00	39.06	
5	SUBTOTAL WAGE-RELATED COSTS	57,583,720		57,583,720		26.41	
6	TOTAL	331,237,549	1,296,007	332,533,556	10,427,813.00	31.89	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	60,859,352	-7,998,148	52,861,204	2,509,869.00	21.06	

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 26-0020
 SATELLITE NO:
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----	----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		66				
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED		366				
6 NUMBER OF STATIONS						
7 TREATMENT CAPACITY PER DAY PER STATION						
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		1,482,898				
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		94,971				
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD []						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 26-0020
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/2/2008
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		21				
2	RUB		281				
3	RUA		37				
3.01	RUX						
3.02	RUL		24				
4	RVC		105				
5	RVB		1,798				
6	RVA		313				
6.01	RVX		48				
6.02	RVL		729				
7	RHC		1,267				
8	RHB		2,125				
9	RHA		383				
9.01	RHX						
9.02	RHL						
10	RMC		16				
11	RMB		200				
12	RMA		93				
12.01	RMX		319				
12.02	RML		1,895				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		93				
16	SE2		88				
17	SE1		15				
18	SSC		8				
19	SSB		5				
20	SSA		158				
21	CC2		7				
22	CC1						
23	CB2						
24	CB1		67				
25	CA2						
26	CA1		21				
27	IB2						
28	IB1		2				
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		2				
39	PC2						
40	PC1		3				
41	PB2						
42	PB1						
43	PA2						
44	PA1		1				
45	AAA		1				
46	TOTAL		10,125				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9005
 Wage Index Factor (after 10/01) : 0.9024
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0020	FROM 7/1/2007	12/2/2008
	TO 6/30/2008	WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	AAA				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9005
 Wage Index Factor (after 10/01) : 0.9024
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : NOT SPECIFIED

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	56,928,250
17.01	GROSS MEDICAID REVENUES	197,614,809
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	254,543,059
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.281246
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	197,614,809

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	55,578,375
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	56,928,250
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	16,010,843
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	55,578,375

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES
 PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				24,897,563	24,897,563
3.01	0301 OTHER BUILDING-MOB				2,759,914	2,759,914
3.02	0302 OTHER BUILDING-CANCER CENTER				2,242,146	2,242,146
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				20,133,751	20,133,751
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP-MOB				1,173,694	1,173,694
4.02	0402 NEW CAP REL COSTS-MVBLE EQUIP-CANCER				2,343,833	2,343,833
5	0500 EMPLOYEE BENEFITS	2,319,169	65,418,334	67,737,503	-9,315,981	58,421,522
6.01	0610 NONPATIENT TELEPHONES					
6.02	0611 PURCHASING	102,236	44,458	146,694	-8,685	138,009
6.03	0612 ADMITTING	3,165,133	432,325	3,597,458	-109,544	3,487,914
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	18,872,231	125,283,854	144,156,085	-4,547,940	139,608,145
7	0700 MAINTENANCE & REPAIRS	2,613,301	8,413,627	11,026,928	-3,925,234	7,101,694
8	0800 OPERATION OF PLANT	1,207,036	5,932,491	7,139,527	800,361	7,939,888
8.01	0801 OTHER BUILDING-MOB	11,588	6,345,810	6,357,398	-3,229,775	3,127,623
8.02	0802 OTHER BUILDING-CANCER CENTER	2,282	2,835,988	2,838,270	-2,232,988	605,282
8.03	0803 HEART HOSPITAL		6,820,686	6,820,686	-6,820,686	
9	0900 LAUNDRY & LINEN SERVICE	228,561	268,747	497,308	2,889,318	3,386,626
10	1000 HOUSEKEEPING	5,155,116	211,906	5,367,022	-62,641	5,304,381
10.01	1001 HOUSEKEEPING-MED CENTER					
10.02	1002 HOUSEKEEPING-MOB					
10.03	1003 HOUSEKEEPING-CANCER CENTER					
11	1100 DIETARY	5,587,666	5,417,426	11,005,092	-372,030	10,633,062
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	4,342,813	2,109,735	6,452,548	-2,444,605	4,007,943
15	1500 CENTRAL SERVICES & SUPPLY	2,136,844	9,172,948	11,309,792	-8,851,672	2,458,120
16	1600 PHARMACY	8,388,507	25,483,192	33,871,699	-23,519,448	10,352,251
17	1700 MEDICAL RECORDS & LIBRARY	3,053,357	3,179,053	6,232,410	-536,515	5,695,895
18	1800 SOCIAL SERVICE	3,673,512	503,206	4,176,718	-40,369	4,136,349
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	3,914,405	1,228,643	5,143,048	-82,687	5,060,361
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,887,598	4,043,339	7,930,937	359,549	8,290,486
24	2400 PARAMED PRGM	175,766	8,476	184,242	-1,883	182,359
25	2500 INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	47,290,422	10,694,795	57,985,217	-3,670,485	54,314,732
26	2600 INTENSIVE CARE UNIT	8,169,120	1,759,016	9,928,136	-215,296	9,712,840
27	2700 CORONARY CARE UNIT	6,378,144	2,014,610	8,392,754	1,463,502	9,856,256
27.01	2701 NEONATAL INTENSIVE CARE UNIT	11,193,556	2,096,628	13,290,184	-682,990	12,607,194
31	3100 SUBPROVIDER	4,759,811	443,242	5,203,053	25,520	5,228,573
31.01	3101 SUBPROVIDER 2	324,639	351,251	675,890	-283,657	392,233
33	3300 NURSERY	2,221,138	199,389	2,420,527	3,736,725	6,157,252
34	3400 SKILLED NURSING FACILITY	6,337,539	1,722,753	8,060,292	-3,315,909	4,744,383
36	3600 OTHER LONG TERM CARE				2,702,675	2,702,675
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	14,604,691	43,087,508	57,692,199	-2,600,034	55,092,165
38	3800 RECOVERY ROOM	1,930,206	107,690	2,037,896	-127,506	1,910,390
39	3900 DELIVERY ROOM & LABOR ROOM	7,258,531	2,181,938	9,440,469	-486,357	8,954,112
40	4000 ANESTHESIOLOGY	660,204	4,172,520	4,832,724	-663,040	4,169,684
41	4100 RADIOLOGY-DIAGNOSTIC	6,594,401	7,747,568	14,341,969	-4,428,154	9,913,815
41.01	4101 ULTRASOUND	1,536,158	2,469,951	4,006,109	-636,824	3,369,285
41.02	4102 CAT SCAN	1,009,541	1,387,328	2,396,869	-1,154,682	1,242,187
41.03	4103 MAGNETIC RESONANCE IMAGING (MRI)	538,833	988,828	1,527,661	-601,190	926,471
42	4200 RADIOLOGY-THERAPEUTIC	1,813,731	3,810,045	5,623,776	-1,905,606	3,718,170
43	4300 RADIOISOTOPE	866,872	2,423,068	3,289,940	-880,949	2,408,991
43.01	4301 ONCOLOGY	605,682	388,797	994,479	-103,841	890,638
44	4400 LABORATORY	7,214,909	6,642,351	13,857,260	-706,370	13,150,890
44.01	4401 LABORATORY-PATHOLOGICAL	969,966	745,173	1,715,139	-24,129	1,691,010
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,387,301	3,170,219	5,557,520	88,059	5,645,579
49	4900 RESPIRATORY THERAPY	6,100,826	2,400,946	8,501,772	-478,841	8,022,931
50	5000 PHYSICAL THERAPY	6,180,729	4,260,939	10,441,668	-651,435	9,790,233
53	5300 ELECTROCARDIOLOGY	5,409,258	12,885,879	18,295,137	-1,039,616	17,255,521
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				7,525,585	7,525,585
56	5600 DRUGS CHARGED TO PATIENTS				21,632,530	21,632,530
57	5700 RENAL DIALYSIS	649,439	388,014	1,037,453	1,438,769	2,476,222
58	5800 ASC (NON-DISTINCT PART)	2,642,033	346,539	2,988,572	-208,461	2,780,111
58.01	5801 CARDIAC CATHETERIZATION LABORATORY	3,145,356	6,185,459	9,330,815	-1,358,572	7,972,243
58.03	5803 GASTROINTESTINAL SERVICES	1,953,345	1,940,081	3,893,426	-646,287	3,247,139
58.04	5804 ELECTROCONVULSIVE THERAPY (ECT)	168,540	76,006	244,546	-28,684	215,862
59	3020 OP PSYCH	208,079	182,673	390,752	-52	390,700
59.01	3021 OP CHEM DEPEND	317,903	550,877	868,780	-196,082	672,698
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,941,261	4,560,327	6,501,588	-25,877	6,475,711
60.01	6001 MEACHAM PARK CLINIC		235	235	-235	
60.02	6002 URGENT CARE CENTER - ST. PETERS	1,318,969	373,659	1,692,628	-19,289	1,673,339
60.03	6003 HYPERBARIC/OP WOUND CENTER	498,307	225,545	723,852	-69,342	654,510
60.04	6004 URGENT CARE CENTER - O'FALLON	1,045,130	280,911	1,326,041	-22,649	1,303,392
61	6100 EMERGENCY	11,924,446	1,793,113	13,717,559	805,853	14,523,412
61.01	6101 FAMILY PRACTICE		648,764	648,764	-648,764	
61.02	6102 NATURAL FAMILY PLANNING	217,851	99,009	316,860	-17,648	299,212
61.03	6103 PAIN THERAPY CENTER		123,624	123,624	-56,774	66,850
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201 AMBULATORY CARE UNIT	1,419,373	237,516	1,656,889	-311,471	1,345,418
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES		27,543	27,543		27,543
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	248,643,361	409,346,571	657,989,932	2,649,566	660,639,498
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		166	166		166

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0020
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/2/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
NONREIMBURS COST CENTERS						
96.01 9601	VENDING MACHINES	316,201	634,088	950,289	-9,164	941,125
96.02 9602	VISITOR MEALS					
97 9700	RESEARCH	534,335	264,147	798,482	-240,455	558,027
98 9800	PHYSICIANS' PRIVATE OFFICES	9,377,935	4,167,584	13,545,519	-2,204,118	11,341,401
99 9900	NONPAID WORKERS					
99.01 9901	MEALS ON WHEELS					
99.02 9902	SJMH-SHARED SERVICES					
99.03 9903	CONVENT					
99.04 9904	ST. JOHN'S MERCY HEALTH CARE	-219,942	641,608	421,666	-190,705	230,961
99.05 9905	HOSPICE	19,824	48,699	68,523	-5,124	63,399
99.06 9906	VACANT SPACE					
99.07 9907	SALES & SERVICE-PHYSICIAN PRACTICE					
99.08 9908	REHAB HOSPITAL	4,607,091	6,065,353	10,672,444		10,672,444
101	TOTAL	263,278,805	421,168,216	684,447,021	-0-	684,447,021

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0020
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 2/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-854,188	24,043,375
3.01	0301 OTHER BUILDING-MOB		2,759,914
3.02	0302 OTHER BUILDING-CANCER CENTER		2,242,146
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	175,845	20,309,596
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP-MOB		1,173,694
4.02	0402 NEW CAP REL COSTS-MVBLE EQUIP-CANCER		2,343,833
5	0500 EMPLOYEE BENEFITS	3,746,005	62,167,527
6.01	0610 NONPATIENT TELEPHONES		
6.02	0611 PURCHASING	355,539	493,548
6.03	0612 ADMINISTRATION	5,029,643	8,517,557
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	9,564,728	149,172,873
7	0700 MAINTENANCE & REPAIRS	216,219	7,317,913
8	0800 OPERATION OF PLANT	-150,275	7,789,613
8.01	0801 OTHER BUILDING-MOB	-266,877	2,860,746
8.02	0802 OTHER BUILDING-CANCER CENTER	-605,282	
8.03	0803 HEART HOSPITAL		
9	0900 LAUNDRY & LINEN SERVICE	10	3,386,636
10	1000 HOUSEKEEPING	-4,770	5,299,611
10.01	1001 HOUSEKEEPING-MED CENTER		
10.02	1002 HOUSEKEEPING-MOB		
10.03	1003 HOUSEKEEPING-CANCER CENTER		
11	1100 DIETARY	-3,222,708	7,410,354
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-84,314	3,923,629
15	1500 CENTRAL SERVICES & SUPPLY	241,919	2,700,039
16	1600 PHARMACY	-377,748	9,974,503
17	1700 MEDICAL RECORDS & LIBRARY	-385,228	5,310,667
18	1800 SOCIAL SERVICE	-40,402	4,095,947
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-4,253	5,056,108
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,900,815	5,389,671
24	2400 PARAMEDICAL PRGM	-38,216	144,143
25	2500 INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,354,625	52,960,107
26	2600 INTENSIVE CARE UNIT	60,391	9,773,231
27	2700 CORONARY CARE UNIT	-1,307,286	8,548,970
27.01	2701 NEONATAL INTENSIVE CARE UNIT	-177,487	12,429,707
31	3100 SUBPROVIDER	-202,081	5,026,492
31.01	3101 SUBPROVIDER 2	2,676	394,909
33	3300 NURSERY	162	6,157,414
34	3400 SKILLED NURSING FACILITY	71	4,744,454
36	3600 OTHER LONG TERM CARE		2,702,675
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-1,773,308	53,318,857
38	3800 RECOVERY ROOM	6,300	1,916,690
39	3900 DELIVERY ROOM & LABOR ROOM	49,491	9,003,603
40	4000 ANESTHESIOLOGY	204,080	4,373,764
41	4100 RADIOLOGY-DIAGNOSTIC	537,476	10,451,291
41.01	4101 ULTRASOUND	-1,490,918	1,878,367
41.02	4102 CAT SCAN	862,735	2,104,922
41.03	4103 MAGNETIC RESONANCE IMAGING (MRI)	728,971	1,655,442
42	4200 RADIOLOGY-THERAPEUTIC	671,136	4,389,306
43	4300 RADIOISOTOPE	122,824	2,531,815
43.01	4301 ONCOLOGY	1,421	892,059
44	4400 LABORATORY	176,430	13,327,320
44.01	4401 LABORATORY-PATHOLOGICAL	48,960	1,739,970
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	6,105	5,651,684
49	4900 RESPIRATORY THERAPY	52,114	8,075,045
50	5000 PHYSICAL THERAPY	-1,588,573	8,201,660
53	5300 ELECTROCARDIOLOGY	-2,043,749	15,211,772
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,525,585
56	5600 DRUGS CHARGED TO PATIENTS		21,632,530
57	5700 RENAL DIALYSIS	116,514	2,592,736
58	5800 ASC (NON-DISTINCT PART)	4,555	2,784,666
58.01	5801 CARDIAC CATHETERIZATION LABORATORY	211,779	8,184,022
58.03	5803 GASTROINTESTINAL SERVICES	294,647	3,541,786
58.04	5804 ELECTROCONVULSIVE THERAPY (ECT)	1,612	217,474
59	3020 OP PSYCH	-2,968	387,732
59.01	3021 OP CHEM DEPEND	-149,033	523,665
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-2,535,354	3,940,357
60.01	6001 MEACHAM PARK CLINIC		
60.02	6002 URGENT CARE CENTER - ST. PETERS	-622,720	1,050,619
60.03	6003 HYPERBARIC/OP WOUND CENTER	-221,094	433,416
60.04	6004 URGENT CARE CENTER - O'FALLON	-477,757	825,635
61	6100 EMERGENCY	-5,325,146	9,198,266
61.01	6101 FAMILY PRACTICE		
61.02	6102 NATURAL FAMILY PLANNING	-23,840	275,372
61.03	6103 PAIN THERAPY CENTER	-66,850	
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
62.01	6201 AMBULATORY CARE UNIT	5,566	1,350,984
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		27,543
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-4,801,941	655,837,557
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	151,859	152,025

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0020
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/2/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	NONREIMBURS COST CENTERS		
96.01	9601 VENDING MACHINES		941,125
96.02	9602 VISITOR MEALS		
97	9700 RESEARCH	210	558,237
98	9800 PHYSICIANS' PRIVATE OFFICES	25,500	11,366,901
99	9900 NONPAID WORKERS		
99.01	9901 MEALS ON WHEELS		
99.02	9902 SJMH-SHARED SERVICES	88,216,983	88,216,983
99.03	9903 CONVENT		
99.04	9904 ST. JOHN'S MERCY HEALTH CARE	44,103	275,064
99.05	9905 HOSPICE		63,399
99.06	9906 VACANT SPACE		
99.07	9907 SALES & SERVICE-PHYSICIAN PRACTICE		
99.08	9908 REHAB HOSPITAL		10,672,444
101	TOTAL	83,636,714	768,083,735

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 12/ 2/2008
 I 26-0020 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	OTHER BUILDING-MOB	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	OTHER BUILDING-CANCER CENTER	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0401	NEW CAP REL COSTS-MVBLE EQUIP
4.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0402	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	PURCHASING	0611	NONPATIENT TELEPHONES
6.03	ADMINISTRATIVE	0612	NONPATIENT TELEPHONES
6.04	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
8.01	OTHER BUILDING-MOB	0801	OPERATION OF PLANT
8.02	OTHER BUILDING-CANCER CENTER	0802	OPERATION OF PLANT
8.03	HEART HOSPITAL	0803	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING-MED CENTER	1001	HOUSEKEEPING
10.02	HOUSEKEEPING-MOB	1002	HOUSEKEEPING
10.03	HOUSEKEEPING-CANCER CENTER	1003	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
27.01	NEONATAL INTENSIVE CARE UNIT	2701	CORONARY CARE UNIT
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	CAT SCAN	4102	RADIOLOGY-DIAGNOSTIC
41.03	MAGNETIC RESONANCE IMAGING (MRI)	4103	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	ONCOLOGY	4301	RADIOISOTOPE
44	LABORATORY	4400	
44.01	LABORATORY-PATHOLOGICAL	4401	LABORATORY
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	CARDIAC CATHETERIZATION LABORATORY	5801	ASC (NON-DISTINCT PART)
58.03	GASTROINTESTINAL SERVICES	5803	ASC (NON-DISTINCT PART)
58.04	ELECTROCONVULSIVE THERAPY (ECT)	5804	ASC (NON-DISTINCT PART)
59	OP PSYCH	3020	ACUPUNCTURE
59.01	OP CHEM DEPENDENT	3021	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	MEACHAM PARK CLINIC	6001	CLINIC
60.02	URGENT CARE CENTER - ST. PETERS	6002	CLINIC
60.03	HYPERBARIC/OP WOUND CENTER	6003	CLINIC
60.04	URGENT CARE CENTER - O'FALLON	6004	CLINIC
61	EMERGENCY	6100	
61.01	FAMILY PRACTICE	6101	EMERGENCY
61.02	NATURAL FAMILY PLANNING	6102	EMERGENCY
61.03	PAIN THERAPY CENTER	6103	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
62.01	AMBULATORY CARE UNIT	6201	OBSERVATION BEDS (NON-DISTINCT PART)
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	VENDING MACHINES	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN

COST CENTERS USED IN COST REPORT

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
96.02	VISITOR MEALS	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	MEALS ON WHEELS	9901	NONPAID WORKERS
99.02	SJMH-SHARED SERVICES	9902	NONPAID WORKERS
99.03	CONVENT	9903	NONPAID WORKERS
99.04	ST. JOHN'S MERCY HEALTH CARE	9904	NONPAID WORKERS
99.05	HOSPICE	9905	NONPAID WORKERS
99.06	VACANT SPACE	9906	NONPAID WORKERS
99.07	SALES & SERVICE-PHYSICIAN PRACTICE	9907	NONPAID WORKERS
99.08	REHAB HOSPITAL	9908	NONPAID WORKERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 NURSERY COSTS	A	NURSERY	33	2,541,800	1,198,065
2 INTERNS & RESIDENTS TEACHING	B	I & R SERVICES-OTHER PRGM COSTS APPRVD	23	2,235,599	4,129
3					
4					
5					
6 CONFIDENTIAL PAYROLL	C	ADULTS & PEDI ATRICS	25	1,125,273	
7		ADULTS & PEDI ATRICS	25	884,883	
8		ADULTS & PEDI ATRICS	25	142,600	
9		ADULTS & PEDI ATRICS	25		163,448
10		ADULTS & PEDI ATRICS	25	22,148	
11		CORONARY CARE UNIT	27	1,779,398	
12		SUBPROVIDER	31	113,792	
13		OPERATING ROOM	37	347,253	
14		ELECTROCARDIOLOGY	53	120,825	
15 BUILDING DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		22,235,920
16		OTHER BUILDING-MOB	3.01		2,759,914
17		OTHER BUILDING-CANCER CENTER	3.02		2,242,146
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RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6
CONTD

		----- INCREASE -----			
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 HOUSEKEEPING SERVICES	E	OPERATION OF PLANT	8		1,899,926
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12 COST OF DRUGS & CENTRAL SUPPLY	F	DRUGS CHARGED TO PATIENTS	56		23,115,428
13		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		7,525,585
14 MAINTENANCE	G	MAINTENANCE & REPAIRS	7		386,538
15					
16 NONCERTIFIED SNF	H	OTHER LONG TERM CARE	36	2,285,678	416,997
17		MAINTENANCE & REPAIRS	7		175,260
18 PHYSICIAN BUILDINGS	I	PHYSICIANS' PRIVATE OFFICES	98		157,256
19 NICU RECLASS	J	NEONATAL INTENSIVE CARE UNIT	27.01	404	
20 PROPERTY INSURANCE AND TAX	K	NEW CAP REL COSTS-BLDG & FIXT	3		1,929,352
21		PHYSICIANS' PRIVATE OFFICES	98		713
22					
23					
24					
25					
26					
27					
28					
29 PENSION EXPENSE	L	OTHER ADMINISTRATIVE AND GENERAL	6.04		11,684,276
30 LAB ADMINISTRATION	M	LABORATORY-PATHOLOGICAL	44.01	31,653	22,646
31		WHOLE BLOOD & PACKED RED BLOOD CELLS	46	102,564	73,380
32 BURN & ICU RECLASS	N	ADULTS & PEDIATRICS	25	9	
33		CORONARY CARE UNIT	27	49	
34 COMMUNITY ONCOLOGY RECLASS	O	OTHER ADMINISTRATIVE AND GENERAL	6.04		54,290
35 INTEREST EXPENSE	P	NEW CAP REL COSTS-BLDG & FIXT	3		732,291
1 DIETARY TECH SALARY	Q	CLINIC	60	35,027	
2 EQUIPMENT DEPRECIATION & RENTAL	R	NEW CAP REL COSTS-MVBLE EQUIP	4		20,133,751
3		NEW CAP REL COSTS-MVBLE EQUIP-MOB	4.01		1,173,694
4		NEW CAP REL COSTS-MVBLE EQUIP-CANCER	4.02		2,343,833
5					
6					
7					
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RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 EQUIPMENT DEPRECIATION & RENTAL	R				
2					
3					
4					
5					
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28					
29					
30 CRITICAL CARE FELLOWSHIP PROGRAM	S	ADULTS & PEDIATRICS	25	560,724	3,956
31		INTENSIVE CARE UNIT	26	152,925	1,079
32		CORONARY CARE UNIT	27	407,799	2,877
33		EMERGENCY	61	203,900	1,439
34 UTILITIES - SNF ADMINISTRATION	T	OPERATION OF PLANT	8		139,775
35 STAFF BENEFITS	U	EMPLOYEE BENEFITS	5		530,542
1 STAFF BENEFITS	U	OTHER ADMINISTRATIVE AND GENERAL	6.04		1,473
2		ADULTS & PEDIATRICS	25		122
3		CORONARY CARE UNIT	27		929
4		NEONATAL INTENSIVE CARE UNIT	27.01		831
5		DELIVERY ROOM & LABOR ROOM	39		1,071
6		RADIOISOTOPE	43		5,597
7		PHYSICAL THERAPY	50		1,174
8		ELECTROCARDIOLOGY	53		5,144
9		ASC (NON-DISTINCT PART)	58		1,623
10		CARDIAC CATHETERIZATION LABORATORY	58.01		151
11					
12 PHYSICIAN'S BENEFITS	V	EMPLOYEE BENEFITS	5		1,823,251
13					
14					
15					
16					
17 LAUNDRY	W	LAUNDRY & LINEN SERVICE	9		2,907,804
18					
19					
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RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/1/2007
TO 6/30/2008

PREPARED 12/2/2008
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 LAUNDRY	W				
2					
3					
4					
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24					
25					
26 TRAUMA ON CALL PAY	X	EMERGENCY	61	2,300,700	
27 WORKER'S COMP LIGHT DUTY RECLASS	Y	EMPLOYEE BENEFITS	5	136,149	640
28 RECLASS EPOETIN COSTS	Z	RENAL DIALYSIS	57		1,482,898
29 PATIENT PLACEMENT	AA	NURSING ADMINISTRATION	14	302,426	9,493
30 INTERVENTIONAL CARE HH	BB	CORONARY CARE UNIT	27	260,205	7,389
31 PACU RECLASS	CC	ADULTS & PEDIATRICS	25	72,290	2,042
32 EMERGENCY DEPARTMENT ROUTINE REVENUE	DD	ADULTS & PEDIATRICS	25	994,788	159,121
33 AMBULATORY CARE UNIT	EE	ADULTS & PEDIATRICS	25	201,255	21,032
34 PAIN THERAPY CENTER	FF	PHYSICAL THERAPY	50		411
35 MOB HEART HOSPITAL	HH	OPERATION OF PLANT	8		28,734
1 PHYSICIAN SALARY RECLASS	II	OTHER ADMINISTRATIVE AND GENERAL	6.04	65,384	
2		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	8,190	
3		PHYSICIANS' PRIVATE OFFICES	98	1,654	
4 RECLASS MEACHAM PARK CLINIC EXPENSES	JJ	CLINIC	60		235
36 TOTAL RECLASSIFICATIONS				17,437,344	107,569,671

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
		1	6	7	8	9	10
1	NURSERY COSTS	A	ADULTS & PEDIATRICS	25	2,541,800	1,198,065	
2	INTERNS & RESIDENTS TEACHING	B	OTHER ADMINISTRATIVE AND GENERAL	6.04	2,194,923		
3			LABORATORY	44		4,129	
4			ELECTROCARDIOLOGY	53	22,275		
5			PHYSICIANS' PRIVATE OFFICES	98	18,401		
6	CONFIDENTIAL PAYROLL	C	OTHER ADMINISTRATIVE AND GENERAL	6.04	2,509,960		
7			RESEARCH	97	111,774		
8			PHYSICIANS' PRIVATE OFFICES	98	702,771		
9			I&R SERVICES-OTHER PRGM COSTS APPRVD	23	1,211,667	163,448	
10							
11							
12							
13							
14							
15	BUILDING DEPRECIATION	D	EMPLOYEE BENEFITS	5		56,716	9
16			ADMITTING	6.03		88,984	9
17			OTHER ADMINISTRATIVE AND GENERAL	6.04		5,787,482	9
18			MAINTENANCE & REPAIRS	7		4,125,257	9
19			OPERATION OF PLANT	8		80,086	9
20			OTHER BUILDING-MOB	8.01		2,423,880	9
21			OTHER BUILDING-CANCER CENTER	8.02		1,613,181	9
22			HEART HOSPITAL	8.03		6,282,464	9
23			HOUSEKEEPING	10		400	9
24			DIETARY	11		115,909	9
25			NURSING ADMINISTRATION	14		139,203	9
26			CENTRAL SERVICES & SUPPLY	15		206	9
27			PHARMACY	16		87,849	9
28			MEDICAL RECORDS & LIBRARY	17		23,886	9
29			SOCIAL SERVICE	18		28,125	9
30			I&R SERVICES-SALARY & FRINGES APPRVD	22		5,453	9
31			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		46,588	9
32			ADULTS & PEDIATRICS	25		2,405,713	9
33			INTENSIVE CARE UNIT	26		63,365	9
34			NEONATAL INTENSIVE CARE UNIT	27.01		322,548	9
35			SUBPROVIDER	31		24,106	9
1	BUILDING DEPRECIATION	D	SUBPROVIDER 2	31.01		257,962	9
2			SKILLED NURSING FACILITY	34		46,936	9
3			OPERATING ROOM	37		213,302	9
4			DELIVERY ROOM & LABOR ROOM	39		124,106	9
5			ANESTHESIOLOGY	40		790	9
6			RADIOLOGY-DIAGNOSTIC	41		563,306	9
7			ULTRASOUND	41.01		185,694	9
8			CAT SCAN	41.02		31,994	9
9			MAGNETIC RESONANCE IMAGING (MRI)	41.03		70,538	9
10			RADIOLOGY-THERAPEUTIC	42		283,265	9
11			RADIOISOTOPE	43		27,905	9
12			ONCOLOGY	43.01		63,490	9
13			LABORATORY	44		178,150	9
14			LABORATORY-PATHOLOGICAL	44.01		22,118	9
15			RESPIRATORY THERAPY	49		68,201	9
16			PHYSICAL THERAPY	50		386,264	9
17			ELECTROCARDIOLOGY	53		79,527	9
18			RENAL DIALYSIS	57		3,333	9
19			ASC (NON-DIAGNOSTIC PART)	58		85,320	9
20			CARDIAC CATHETERIZATION LABORATORY	58.01		51,578	9
21			GASTROINTESTINAL SERVICES	58.03		83,563	9
22			OP CHEM DEPEN	59.01		132,728	9
23			CLINIC	60		44,462	9
24			URGENT CARE CENTER - ST. PETERS	60.02		4,135	9
25			HYPERBARIC/OP WOUND CENTER	60.03		3,566	9
26			URGENT CARE CENTER - O'FALLON	60.04		250	9
27			EMERGENCY	61		8,367	9
28			FAMILY PRACTICE	61.01		375,336	9
29			NATURAL FAMILY PLANNING	61.02		13,640	9
30			PAIN THERAPY CENTER	61.03		38,257	9
31			AMBULATORY CARE UNIT	62.01		36,929	9
32			VENDING MACHINES	96.01		4,604	9
33			RESEARCH	97		6,029	9
34			PHYSICIANS' PRIVATE OFFICES	98		20,322	9
35			ST. JOHN'S MERCY HEALTH CARE	99.04		612	9

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6
CONTD

----- DECREASE -----						
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
	1	6	7	8	9	10
1 HOUSEKEEPING SERVICES	E	OPERATION OF PLANT	8		1,049,833	
2		OTHER BUILDING-CANCER CENTER	8.02		373,888	
3		HEART HOSPITAL	8.03		335,140	
4		RADIOLOGY-DIAGNOSTIC	41		184	
5		LABORATORY	44		5,556	
6		PHYSICAL THERAPY	50		26,601	
7		RENAL DIALYSIS	57		3,650	
8		OP CHEM DEPEN	59.01		36,925	
9		URGENT CARE CENTER - O'FALLON	60.04		1,794	
10		FAMILY PRACTICE	61.01		48,249	
11		PAIN THERAPY CENTER	61.03		18,106	
12 COST OF DRUGS & CENTRAL SUPPLY	F	PHARMACY	16		23,115,428	
13		CENTRAL SERVICES & SUPPLY	15		7,525,585	
14 MAINTENANCE	G	OTHER BUILDING-MOB	8.01		286,206	
15		OTHER BUILDING-CANCER CENTER	8.02		100,332	
16 NONCERTIFIED SNF	H	SKILLED NURSING FACILITY	34	2,285,678	592,257	
17						
18 PHYSICIAN BUILDINGS	I	FAMILY PRACTICE	61.01		157,256	
19 NICU RECLASS	J	ADULTS & PEDIATRICS	25	404		
20 PROPERTY INSURANCE AND TAX	K	EMPLOYEE BENEFITS	5		2,757	13
21		OTHER ADMINISTRATIVE AND GENERAL	6.04		1,115,702	13
22		OTHER BUILDING-MOB	8.01		509,440	13
23		OTHER BUILDING-CANCER CENTER	8.02		103,233	13
24		HEART HOSPITAL	8.03		77,739	13
25		HOUSEKEEPING	10		11,886	13
26		LABORATORY	44		16,371	13
27		PHYSICAL THERAPY	50		25,014	13
28		FAMILY PRACTICE	61.01		67,923	13
29 PENSION EXPENSE	L	EMPLOYEE BENEFITS	5		11,684,276	
30 LAB ADMINISTRATION	M	LABORATORY	44	31,653	22,646	
31		LABORATORY	44	102,564	73,380	
32 BURN & ICU RECLASS	N	INTENSIVE CARE UNIT	26	9		
33		INTENSIVE CARE UNIT	26	49		
34 COMMUNITY ONCOLOGY RECLASS	O	RESEARCH	97		54,290	
35 INTEREST EXPENSE	P	OTHER ADMINISTRATIVE AND GENERAL	6.04		732,291	11
1 DIETARY TECH SALARY	Q	DIETARY	11	35,027		
2 EQUIPMENT DEPRECIATION & RENTAL	R	EMPLOYEE BENEFITS	5		39,875	9
3		PURCHASING	6.02		8,685	9
4		ADMINISTRATIVE	6.03		20,560	9
5		OTHER ADMINISTRATIVE AND GENERAL	6.04		1,572,224	9
6		MAINTENANCE & REPAIRS	7		361,775	9
7		OPERATION OF PLANT	8		138,155	9
8		OTHER BUILDING-MOB	8.01		10,249	9
9		OTHER BUILDING-CANCER CENTER	8.02		42,354	9
10		HEART HOSPITAL	8.03		96,609	9
11		LAUNDRY & LINEN SERVICE	9		18,486	9
12		HOUSEKEEPING	10		48,892	9
13		DIETARY	11		220,172	9
14		NURSING ADMINISTRATION	14		1,282,596	9
15		CENTRAL SERVICES & SUPPLY	15		1,320,574	9
16		PHARMACY	16		315,061	9
17		MEDICAL RECORDS & LIBRARY	17		512,629	9
18		SOCIAL SERVICE	18		12,244	9
19		I&R SERVICES-SALARY & FRINGES APPRVD	22		2,006	9
20		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		59,014	9
21		PARAMEDICAL PRGM	24		1,883	9
22		ADULTS & PEDIATRICS	25		476,383	9
23		INTENSIVE CARE UNIT	26		55,496	9
24		CORONARY CARE UNIT	27		832,496	9
25		NEONATAL INTENSIVE CARE UNIT	27.01		278,488	9
26		SUBPROVIDER	31		26,574	9
27		SUBPROVIDER 2	31.01		7,926	9
28		NURSERY	33		3,140	9
29		SKILLED NURSING FACILITY	34		151,095	9
30		OPERATING ROOM	37		2,577,255	9
31		RECOVERY ROOM	38		11,051	9
32		DELIVERY ROOM & LABOR ROOM	39		182,143	9
33		ANESTHESIOLOGY	40		659,570	9
34		RADIOLOGY-DIAGNOSTIC	41		3,805,354	9
35		ULTRASOUND	41.01		425,389	9

RECLASSIFICATIONS

PROVIDER NO: 260020	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 2/2008 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	EQUIPMENT DEPRECIATION & RENTAL	R	CAT SCAN	41.02		1,101,235	9
2			MAGNETIC RESONANCE IMAGING (MRI)	41.03		505,608	9
3			RADIOLOGY-THERAPEUTIC	42		1,604,298	9
4			RADIOISOTOPE	43		848,175	9
5			ONCOLOGY	43.01		37,208	9
6			LABORATORY	44		263,127	9
7			LABORATORY-PATHOLOGICAL	44.01		56,228	9
8			WHOLE BLOOD & PACKED RED BLOOD CELLS	46		85,420	9
9			RESPIRATORY THERAPY	49		407,237	9
10			PHYSICAL THERAPY	50		172,267	9
11			ELECTROCARDIOLOGY	53		956,648	9
12			RENAL DIALYSIS	57		30,577	9
13			ASC (NON-DISTINCT PART)	58		19,174	9
14			CARDIAC CATHETERIZATION LABORATORY	58.01		964,043	9
15			GASTROINTESTINAL SERVICES	58.03		486,511	9
16			ELECTROCONVULSIVE THERAPY (ECT)	58.04		16,432	9
17			OP PSYCH	59		52	9
18			OP CHEM DEPEN	59.01		12,096	9
19			CLINIC	60		11,866	9
20			URGENT CARE CENTER - ST. PETERS	60.02		12,452	9
21			HYPERBARIC/OP WOUND CENTER	60.03		36,213	9
22			URGENT CARE CENTER - O'FALLON	60.04		19,044	9
23			EMERGENCY	61		398,452	9
24			NATURAL FAMILY PLANNING	61.02		4,008	9
25			AMBULATORY CARE UNIT	62.01		4,551	9
26			VENDING MACHINES	96.01		4,560	9
27			RESEARCH	97		10,223	9
28			PHYSICIANS' PRIVATE OFFICES	98		6,772	9
29			ST. JOHN'S MERCY HEALTH CARE	99.04		398	9
30	CRITICAL CARE FELLOWSHIP PROGRAM	S	NURSING ADMINISTRATION	14	1,325,348	9,351	
31							
32							
33							
34	UTILITIES - SNF ADMINISTRATION	T	SKILLED NURSING FACILITY	34		139,775	
35	STAFF BENEFITS	U	OTHER ADMINISTRATIVE AND GENERAL	6.04		1,350	
1	STAFF BENEFITS	U	DIETARY	11		922	
2			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		181,374	
3			ADULTS & PEDIATRICS	25		261	
4			OPERATING ROOM	37		1,100	
5			LABORATORY	44		362	
6			ELECTROCARDIOLOGY	53		248	
7			CARDIAC CATHETERIZATION LABORATORY	58.01		45	
8			URGENT CARE CENTER - ST. PETERS	60.02		841	
9			HOSPICE	99.05		5,124	
10			RESEARCH	97		58,139	
11			PHYSICIANS' PRIVATE OFFICES	98		298,891	
12	PHYSICIAN'S BENEFITS	V	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		225,986	
13			ELECTROCARDIOLOGY	53		67,952	
14			HYPERBARIC/OP WOUND CENTER	60.03		29,563	
15			PHYSICIANS' PRIVATE OFFICES	98		1,315,390	
16			ST. JOHN'S MERCY HEALTH CARE	99.04		184,360	
17	LAUNDRY	W	EMPLOYEE BENEFITS	5		22,939	
18			OTHER ADMINISTRATIVE AND GENERAL	6.04		1,942	
19			HOUSEKEEPING	10		1,463	
20			NURSING ADMINISTRATION	14		26	
21			CENTRAL SERVICES & SUPPLY	15		5,307	
22			PHARMACY	16		1,110	
23			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		292	
24			ADULTS & PEDIATRICS	25		1,089,631	
25			INTENSIVE CARE UNIT	26		250,381	
26			CORONARY CARE UNIT	27		162,648	
27			NEONATAL INTENSIVE CARE UNIT	27.01		83,189	
28			SUBPROVIDER	31		37,592	
29			SUBPROVIDER 2	31.01		17,769	
30			SKILLED NURSING FACILITY	34		100,168	
31			OPERATING ROOM	37		155,630	
32			RECOVERY ROOM	38		42,123	
33			DELIVERY ROOM & LABOR ROOM	39		181,179	
34			ANESTHESIOLOGY	40		2,680	
35			RADIOLOGY-DIAGNOSTIC	41		59,310	

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 LAUNDRY	W		41.01			25,741	
2			41.02			21,453	
3			41.03			25,044	
4			42			18,043	
5			43			10,466	
6			43.01			3,143	
7			44			8,432	
8			44.01			82	
9			46			2,465	
10			49			3,403	
11			50			42,874	
12			53			38,935	
13			57			6,569	
14			58			105,590	
15			58.01			75,463	
16			58.03			76,213	
17			58.04			12,252	
18			59.01			14,333	
19			60			4,811	
20			60.02			1,861	
21			60.04			1,561	
22			61			139,458	
23			62.01			47,704	
24			98			1,194	
25			99.04			5,335	
26 TRAUMA ON CALL PAY	X		6.04		2,300,700		
27 WORKER'S COMP LIGHT DUTY RECLASS	Y		6.04		136,149	640	
28 RECLASS EPOETIN COSTS	Z		56			1,482,898	
29 PATIENT PLACEMENT	AA		25		302,426	9,493	
30 INTERVENTIONAL CARE HH	BB		58.01		260,205	7,389	
31 PACU RECLASS	CC		38		72,290	2,042	
32 EMERGENCY DEPARTMENT ROUTINE REVENUE	DD		61		994,788	159,121	
33 AMBULATORY CARE UNIT	EE		62.01		201,255	21,032	
34 PAIN THERAPY CENTER	FF		61.03			411	
35 MOB HEART HOSPITAL	HH		8.03			28,734	
1 PHYSICIAN SALARY RECLASS	II	I & R SERVICES-SALARY & FRINGES APPRVD	22		75,228		
2							
3							
4 RECLASS MEACHAM PARK CLINIC EXPENSES	JJ	MEACHAM PARK CLINIC	60.01			235	
36 TOTAL RECLASSIFICATIONS					17,437,344	107,569,671	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : NURSERY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	3,739,865	ADULTS & PEDIATRICS	25	3,739,865	
TOTAL RECLASSIFICATIONS FOR CODE A			3,739,865				3,739,865

RECLASS CODE: B
EXPLANATION : INTERNS & RESIDENTS TEACHING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	2,239,728	OTHER ADMINISTRATIVE AND GENERAL	6.04	2,194,923	
2.00			0	LABORATORY	44	4,129	
3.00			0	ELECTROCARDIOLOGY	53	22,275	
4.00			0	PHYSICIANS' PRIVATE OFFICES	98	18,401	
TOTAL RECLASSIFICATIONS FOR CODE B			2,239,728				2,239,728

RECLASS CODE: C
EXPLANATION : CONFIDENTIAL PAYROLL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	1,125,273	OTHER ADMINISTRATIVE AND GENERAL	6.04	2,509,960	
2.00	ADULTS & PEDIATRICS	25	884,883	RESEARCH	97	111,774	
3.00	ADULTS & PEDIATRICS	25	142,600	PHYSICIANS' PRIVATE OFFICES	98	702,771	
4.00	ADULTS & PEDIATRICS	25	163,448	I&R SERVICES-OTHER PRGM COSTS	23	1,375,115	
5.00	ADULTS & PEDIATRICS	25	22,148			0	
6.00	CORONARY CARE UNIT	27	1,779,398			0	
7.00	SUBPROVIDER	31	113,792			0	
8.00	OPERATING ROOM	37	347,253			0	
9.00	ELECTROCARDIOLOGY	53	120,825			0	
TOTAL RECLASSIFICATIONS FOR CODE C			4,699,620				4,699,620

RECLASS CODE: D
EXPLANATION : BUILDING DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	22,235,920	EMPLOYEE BENEFITS	5	56,716	
2.00	OTHER BUILDING-MOB	3.01	2,759,914	ADMINITTING	6.03	88,984	
3.00	OTHER BUILDING-CANCER CENTER	3.02	2,242,146	OTHER ADMINISTRATIVE AND GENERAL	6.04	5,787,482	
4.00			0	MAINTENANCE & REPAIRS	7	4,125,257	
5.00			0	OPERATION OF PLANT	8	80,086	
6.00			0	OTHER BUILDING-MOB	8.01	2,423,880	
7.00			0	OTHER BUILDING-CANCER CENTER	8.02	1,613,181	
8.00			0	HEART HOSPITAL	8.03	6,282,464	
9.00			0	HOUSEKEEPING	10	400	
10.00			0	DIETARY	11	115,909	
11.00			0	NURSING ADMINISTRATION	14	139,203	
12.00			0	CENTRAL SERVICES & SUPPLY	15	206	
13.00			0	PHARMACY	16	87,849	
14.00			0	MEDICAL RECORDS & LIBRARY	17	23,886	
15.00			0	SOCIAL SERVICE	18	28,125	
16.00			0	I&R SERVICES-SALARY & FRINGES	22	5,453	
17.00			0	I&R SERVICES-OTHER PRGM COSTS	23	46,588	
18.00			0	ADULTS & PEDIATRICS	25	2,405,713	
19.00			0	INTENSIVE CARE UNIT	26	63,365	
20.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	322,548	
21.00			0	SUBPROVIDER	31	24,106	
22.00			0	SUBPROVIDER 2	31.01	257,962	
23.00			0	SKILLED NURSING FACILITY	34	46,936	
24.00			0	OPERATING ROOM	37	213,302	
25.00			0	DELIVERY ROOM & LABOR ROOM	39	124,106	
26.00			0	ANESTHESIOLOGY	40	790	
27.00			0	RADIOLOGY-DIAGNOSTIC	41	563,306	
28.00			0	ULTRASOUND	41.01	185,694	
29.00			0	CAT SCAN	41.02	31,994	
30.00			0	MAGNETIC RESONANCE IMAGING (MR)	41.03	70,538	
31.00			0	RADIOLOGY-THERAPEUTIC	42	283,265	
32.00			0	RADIOISOTOPE	43	27,905	
33.00			0	ONCOLOGY	43.01	63,490	
34.00			0	LABORATORY	44	178,150	
35.00			0	LABORATORY-PATHOLOGICAL	44.01	22,118	
36.00			0	RESPIRATORY THERAPY	49	68,201	
37.00			0	PHYSICAL THERAPY	50	386,264	

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : BUILDING DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
38.00			0	ELECTROCARDIOLOGY	53	79,527	
39.00			0	RENAL DIALYSIS	57	3,333	
40.00			0	ASC (NON-DISTINCT PART)	58	85,320	
41.00			0	CARDIAC CATHETERIZATION LABORATO	58.01	51,578	
42.00			0	GASTRO INTESTINAL SERVICES	58.03	83,563	
43.00			0	OP CHEM DEPEN	59.01	132,728	
44.00			0	CLINIC	60	44,462	
45.00			0	URGENT CARE CENTER - ST. PETER	60.02	4,135	
46.00			0	HYPERBARIC/OP WOUND CENTER	60.03	3,566	
47.00			0	URGENT CARE CENTER - O' FALLON	60.04	250	
48.00			0	EMERGENCY	61	8,367	
49.00			0	FAMILY PRACTICE	61.01	375,336	
50.00			0	NATURAL FAMILY PLANNING	61.02	13,640	
51.00			0	PAIN THERAPY CENTER	61.03	38,257	
52.00			0	AMBULATORY CARE UNIT	62.01	36,929	
53.00			0	VENDING MACHINES	96.01	4,604	
54.00			0	RESEARCH	97	6,029	
55.00			0	PHYSICIANS' PRIVATE OFFICES	98	20,322	
56.00			0	ST. JOHN'S MERCY HEALTH CARE	99.04	612	
TOTAL RECLASSIFICATIONS FOR CODE D			27,237,980	27,237,980			

RECLASS CODE: E
EXPLANATION : HOUSEKEEPING SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	1,899,926	OPERATION OF PLANT	8	1,049,833	
2.00			0	OTHER BUILDING-CANCER CENTER	8.02	373,888	
3.00			0	HEART HOSPITAL	8.03	335,140	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	184	
5.00			0	LABORATORY	44	5,556	
6.00			0	PHYSICAL THERAPY	50	26,601	
7.00			0	RENAL DIALYSIS	57	3,650	
8.00			0	OP CHEM DEPEN	59.01	36,925	
9.00			0	URGENT CARE CENTER - O' FALLON	60.04	1,794	
10.00			0	FAMILY PRACTICE	61.01	48,249	
11.00			0	PAIN THERAPY CENTER	61.03	18,106	
TOTAL RECLASSIFICATIONS FOR CODE E			1,899,926	1,899,926			

RECLASS CODE: F
EXPLANATION : COST OF DRUGS & CENTRAL SUPPLY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	23,115,428	PHARMACY	16	23,115,428	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	7,525,585	CENTRAL SERVICES & SUPPLY	15	7,525,585	
TOTAL RECLASSIFICATIONS FOR CODE F			30,641,013	30,641,013			

RECLASS CODE: G
EXPLANATION : MAINTENANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MAINTENANCE & REPAIRS	7	386,538	OTHER BUILDING-MOB	8.01	286,206	
2.00			0	OTHER BUILDING-CANCER CENTER	8.02	100,332	
TOTAL RECLASSIFICATIONS FOR CODE G			386,538	386,538			

RECLASS CODE: H
EXPLANATION : NONCERTIFIED SNF

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER LONG TERM CARE	36	2,702,675	SKILLED NURSING FACILITY	34	2,877,935	
2.00	MAINTENANCE & REPAIRS	7	175,260			0	
TOTAL RECLASSIFICATIONS FOR CODE H			2,877,935	2,877,935			

RECLASS CODE: I
EXPLANATION : PHYSICIAN BUILDINGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	157,256	FAMILY PRACTICE	61.01	157,256	
TOTAL RECLASSIFICATIONS FOR CODE I			157,256	157,256			

RECLASSIFICATIONS

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FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
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NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : NICU RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEONATAL INTENSIVE CARE UNIT	27.01	404
TOTAL RECLASSIFICATIONS FOR CODE J			404

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	404	
		404	

RECLASS CODE: K
EXPLANATION : PROPERTY INSURANCE AND TAX

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,929,352
2.00	PHYSICIANS' PRIVATE OFFICES	98	713
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			1,930,065

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	2,757	
OTHER ADMINISTRATIVE AND GENER	6.04	1,115,702	
OTHER BUILDING-MOB	8.01	509,440	
OTHER BUILDING-CANCER CENTER	8.02	103,233	
HEART HOSPITAL	8.03	77,739	
HOUSEKEEPING	10	11,886	
LABORATORY	44	16,371	
PHYSICAL THERAPY	50	25,014	
FAMILY PRACTICE	61.01	67,923	
		1,930,065	

RECLASS CODE: L
EXPLANATION : PENSION EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.04	11,684,276
TOTAL RECLASSIFICATIONS FOR CODE L			11,684,276

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	11,684,276	
		11,684,276	

RECLASS CODE: M
EXPLANATION : LAB ADMINISTRATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LABORATORY-PATHOLOGICAL	44.01	54,299
2.00	WHOLE BLOOD & PACKED RED BLOOD	46	175,944
TOTAL RECLASSIFICATIONS FOR CODE M			230,243

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
LABORATORY	44	54,299	
LABORATORY	44	175,944	
		230,243	

RECLASS CODE: N
EXPLANATION : BURN & ICU RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	9
2.00	CORONARY CARE UNIT	27	49
TOTAL RECLASSIFICATIONS FOR CODE N			58

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTENSIVE CARE UNIT	26	9	
INTENSIVE CARE UNIT	26	49	
		58	

RECLASS CODE: O
EXPLANATION : COMMUNITY ONCOLOGY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.04	54,290
TOTAL RECLASSIFICATIONS FOR CODE O			54,290

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RESEARCH	97	54,290	
		54,290	

RECLASS CODE: P
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	732,291
TOTAL RECLASSIFICATIONS FOR CODE P			732,291

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.04	732,291	
		732,291	

RECLASS CODE: Q
EXPLANATION : DIETARY TECH SALARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	35,027
TOTAL RECLASSIFICATIONS FOR CODE Q			35,027

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	35,027	
		35,027	

RECLASSIFICATIONS

PROVIDER NO: 260020	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 2/2008 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: R
EXPLANATION : EQUIPMENT DEPRECIATION & RENTAL

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	20,133,751	EMPLOYEE BENEFITS	5	39,875	
2.00	NEW CAP REL COSTS-MVBLE EQUIP-	4.01	1,173,694	PURCHASING	6.02	8,685	
3.00	NEW CAP REL COSTS-MVBLE EQUIP-	4.02	2,343,833	ADMINITTING	6.03	20,560	
4.00			0	OTHER ADMINISTRATION AND GENER	6.04	1,572,224	
5.00			0	MAINTENANCE & REPAIRS	7	361,775	
6.00			0	OPERATION OF PLANT	8	138,155	
7.00			0	OTHER BUILDING-MOB	8.01	10,249	
8.00			0	OTHER BUILDING-CANCER CENTER	8.02	42,354	
9.00			0	HEART HOSPITAL	8.03	96,609	
10.00			0	LAUNDRY & LINEN SERVICE	9	18,486	
11.00			0	HOUSEKEEPING	10	48,892	
12.00			0	DIETARY	11	220,172	
13.00			0	NURSING ADMINISTRATION	14	1,282,596	
14.00			0	CENTRAL SERVICES & SUPPLY	15	1,320,574	
15.00			0	PHARMACY	16	315,061	
16.00			0	MEDICAL RECORDS & LIBRARY	17	512,629	
17.00			0	SOCIAL SERVICE	18	12,244	
18.00			0	I&R SERVICES-SALARY & FRINGES	22	2,006	
19.00			0	I&R SERVICES-OTHER PRGM COSTS	23	59,014	
20.00			0	PARAMED PRGM	24	1,883	
21.00			0	ADULTS & PEDIATRICS	25	476,383	
22.00			0	INTENSIVE CARE UNIT	26	55,496	
23.00			0	CORONARY CARE UNIT	27	832,496	
24.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	278,488	
25.00			0	SUBPROVIDER	31	26,574	
26.00			0	SUBPROVIDER 2	31.01	7,926	
27.00			0	NURSERY	33	3,140	
28.00			0	SKILLED NURSING FACILITY	34	151,095	
29.00			0	OPERATING ROOM	37	2,577,255	
30.00			0	RECOVERY ROOM	38	11,051	
31.00			0	DELIVERY ROOM & LABOR ROOM	39	182,143	
32.00			0	ANESTHESIOLOGY	40	659,570	
33.00			0	RADIOLOGY-DIAGNOSTIC	41	3,805,354	
34.00			0	ULTRASOUND	41.01	425,389	
35.00			0	CAT SCAN	41.02	1,101,235	
36.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	505,608	
37.00			0	RADIOLOGY-THERAPEUTIC	42	1,604,298	
38.00			0	RADIOISOTOPE	43	848,175	
39.00			0	ONCOLOGY	43.01	37,208	
40.00			0	LABORATORY	44	263,127	
41.00			0	LABORATORY-PATHOLOGICAL	44.01	56,228	
42.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	85,420	
43.00			0	RESPIRATORY THERAPY	49	407,237	
44.00			0	PHYSICAL THERAPY	50	172,267	
45.00			0	ELECTROCARDIOLOGY	53	956,648	
46.00			0	RENAL DIALYSIS	57	30,577	
47.00			0	ASC (NON-DISTINCT PART)	58	19,174	
48.00			0	CARDIAC CATHETERIZATION LABORATO	58.01	964,043	
49.00			0	GASTROINTESTINAL SERVICES	58.03	486,511	
50.00			0	ELECTROCONVULSIVE THERAPY (ECT	58.04	16,432	
51.00			0	OP PSYCH	59	52	
52.00			0	OP CHEM DEPEN	59.01	12,096	
53.00			0	CLINIC	60	11,866	
54.00			0	URGENT CARE CENTER - ST. PETER	60.02	12,452	
55.00			0	HYPERBARI C/OP WOUND CENTER	60.03	36,213	
56.00			0	URGENT CARE CENTER - O' FALLON	60.04	19,044	
57.00			0	EMERGENCY	61	398,452	
58.00			0	NATURAL FAMILY PLANNING	61.02	4,008	
59.00			0	AMBULATORY CARE UNIT	62.01	4,551	
60.00			0	VENDING MACHINES	96.01	4,560	
61.00			0	RESEARCH	97	10,223	
62.00			0	PHYSICIANS' PRIVATE OFFICES	98	6,772	
63.00			0	ST. JOHN'S MERCY HEALTH CARE	99.04	398	
TOTAL RECLASSIFICATIONS FOR CODE R			23,651,278	TOTAL RECLASSIFICATIONS FOR CODE R			23,651,278

RECLASS CODE: S
EXPLANATION : CRITICAL CARE FELLOWSHIP PROGRAM

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	564,680	NURSING ADMINISTRATION	14	1,334,699	
2.00	INTENSIVE CARE UNIT	26	154,004			0	
3.00	CORONARY CARE UNIT	27	410,676			0	
4.00	EMERGENCY	61	205,339			0	
TOTAL RECLASSIFICATIONS FOR CODE S			1,334,699	TOTAL RECLASSIFICATIONS FOR CODE S			1,334,699

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: T
EXPLANATION : UTILITIES - SNF ADMINISTRATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	139,775
TOTAL RECLASSIFICATIONS FOR CODE T			139,775

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SKILLED NURSING FACILITY	34	139,775	

RECLASS CODE: U
EXPLANATION : STAFF BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	530,542
2.00	OTHER ADMINISTRATIVE AND GENERAL	6.04	1,473
3.00	ADULTS & PEDIATRICS	25	122
4.00	CORONARY CARE UNIT	27	929
5.00	NEONATAL INTENSIVE CARE UNIT	27.01	831
6.00	DELIVERY ROOM & LABOR ROOM	39	1,071
7.00	RADIOISOTOPE	43	5,597
8.00	PHYSICAL THERAPY	50	1,174
9.00	ELECTROCARDIOLOGY	53	5,144
10.00	ASC (NON-DISTINCT PART)	58	1,623
11.00	CARDIAC CATHETERIZATION LABORATORY	58.01	151
12.00			0
TOTAL RECLASSIFICATIONS FOR CODE U			548,657

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENERAL	6.04	1,350	
DIETARY	11	922	
I&R SERVICES-OTHER PRGM COSTS	23	181,374	
ADULTS & PEDIATRICS	25	261	
OPERATING ROOM	37	1,100	
LABORATORY	44	362	
ELECTROCARDIOLOGY	53	248	
CARDIAC CATHETERIZATION LABORATORY	58.01	45	
URGENT CARE CENTER - ST. PETER	60.02	841	
HOSPICE	99.05	5,124	
RESEARCH	97	58,139	
PHYSICIANS' PRIVATE OFFICES	98	298,891	
		548,657	

RECLASS CODE: V
EXPLANATION : PHYSICIANS' BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,823,251
2.00			0
3.00			0
4.00			0
5.00			0
TOTAL RECLASSIFICATIONS FOR CODE V			1,823,251

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
I&R SERVICES-OTHER PRGM COSTS	23	225,986	
ELECTROCARDIOLOGY	53	67,952	
HYPERBARIC/OP WOUND CENTER	60.03	29,563	
PHYSICIANS' PRIVATE OFFICES	98	1,315,390	
ST. JOHN'S MERCY HEALTH CARE	99.04	184,360	
		1,823,251	

RECLASS CODE: W
EXPLANATION : LAUNDRY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	2,907,804
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	22,939	
OTHER ADMINISTRATIVE AND GENERAL	6.04	1,942	
HOUSEKEEPING	10	1,463	
NURSING ADMINISTRATION	14	26	
CENTRAL SERVICES & SUPPLY	15	5,307	
PHARMACY	16	1,110	
I&R SERVICES-OTHER PRGM COSTS	23	292	
ADULTS & PEDIATRICS	25	1,089,631	
INTENSIVE CARE UNIT	26	250,381	
CORONARY CARE UNIT	27	162,648	
NEONATAL INTENSIVE CARE UNIT	27.01	83,189	
SUBPROVIDER	31	37,592	
SUBPROVIDER 2	31.01	17,769	
SKILLED NURSING FACILITY	34	100,168	
OPERATING ROOM	37	155,630	
RECOVERY ROOM	38	42,123	
DELIVERY ROOM & LABOR ROOM	39	181,179	
ANESTHESIOLOGY	40	2,680	
RADIOLOGY-DIAGNOSTIC	41	59,310	
ULTRASOUND	41.01	25,741	
CAT SCAN	41.02	21,453	
MAGNETIC RESONANCE IMAGING (MR)	41.03	25,044	
RADIOLOGY-THERAPEUTIC	42	18,043	
RADIOISOTOPE	43	10,466	
ONCOLOGY	43.01	3,143	
LABORATORY	44	8,432	
LABORATORY-PATHOLOGICAL	44.01	82	
WHOLE BLOOD & PACKED RED BLOOD	46	2,465	
RESPIRATORY THERAPY	49	3,403	
PHYSICAL THERAPY	50	42,874	
ELECTROCARDIOLOGY	53	38,935	
RENAL DIALYSIS	57	6,569	
ASC (NON-DISTINCT PART)	58	105,590	

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: W
EXPLANATION : LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
34.00			0	CARDIAC CATHETERIZATION LABORATO	58.01	75,463	
35.00			0	GASTRO INTESTINAL SERVICES	58.03	76,213	
36.00			0	ELECTROCONVULSIVE THERAPY (ECT	58.04	12,252	
37.00			0	OP CHEM DEPEN	59.01	14,333	
38.00			0	CLINIC	60	4,811	
39.00			0	URGENT CARE CENTER - ST. PETER	60.02	1,861	
40.00			0	URGENT CARE CENTER - O'FALLON	60.04	1,561	
41.00			0	EMERGENCY	61	139,458	
42.00			0	AMBULATORY CARE UNIT	62.01	47,704	
43.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,194	
44.00			0	ST. JOHN'S MERCY HEALTH CARE	99.04	5,335	
TOTAL RECLASSIFICATIONS FOR CODE W			2,907,804				2,907,804

RECLASS CODE: X
EXPLANATION : TRAUMA ON CALL PAY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	2,300,700	OTHER ADMINISTRATIVE AND GENER	6.04	2,300,700	
TOTAL RECLASSIFICATIONS FOR CODE X			2,300,700				2,300,700

RECLASS CODE: Y
EXPLANATION : WORKER'S COMP LIGHT DUTY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	136,789	OTHER ADMINISTRATIVE AND GENER	6.04	136,789	
TOTAL RECLASSIFICATIONS FOR CODE Y			136,789				136,789

RECLASS CODE: Z
EXPLANATION : RECLASS EPOETIN COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	1,482,898	DRUGS CHARGED TO PATIENTS	56	1,482,898	
TOTAL RECLASSIFICATIONS FOR CODE Z			1,482,898				1,482,898

RECLASS CODE: AA
EXPLANATION : PATIENT PLACEMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	311,919	ADULTS & PEDIATRICS	25	311,919	
TOTAL RECLASSIFICATIONS FOR CODE AA			311,919				311,919

RECLASS CODE: BB
EXPLANATION : INTERVENTIONAL CARE HH

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CORONARY CARE UNIT	27	267,594	CARDIAC CATHETERIZATION LABORATO	58.01	267,594	
TOTAL RECLASSIFICATIONS FOR CODE BB			267,594				267,594

RECLASS CODE: CC
EXPLANATION : PACU RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	74,332	RECOVERY ROOM	38	74,332	
TOTAL RECLASSIFICATIONS FOR CODE CC			74,332				74,332

RECLASS CODE: DD
EXPLANATION : EMERGENCY DEPARTMENT ROUTINE REVENUE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	1,153,909	EMERGENCY	61	1,153,909	
TOTAL RECLASSIFICATIONS FOR CODE DD			1,153,909				1,153,909

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: EE
EXPLANATION : AMBULATORY CARE UNIT

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	222,287	AMBULATORY CARE UNIT	62.01	222,287
TOTAL RECLASSIFICATIONS FOR CODE EE		222,287			

RECLASS CODE: FF
EXPLANATION : PAIN THERAPY CENTER

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	411	PAIN THERAPY CENTER	61.03	411
TOTAL RECLASSIFICATIONS FOR CODE FF		411			

RECLASS CODE: HH
EXPLANATION : MOB HEART HOSPITAL

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	28,734	HEART HOSPITAL	8.03	28,734
TOTAL RECLASSIFICATIONS FOR CODE HH		28,734			

RECLASS CODE: II
EXPLANATION : PHYSICIAN SALARY RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	65,384	I&R SERVICES-SALARY & FRINGES	22	75,228
2.00	I&R SERVICES-OTHER PRGM COSTS	8,190			0
3.00	PHYSICIANS' PRIVATE OFFICES	1,654			0
TOTAL RECLASSIFICATIONS FOR CODE II		75,228	75,228		

RECLASS CODE: JJ
EXPLANATION : RECLASS MEACHAM PARK CLINIC EXPENSES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CLINIC	235	MEACHAM PARK CLINIC	60.01	235
TOTAL RECLASSIFICATIONS FOR CODE JJ		235	235		

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	2,957,433					2,957,433	
2	LAND IMPROVEMENTS	4,420,918					4,420,918	2,034,439
3	BUILDINGS & FIXTURE	123,076,365					123,076,365	80,811,376
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							504,975
6	MOVABLE EQUIPMENT	41,902,549					41,902,549	1,058,391
7	SUBTOTAL	172,357,265					172,357,265	84,409,181
8	RECONCILING ITEMS							
9	TOTAL	172,357,265					172,357,265	84,409,181

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	101,130					101,130	
2	LAND IMPROVEMENTS	8,173,547	122,934		122,934	303,148	7,993,333	1,728,223
3	BUILDINGS & FIXTURE	407,394,500	63,346,033		63,346,033	6,037,588	464,702,945	72,462,068
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	8,118,206	4,497		4,497	9,731	8,112,972	2,551,188
6	MOVABLE EQUIPMENT	123,328,203	19,071,636		19,071,636	3,606,437	138,793,402	49,296,219
7	SUBTOTAL	547,115,586	82,545,100		82,545,100	9,956,904	619,703,782	126,037,698
8	RECONCILING ITEMS							
9	TOTAL	547,115,586	82,545,100		82,545,100	9,956,904	619,703,782	126,037,698

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-20,318,219			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	10,530,639			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-3,189,512	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 TELEPHONE ELIMINATION	A	-45,490	OTHER ADMINISTRATIVE AND	6.04	
38 PHYSICAL THERAPY SERVICES	A	-8,531	PHYSICAL THERAPY	50	
39 SJMH SHARED SERVICES	A	88,216,983	SJMH-SHARED SERVICES	99.02	
40 AHA CARRYFORWARD SCHEDULE	A	-128,658	NEW CAP REL COSTS-MVBLE E	4	9
41 MOB RENTAL INCOME ELIMINATION	A	-270,742	OTHER BUI LDING-MOB	8.01	
42 MOB RENTAL INCOME ELIMINATION	A	-605,282	OTHER BUI LDING-CANCER CEN	8.02	
43 OTHER ADJUSTMENTS (SPECIFY)					
44 MOB RENTAL INCOME ELIMINATION	A	-70,475	PHYSICAL THERAPY	50	
45 MOB RENTAL INCOME ELIMINATION	A	-132,501	OP CHEM DEPEN	59.01	
46 MOB RENTAL INCOME ELIMINATION	A	-66,850	PAIN THERAPY CENTER	61.03	
47 PHYSICIAN TEACHING RCE ELIMINATION	A	-1,134,798	I & R SERVICES-OTHER PRGM C	23	
48 FRA ADJUSTMENT	A	37,240,560	OTHER ADMINISTRATIVE AND	6.04	
49 TELEVISION ELIMINATION	A	-152,919	OPERATION OF PLANT	8	
49.01 TELEVISION ELIMINATION	A	-911	EMPLOYEE BENEFITS	5	
49.02 TELEVISION ELIMINATION	A	-40,004	NEW CAP REL COSTS-MVBLE E	4	9
49.03 MI SC. INCOME - UNNECESSARY BORROWING	A	-175,115	NEW CAP REL COSTS-BLDG &	3	11
49.04 MI SC INCOME - INTEREST INCOME OFFSET	B	-227,333	NEW CAP REL COSTS-BLDG &	3	11
49.05 GIFT SHOP	A	151,859	GIFT, FLOWER, COFFEE SHOP	96	
49.06 AHA/MHA/CHA DUES	A	-52,348	OTHER ADMINISTRATIVE AND	6.04	
49.07 ELIMINATED PROVISION FOR BAD DEBT EX	A	-16,881,973	OTHER ADMINISTRATIVE AND	6.04	
49.08 NON ALLOWABLE MARKETING / PROMOTION	A	-135,752	OTHER ADMINISTRATIVE AND	6.04	
49.09 NON ALLOWABLE MARKETING / PROMOTION	A	-60	CENTRAL SERVICES & SUPPLY	15	
49.10 NON ALLOWABLE MARKETING / PROMOTION	A	-2,278	I & R SERVICES-SALARY & FRI	22	
49.11 NON ALLOWABLE MARKETING / PROMOTION	A	-22,416	SUBPROVIDER	31	
49.12 NON ALLOWABLE MARKETING / PROMOTION	A	-5,098	SKILLED NURSING FACILITY	34	
49.13 NON ALLOWABLE MARKETING / PROMOTION	A	-154	RADIOLOGY-DIAGNOSTIC	41	
49.14 NON ALLOWABLE MARKETING / PROMOTION	A	-540	ULTRASOUND	41.01	
49.15 NON ALLOWABLE MARKETING / PROMOTION	A	-4,088	ONCOLOGY	43.01	
49.16 NON ALLOWABLE MARKETING / PROMOTION	A	-1,080	LABORATORY	44	
49.17 NON ALLOWABLE MARKETING / PROMOTION	A	-53,795	WHOLE BLOOD & PACKED RED	46	
49.18 NON ALLOWABLE MARKETING / PROMOTION	A	-4,188	PHYSICAL THERAPY	50	
49.19 NON ALLOWABLE MARKETING / PROMOTION	A	-1,698	URGENT CARE CENTER - ST.	60.02	
49.20 NON ALLOWABLE MARKETING / PROMOTION	A	-2,057	HYPERBARIC/OP WOUND CENTE	60.03	
49.21 NON ALLOWABLE MARKETING / PROMOTION	A	-1,698	URGENT CARE CENTER - O' FA	60.04	
49.22					
49.23 A&G NON ALLOWABLE COSTS	A	-849,995	OTHER ADMINISTRATIVE AND	6.04	
49.24 A&G NON ALLOWABLE COSTS	A	-86,790	EMPLOYEE BENEFITS	5	
49.25 PARKING GARAGE	A	-260,248	NEW CAP REL COSTS-BLDG &	3	9
49.26 AHA ADJUSTMENT	A	217,071	NEW CAP REL COSTS-MVBLE E	4	9
49.27 AHA CARRY FORWARD / MEDICARE DEPRECI	A	127,436	NEW CAP REL COSTS-MVBLE E	4	9
49.28 BUI LDING DEPRECIATION	A	138,350	NEW CAP REL COSTS-BLDG &	3	9
49.29 MI SC INCOME	B	-2,127,140	EMPLOYEE BENEFITS	5	
49.30 MI SC INCOME	B	-1,854,485	OTHER ADMINISTRATIVE AND	6.04	
49.31 MI SC INCOME	B	-5,000	HOUSEKEEPING	10	
49.32 MI SC INCOME	B	-33,274	DIETARY	11	
49.33 MI SC INCOME	B	-91,828	NURSING ADMINISTRATION	14	
49.34 MI SC INCOME	B	-394,788	PHARMACY	16	
49.35 MI SC INCOME	B	-385,262	MEDICAL RECORDS & LIBRARY	17	
49.36 MI SC INCOME	B	-23	I & R SERVICES-SALARY & FRI	22	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
26-0020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
49.37 MI SC INCOME	B	-40,900	PARAMED ED PRGM	24	
49.38 MI SC INCOME	B	-2,412	ADULTS & PEDIATRICS	25	
49.39 MI SC INCOME	B	-68,180	SUBPROVIDER	31	
49.40 MI SC INCOME	B	-8,650	SKILLED NURSING FACILITY	34	
49.41 MI SC INCOME	B	-10,800	OPERATING ROOM	37	
49.42 MI SC INCOME	B	-49,241	RADIOLOGY-DIAGNOSTIC	41	
49.43 MI SC INCOME	B	-79	RADIOLOGY-THERAPEUTIC	42	
49.44 MI SC INCOME	B	-263,535	PHYSICAL THERAPY	50	
49.45 MI SC INCOME	B	-6,231	ELECTROCARDIOLOGY	53	
49.46 MI SC INCOME	B	-2,968	OP PSYCH	59	
49.47 MI SC INCOME	B	-16,552	OP CHEM DEPEN	59.01	
49.48 MI SC INCOME	B	-2,275,900	CLINIC	60	
49.49 MI SC INCOME	B	-4,435	URGENT CARE CENTER - ST.	60.02	
49.50 MI SC INCOME	B	-847	HYPERBARIC/OP WOUND CENTE	60.03	
49.51 MI SC INCOME	B	-8,467	URGENT CARE CENTER - O'FA	60.04	
49.52 MI SC INCOME	B	-47,909	EMERGENCY	61	
49.53 MI SC INCOME	B	-23,840	NATURAL FAMILY PLANNING	61.02	
49.54					
49.55					
49.56 INTEREST INCOME OFFSET	B	-329,842	NEW CAP REL COSTS-BLDG &	3	11
49.57					
49.58					
49.59					
50 TOTAL (SUM OF LINES 1 THRU 49)		83,636,714			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

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	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6 4	OTHER ADMINISTRATIVE AND		10,061,486	-10,061,486	
2	6 4	OTHER ADMINISTRATIVE AND		711,677	-711,677	
3	6 4	OTHER ADMINISTRATIVE AND		32,603,533	-32,603,533	
4	6 4	OTHER ADMINISTRATIVE AND		1,985,427	-1,985,427	
4.01	6 4	OTHER ADMINISTRATIVE AND		2,115,200	-2,115,200	
4.02	6 4	OTHER ADMINISTRATIVE AND		2,253,049	-2,253,049	
4.03	6 4	OTHER ADMINISTRATIVE AND		23,568,444	-23,568,444	
4.04	6 4	OTHER ADMINISTRATIVE AND		6,216,169	-6,216,169	
4.05	6 4	OTHER ADMINISTRATIVE AND		238,134	-238,134	
4.06	6 4	OTHER ADMINISTRATIVE AND		2,188,290	-2,188,290	
4.07	6 4	OTHER ADMINISTRATIVE AND		2,099,253	-2,099,253	
4.08	6 4	OTHER ADMINISTRATIVE AND		314,867	-314,867	
4.09	6 4	OTHER ADMINISTRATIVE AND		223,085	-223,085	
4.10	6 4	OTHER ADMINISTRATIVE AND	1,027,827		1,027,827	
4.11	5	EMPLOYEE BENEFITS	349		349	
4.12	6 2	PURCHASING	38		38	
4.13	6 3	ADMINISTRATIVE	317		317	
4.14	6 4	OTHER ADMINISTRATIVE AND	12,380		12,380	
4.15	7	MAINTENANCE & REPAIRS	216,219		216,219	
4.16	8	OPERATION OF PLANT	2,644		2,644	
4.17	8 1	OTHER BUILDING-MOB	3,865		3,865	
4.18	9	LAUNDRY & LINEN SERVICE	10		10	
4.19	10	HOUSEKEEPING	230		230	
4.20	11	DIETARY	78		78	
4.21	14	NURSING ADMINISTRATION	7,514		7,514	
4.22	15	CENTRAL SERVICES & SUPPLY	241,979		241,979	
4.23	16	PHARMACY	17,040		17,040	
4.24	17	MEDICAL RECORDS & LIBRARY	34		34	
4.25	18	SOCIAL SERVICE	38		38	
4.26	23	I&R SERVICES-OTHER PRGM C	343		343	
4.27	24	PARAMEDICAL PRGM	2,684		2,684	
4.28	25	ADULTS & PEDIATRICS	198,139		198,139	
4.29	26	INTENSIVE CARE UNIT	60,391		60,391	
4.30	27	CORONARY CARE UNIT	91,281		91,281	
4.31	27 1	NEONATAL INTENSIVE CARE U	94,013		94,013	
4.32	31	SUBPROVIDER	4,113		4,113	
4.33	31 1	SUBPROVIDER 2	2,676		2,676	
4.34	33	NURSERY	162		162	
4.35	34	SKILLED NURSING FACILITY	13,819		13,819	
4.36	37	OPERATING ROOM	685,382		685,382	
4.37	38	RECOVERY ROOM	6,300		6,300	
4.38	39	DELIVERY ROOM & LABOR ROO	49,491		49,491	
4.39	40	ANESTHESIOLOGY	204,080		204,080	
4.40	41	RADIOLOGY-DIAGNOSTIC	586,871		586,871	
4.41	41 1	ULTRASOUND	125,474		125,474	
4.42	41 2	CAT SCAN	862,735		862,735	
4.43	41 3	MAGNETIC RESONANCE IMAGIN	728,971		728,971	
4.44	42	RADIOLOGY-THERAPEUTIC	671,215		671,215	
4.45	43	RADIOISOTOPE	122,824		122,824	
4.46	43 1	ONCOLOGY	5,509		5,509	
4.47	44	LABORATORY	217,332		217,332	
4.48	44 1	LABORATORY-PATHOLOGICAL	48,960		48,960	
4.49	46	WHOLE BLOOD & PACKED RED	69,621		69,621	
4.50	49	RESPIRATORY THERAPY	119,759		119,759	
4.51	50	PHYSICAL THERAPY	24,155		24,155	
4.52	53	ELECTROCARDIOLOGY	303,675		303,675	
4.53	57	RENAL DIALYSIS	116,514		116,514	
4.54	58	ASC (NON-DISTINCT PART)	4,555		4,555	
4.55	58 1	CARDIAC CATHETERIZATION LAB	211,779		211,779	
4.56	58 3	GASTROINTESTINAL SERVICE	299,350		299,350	
4.57	58 4	ELECTROCONVULSIVE THERAPY	1,612		1,612	
4.58	59 1	OP CHEM DEPEND	20		20	
4.59	60	CLINIC	4,120		4,120	
4.60	60 1	MEACHAM PARK CLINIC				
4.61	60 2	URGENT CARE CENTER - ST.	15,558		15,558	
4.62	60 3	HYPERBARIC/OP WOUND CENTE	6,838		6,838	
4.63	60 4	URGENT CARE CENTER - O'FA	5,330		5,330	
4.64	61	EMERGENCY	53,024		53,024	
4.65	62 1	AMBULATORY CARE UNIT	5,566		5,566	
4.66	97	RESEARCH	210		210	
4.67	98	PHYSICIANS' PRIVATE OFFIC	25,500		25,500	
4.68	99 4	ST. JOHN'S MERCY HEALTH C	44,103		44,103	
4.69	6 4	OTHER ADMINISTRATIVE AND	70,132,501		70,132,501	
4.70	6 3	ADMINISTRATIVE	5,029,326		5,029,326	

4.71	6	2	PURCHASING	355,501		355,501
4.72	5		EMPLOYEE BENEFITS	5,960,497		5,960,497
4.73	6	4	OTHER ADMINISTRATIVE AND	1,285,300		1,285,300
4.74	6	4	OTHER ADMINISTRATIVE AND	2,566,372		2,566,372
4.75	6	4	OTHER ADMINISTRATIVE AND	2,155,140		2,155,140
4.76						
4.77						
4.78						
4.79						
4.80						
4.81						
4.82						
4.83						
4.84						
4.85						
4.86						
4.87						
4.88						
4.89						
4.90						
5			TOTALS	95,109,253	84,578,614	10,530,639

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO 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.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES 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 2	PERCENTAGE OF OWNERSHIP 3	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME 4	PERCENTAGE OF OWNERSHIP 5	TYPE OF BUSINESS 6
1	B	0.00		0.00	
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 4	OTHER ADMINISTRATIVE AND	456,695	456,695		177,200			
2 18	SOCIAL SERVICE	40,440	40,440		177,200			
3 23	I&R SERVICES-OTHER PRGM C	1,554,079	1,554,079		177,200			
4 25	ADULTS & PEDIATRICS	165,998	2,550	163,448	196,400	1,388	131,059	6,553
5 27 1	NEONATAL INTENSIVE CARE U	271,500	271,500		177,200			
6 31	SUBPROVIDER	22,550	22,550		154,100			
7 41	RADIOLOGY-DIAGNOSTIC				225,300			
8 41 1	ULTRASOUND	1,615,852	1,615,852		225,300			
9 44	LABORATORY	185,814	39,822	145,992	215,700	3,563	369,490	18,475
10 46	WHOLE BLOOD & PACKED RED	9,721	9,721		215,700			
11 49	RESPIRATORY THERAPY	67,645	67,645		177,200			
12 50	PHYSICAL THERAPY	1,265,999	1,265,999		177,200			
13 37	OPERATING ROOM	2,265,241	2,265,241		208,000			
14 58 1	CARDIAC CATHETERIZATION LAB				177,200			
15 58 3	GASTRO INTESTINAL SERVICE	4,703	4,703		177,200			
16 60	CLINIC	263,574	263,574		177,200			
17 61	EMERGENCY	687	687		177,200			
18 18	SOCIAL SERVICE				177,200			
19 25	A&P MEDICINE	1,273,996	358,464	915,532	165,600	7,975	634,933	31,747
20 25	A&P PEDS	1,001,835	472,431	529,404	140,600	3,839	259,502	12,975
21 25	A&P OB/GYN	161,447	28,069	133,378	196,400	455	42,963	2,148
22 25	A&P FAM MED	25,075	15,533	9,542	138,700	172	11,469	573
23 27	CORONARY CARE UNIT	2,014,576	1,398,567	616,009	177,200	8,692	740,492	37,025
24 31	SUBPROVIDER	128,832	72,042	56,790	154,100	483	35,784	1,789
25 37	OPERATING ROOM	393,149	47,899	345,250	208,000	2,105	210,500	10,525
26 53	ELECTROCARDIOLOGY	2,479,631	2,299,915	179,716	177,200	1,625	138,438	6,922
27 22	I&R SERVICES-SALARY & FRI	1,952	1,952		177,200			
28 23	I&R SERVICES-OTHER PRGM C	212,281	212,281		177,200			
29 60 2	URGENT CARE CENTER - ST.	632,145	632,145		177,200			
30 60 3	HYPERBARIC/OP WOUND CENTE	247,178	212,848	34,330	177,200	260	22,150	1,108
31 60 4	URGENT CARE CENTER - O'FA	472,922	472,922		177,200			
32 61	EMERGENCY	5,445,862	5,256,578	189,284	177,200	1,365	116,288	5,814
33 61 3	PAIN THERAPY CENTER				177,200			
101	TOTAL	22,681,379	19,362,704	3,318,675		31,922	2,713,068	135,654

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	4 OTHER ADMINISTRATIVE AND							456,695
2 18	SOCIAL SERVICE							40,440
3 23	I&R SERVICES-OTHER PRGM C							1,554,079
4 25	ADULTS & PEDIATRICS					131,059	32,389	34,939
5 27	1 NEONATAL INTENSIVE CARE U							271,500
6 31	SUBPROVIDER							22,550
7 41	RADIOLOGY-DIAGNOSTIC							
8 41	1 ULTRASOUND							1,615,852
9 44	LABORATORY					369,490		39,822
10 46	WHOLE BLOOD & PACKED RED							9,721
11 49	RESPIRATORY THERAPY							67,645
12 50	PHYSICAL THERAPY							1,265,999
13 37	OPERATING ROOM							2,265,241
14 58	1 CARDIAC CATHETERIZATION LAB							
15 58	3 GASTRO INTESTINAL SERVICE							4,703
16 60	CLINIC							263,574
17 61	EMERGENCY							687
18 18	SOCIAL SERVICE							
19 25	A&P MEDICINE					634,933	280,599	639,063
20 25	A&P PEDS					259,502	269,902	742,333
21 25	A&P OB/GYN					42,963	90,415	118,484
22 25	A&P FAM MED					11,469		15,533
23 27	CORONARY CARE UNIT					740,492		1,398,567
24 31	SUBPROVIDER					35,784	21,006	93,048
25 37	OPERATING ROOM					210,500	134,750	182,649
26 53	ELECTROCARDIOLOGY					138,438	41,278	2,341,193
27 22	I&R SERVICES-SALARY & FRI							1,952
28 23	I&R SERVICES-OTHER PRGM C							212,281
29 60	2 URGENT CARE CENTER - ST.							632,145
30 60	3 HYPERBARIC/OP WOUND CENTE					22,150	12,180	225,028
31 60	4 URGENT CARE CENTER - O'FA							472,922
32 61	EMERGENCY					116,288	72,996	5,329,574
33 61	3 PAIN THERAPY CENTER							
101	TOTAL					2,713,068	955,515	20,318,219

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	OTHER BUILDING-MOB	4	SQUARE FEET	ENTERED
3.02	OTHER BUILDING-CANCER CENTER	5	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	6	DOLLAR VALUE	ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	7	DOLLAR VALUE	ENTERED
4.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	8	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	9	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	11	TELEPHONE	NOT ENTERED
6.02	PURCHASING	12	PURCHASING G	ENTERED
6.03	ADMINISTRATIVE	13	GROSS REVENUE	ENTERED
6.04	OTHER ADMINISTRATIVE AND GENERAL	-14	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
8.01	OTHER BUILDING-MOB	4	SQUARE FEET	ENTERED
8.02	OTHER BUILDING-CANCER CENTER	5	SQUARE FEET	ENTERED
8.03	HEART HOSPITAL		SQUARE FEET	NOT ENTERED
9	LAUNDRY & LINEN SERVICE	18	POUNDS LAUNDRY	ENTERED
10	HOUSEKEEPING	19	HOURS OF SERVICE	ENTERED
10.01	HOUSEKEEPING-MED CENTER	3	SQUARE FEET	ENTERED
10.02	HOUSEKEEPING-MOB	4	SQUARE FEET	ENTERED
10.03	HOUSEKEEPING-CANCER CENTER	5	SQUARE FEET	ENTERED
11	DIETARY	22	MEALS SERVED	ENTERED
12	CAFETERIA	23	MEALS SERVED	ENTERED
14	NURSING ADMINISTRATION	25	DIRECT NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	26	COSTED REQUIS.	ENTERED
16	PHARMACY	27	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	28	TIME SPENT	ENTERED
18	SOCIAL SERVICE	29	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	33	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	33	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	34	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	OTHER BUI LDIN G-MOB	OTHER BUI LDIN G-CANCER CEN	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E
	0	3	3.01	3.02	4	4.01	4.02
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	24,043,375	24,043,375					
003 02 OTHER BUILDING-MOB	2,759,914		2,759,914				
004 01 OTHER BUILDING-CANCER CEN	2,242,146			2,242,146			
004 02 NEW CAP REL COSTS-MVBLE E	20,309,596				20,309,596		
004 01 NEW CAP REL COSTS-MVBLE E	1,173,694					1,173,694	
004 02 NEW CAP REL COSTS-MVBLE E	2,343,833						2,343,833
005 EMPLOYEE BENEFITS	62,167,527	217,434	3,625		33,237	305	6,661
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING	493,548	49,969			8,763		
006 03 ADMINITTING	8,517,557	84,277			20,745		
006 04 OTHER ADMINISTRATIVE AND	149,172,873	1,250,251	107,481	136,762	1,549,786	23,325	12,858
007 MAINTENANCE & REPAIRS	7,317,913	2,552,918	138,530	254,772	327,377	16,303	21,004
008 OPERATION OF PLANT	7,789,613	90,348		1,032	236,622		257
008 01 OTHER BUILDING-MOB	2,860,746					10,174	
008 02 OTHER BUILDING-CANCER CEN							42,561
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE	3,386,636	79,220			18,653		
010 HOUSEKEEPING	5,299,611	190,242	19,504	12,773	41,155	6,360	1,706
010 01 HOUSEKEEPING-MED CENTER							
010 02 HOUSEKEEPING-MOB							
010 03 HOUSEKEEPING-CANCER CENTE							
011 DIETARY	7,410,354	553,125		30,301	217,406		4,732
012 CAFETERIA							
014 NURSING ADMINISTRATION	3,923,629	89,677	6,822		1,248,943	44,492	
015 CENTRAL SERVICES & SUPPLY	2,700,039	273,505			1,332,486		
016 PHARMACY	9,974,503	153,966			317,903		
017 MEDICAL RECORDS & LIBRARY	5,310,667	74,880		18,344	517,253		
018 SOCIAL SERVICE	4,095,947	101,848			12,354		
022 I&R SERVICES-SALARY & FRI	5,056,108	37,514			2,024		
023 I&R SERVICES-OTHER PRGM C	5,389,671	40,826	125,906		16,739	42,116	
024 PARAMED ED PRGM	144,143	13,514			1,900		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	52,960,107	4,010,805			480,680		
026 INTENSIVE CARE UNIT	9,773,231	428,022			55,997		
027 CORONARY CARE UNIT	8,548,970	616,698			840,005		
027 01 NEONATAL INTENSIVE CARE U	12,429,707	289,778			281,000		
031 SUBPROVIDER	5,026,492	442,625			26,814		
031 01 SUBPROVIDER 2	394,909	273,057			7,997		
033 NURSERY	6,157,414	9,830			3,168		
034 SKILLED NURSING FACILITY	4,744,454	264,361			119,409		
036 OTHER LONG TERM CARE	2,702,675	370,102			33,048		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	53,318,857	1,369,895			2,600,502		
038 RECOVERY ROOM	1,916,690	76,356			11,151		
039 DELIVERY ROOM & LABOR ROO	9,003,603	450,247			183,786		
040 ANESTHESIOLOGY	4,373,764	20,614			657,661		
041 RADIOLOGY-DIAGNOSTIC	10,451,291	620,591	146,576	169,872	2,823,457	935,609	64,974
041 01 ULTRASOUND	1,878,367	139,855			429,206		20
041 02 CAT SCAN	2,104,922	44,794			1,111,168		
041 03 MAGNETIC RESONANCE IMAGIN	1,655,442	131,755			510,169		
042 RADIOLOGY-THERAPEUTIC	4,389,306	4,520		400,899	30,487		1,581,069
043 RADIOISOTOPE	2,531,815	142,987			283,926		569,564
043 01 ONCOLOGY	892,059			149,728			37,390
044 LABORATORY	13,327,320	299,772	20,962		247,668	17,544	
044 01 LABORATORY-PATHOLOGICAL	1,739,970	101,565			56,735		
046 WHOLE BLOOD & PACKED RED	5,651,684	105,443			86,190		
049 RESPIRATORY THERAPY	8,075,045	77,430			410,910		
050 PHYSICAL THERAPY	8,201,660	603,378	22,215	24,178	110,538	61,235	1,037
053 ELECTROCARDIOLOGY	15,211,772	291,643	7,629		955,629	9,491	
055 MEDICAL SUPPLIES CHARGED	7,525,585						
056 DRUGS CHARGED TO PATIENTS	21,632,530						
057 RENAL DIALYSIS	2,592,736	71,732			30,853		
058 ASC (NON-DISTINCT PART)	2,784,666	267,240			19,347		
058 01 CARDIAC CATHETERIZATION LAB	8,184,022	562,119			972,739		
058 03 GASTROINTESTINAL SERVICE	3,541,786	199,893			490,899		
058 04 ELECTROCONVULSIVE THERAPY	217,474	31,369			16,580		
059 OP PSYCH	387,732	125,819			52		
059 01 OP CHEM DEPEN	523,665	125,819			12,205		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,940,357	154,070			11,973		
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.	1,050,619	64,617			12,564		
060 03 HYPERBARIC/OP WOUND CENTE	433,416	62,231			36,540		
060 04 URGENT CARE CENTER - O'FA	825,635	44,078			19,216		
061 EMERGENCY	9,198,266	536,150			402,046		
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING	275,372				4,044		
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT	1,350,984	105,443			4,592		
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	27,543						
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	655,837,557	19,390,217	599,250	1,198,661	20,294,297	1,166,954	2,343,833
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	152,025	39,439					

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & G-MOB	BUI LDIN	OTHER BUI LDIN G-CANCER CEN	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E
		0	3	3.01	3.02	4	4.01	4.02
NONREIMBURS COST CENTERS								
096	01 VENDING MACHINES	941,125	12,142	19,125		2,397	2,167	
096	02 VISITOR MEALS							
097	RESEARCH	558,237			85,548	10,315		
098	PHYSICIANS' PRIVATE OFFICE	11,366,901	1,285,319	2,020,336	610,797	2,185	4,573	
099	NONPAID WORKERS							
099	01 MEALS ON WHEELS							
099	02 SJMH-SHARED SERVICES	88,216,983						
099	03 CONVENT							
099	04 ST. JOHN'S MERCY HEALTH C	275,064	2,033,624	47,560		402		
099	05 HOSPICE	63,399	2,237					
099	06 VACANT SPACE		1,280,397	73,643	347,140			
099	07 SALES & SERVICE-PHYSICIAN							
099	08 REHAB HOSPITAL	10,672,444						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	768,083,735	24,043,375	2,759,914	2,242,146	20,309,596	1,173,694	2,343,833

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING	ADMINISTRATIVE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	5	6.01	6.02	6.03	6a.03	6.04	7
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & OTHER BUILDING-MOB							
003 02 OTHER BUILDING-CANCER CEN							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	62,428,789						
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING	24,889		577,169				
006 03 ADMINISTRATIVE	770,545		1,378	9,394,502			
006 04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	2,871,684		6,593	430	155,132,043	155,132,043	
007 MAINTENANCE & REPAIRS	636,203		1,090		11,266,110	2,851,340	14,117,450
008 OPERATION OF PLANT	293,851		84		8,411,807	2,128,944	64,131
008 01 OTHER BUILDING-MOB	2,821		29		2,873,770	727,322	
008 02 OTHER BUILDING-CANCER CEN	556				43,117	10,912	
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE	55,643		2,113		3,542,265	896,512	56,233
010 HOUSEKEEPING	1,255,003		4,027		6,830,381	1,728,701	135,039
010 01 HOUSEKEEPING-MED CENTER							
010 02 HOUSEKEEPING-MOB							
010 03 HOUSEKEEPING-CANCER CENTE							
011 DIETARY	1,351,779		22,654	9,628	9,599,979	2,429,659	392,624
012 CAFETERIA							
014 NURSING ADMINISTRATION	808,220		1,344		6,123,127	1,549,702	63,655
015 CENTRAL SERVICES & SUPPLY	520,210				4,826,240	1,221,473	194,141
016 PHARMACY	2,042,165				12,488,537	3,160,724	109,289
017 MEDICAL RECORDS & LIBRARY	743,334		681		6,665,159	1,686,885	53,152
018 SOCIAL SERVICE	894,309		326		5,104,784	1,291,970	72,295
022 I&R SERVICES-SALARY & FRI	934,640		35		6,030,321	1,526,214	26,629
023 I&R SERVICES-OTHER PRGM C	1,197,696		365	31,013	6,844,332	1,732,232	28,979
024 PARAMEDICAL PRGM	42,790		8		202,355	51,214	9,593
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,794,874		10,737	932,841	70,190,044	17,764,398	2,846,980
026 INTENSIVE CARE UNIT	2,025,971		2,228	236,506	12,521,955	3,169,182	303,823
027 CORONARY CARE UNIT	2,148,573		1,592	185,050	12,340,888	3,123,355	437,750
027 01 NEONATAL INTENSIVE CARE U	2,725,147		3,506	360,689	16,089,827	4,072,174	205,693
031 SUBPROVIDER	1,186,469		337	55,192	6,737,929	1,705,302	314,188
031 01 SUBPROVIDER 2	79,033		82	6,776	761,854	192,818	193,824
033 NURSERY	1,159,527		2,598	56,811	7,389,348	1,870,170	6,977
034 SKILLED NURSING FACILITY	986,417		69,099	6,183,740	1,565,043	187,651	187,651
036 OTHER LONG TERM CARE	556,444		19,124	3,681,393	931,724	262,709	262,709
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,640,021		183,532	874,708	61,987,515	15,688,420	972,391
038 RECOVERY ROOM	452,306		230	125,675	2,582,408	653,582	54,200
039 DELIVERY ROOM & LABOR ROO	1,767,075		4,671	172,120	11,581,502	2,931,162	319,599
040 ANESTHESIOLOGY	160,725		16,220	156,561	5,385,545	1,363,028	14,633
041 RADIOLOGY-DIAGNOSTIC	1,605,394		9,372	436,003	17,263,139	4,369,128	440,514
041 01 ULTRASOUND	373,975		418	136,091	2,957,932	748,623	99,273
041 02 CAT SCAN	245,771		784	447,139	3,954,578	1,000,864	31,796
041 03 MAGNETIC RESONANCE IMAGIN	131,178		1,795	155,470	2,585,809	654,442	93,524
042 RADIOLOGY-THERAPEUTIC	441,549		1,360	161,093	7,010,283	1,774,233	3,208
043 RADIOISOTOPE	211,038		6,611	165,288	3,911,229	989,893	101,497
043 01 ONCOLOGY	147,452		368	19,924	1,246,921	315,583	
044 LABORATORY	1,723,780		14,921	1,052,209	16,704,176	4,227,660	212,787
044 01 LABORATORY-PATHOLOGICAL	243,842		2,302	79,361	2,223,775	562,815	72,094
046 WHOLE BLOOD & PACKED RED	606,153		11,167	103,313	6,563,950	1,661,270	74,847
049 RESPIRATORY THERAPY	1,485,234		7,955	332,716	10,389,290	2,629,425	54,962
050 PHYSICAL THERAPY	1,504,686		3,630	147,878	10,680,435	2,703,111	428,295
053 ELECTROCARDIOLOGY	1,340,865		41,751	532,593	18,391,373	4,654,673	207,016
055 MEDICAL SUPPLIES CHARGED			36,090	216,287	7,777,962	1,968,524	
056 DRUGS CHARGED TO PATIENTS			113,402	847,414	22,593,346	5,718,150	
057 RENAL DIALYSIS	158,105		742	24,159	2,878,327	728,476	50,918
058 ASC (NON-DISTINCT PART)	643,198		601	66,508	3,781,560	957,075	189,695
058 01 CARDIAC CATHETERIZATION LAB	702,384		18,822	328,460	10,768,546	2,725,411	399,009
058 03 GASTROINTESTINAL SERVICE	475,538		5,717	210,263	4,924,096	1,246,239	141,890
058 04 ELECTROCONVULSIVE THERAPY	41,031		219	8,074	314,747	79,659	22,267
059 OP PSYCH	50,656		47	6,418	570,724	144,445	89,310
059 01 OP CHEM DEPEN	77,393		153	10,619	749,854	189,781	89,310
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	481,123		18,483	27,860	4,633,866	1,172,785	109,363
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.	321,100		618	26,675	1,476,193	373,610	45,867
060 03 HYPERBARIC/OP WOUND CENTE	121,312		235	8,483	662,217	167,601	44,173
060 04 URGENT CARE CENTER - O'FA	254,435		385	17,069	1,160,818	293,791	31,288
061 EMERGENCY	3,270,543		3,943	434,168	13,845,116	3,504,060	380,575
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING	53,035		98	211	332,760	84,218	
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT	296,548		161	52,895	1,810,623	458,251	74,847
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				68	27,611	6,988	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	60,136,238		568,610	9,346,932	645,609,531	124,134,946	10,814,503
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			1		191,465	48,458	27,995

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING	ADMITTING	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	5	6.01	6.02	6.03	6a.03	6.04	7
NONREIMBURS COST CENTERS							
096 01 VENDING MACHINES	76,979		2,669		1,056,604	267,416	8,619
096 02 VISITOR MEALS							
097 RESEARCH	102,872		74		757,046	191,601	
098 PHYSICIANS' PRIVATE OFFICE	2,107,874		5,387	47,570	17,450,942	4,416,659	912,357
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES					88,216,983	22,326,936	
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH CARE			425		2,357,075	596,552	1,443,525
099 05 HOSPICE	4,826		3		70,465	17,834	1,588
099 06 VACANT SPACE					1,701,180	430,552	908,863
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL					10,672,444	2,701,089	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	62,428,789		577,169	9,394,502	768,083,735	155,132,043	14,117,450

COST CENTER DESCRIPTION	OPERATION OF PLANT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CEN L	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER
	8	8.01	8.02	8.03	9	10	10.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 OTHER BUILDING-MOB							
004 01 OTHER BUILDING-CANCER CEN							
004 02 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING							
006 03 ADMINITTING							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	10,604,882						
008 01 OTHER BUILDING-MOB		3,601,092					
008 02 OTHER BUILDING-CANCER CEN			54,029				
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE	42,434				4,537,444		
010 HOUSEKEEPING	101,903	27,979	373		2,303	8,826,679	
010 01 HOUSEKEEPING-MED CENTER						7,326,275	7,326,275
010 02 HOUSEKEEPING-MOB						1,182,803	
010 03 HOUSEKEEPING-CANCER CENTE						317,601	
011 DIETARY	296,281			885			207,507
012 CAFETERIA							
014 NURSING ADMINISTRATION	48,035	9,786			41		33,643
015 CENTRAL SERVICES & SUPPLY	146,503				8,353		102,606
016 PHARMACY	82,472				1,747		57,761
017 MEDICAL RECORDS & LIBRARY	40,109		536				28,091
018 SOCIAL SERVICE	54,555						38,209
022 I&R SERVICES-SALARY & FRI	20,095						14,074
023 I&R SERVICES-OTHER PRGM C	21,868	180,617			460		15,316
024 PARAMED ED PRGM	7,239						5,070
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,148,382				1,744,642		1,504,671
026 INTENSIVE CARE UNIT	229,270				394,076		160,574
027 CORONARY CARE UNIT	330,334				257,771		231,357
027 01 NEONATAL INTENSIVE CARE U	155,220				130,931		108,711
031 SUBPROVIDER	237,092				59,166		166,053
031 01 SUBPROVIDER 2	146,263				27,967		102,438
033 NURSERY	5,265						3,688
034 SKILLED NURSING FACILITY	141,605				74,891		99,176
036 OTHER LONG TERM CARE	198,245				82,764		138,845
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	733,783				244,947		513,921
038 RECOVERY ROOM	40,900				65,040		28,645
039 DELIVERY ROOM & LABOR ROO	241,175				285,158		168,912
040 ANESTHESIOLOGY	11,042				4,218		7,734
041 RADIOLOGY-DIAGNOSTIC	332,419	210,269	4,962		93,348		232,817
041 01 ULTRASOUND	74,913				40,514		52,467
041 02 CAT SCAN	23,994				33,765		16,804
041 03 MAGNETIC RESONANCE IMAGIN	70,575				39,417		49,429
042 RADIOLOGY-THERAPEUTIC	2,421		11,711		28,398		1,696
043 RADIOISOTOPE	76,591				16,472		53,642
043 01 ONCOLOGY			4,374		4,947		
044 LABORATORY	160,573	30,070			13,271		112,461
044 01 LABORATORY-PATHOLOGICAL	54,403				129		38,102
046 WHOLE BLOOD & PACKED RED	56,481				3,880		39,557
049 RESPIRATORY THERAPY	41,476				5,356		29,048
050 PHYSICAL THERAPY	323,199	31,869	706		67,480		226,360
053 ELECTROCARDIOLOGY	156,218	10,944			61,280		109,411
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	38,423				10,339		26,911
058 ASC (NON-DISTINCT PART)	143,147				166,189		100,256
058 01 CARDIAC CATHETERIZATION LAB	301,099				116,993		210,881
058 03 GASTROINTESTINAL SERVICE	107,072				119,952		74,991
058 04 ELECTROCONVULSIVE THERAPY	16,803				19,283		11,768
059 OP PSYCH	67,395						47,201
059 01 OP CHEM DEPEN	67,395				22,559		47,201
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	82,528				7,572		57,800
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.	34,612				2,929		24,241
060 03 HYPERBARIC/OP WOUND CENTE	33,334						23,346
060 04 URGENT CARE CENTER - O'FA	23,610				2,457		16,536
061 EMERGENCY	287,189				197,730		201,139
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING							
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT	56,481				68,433		39,557
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	8,112,421	501,534	23,547		4,527,168	8,826,679	5,580,624
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	21,125						14,796

COST CENTER DESCRIPTION	OPERATION OF PLANT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER
	8	8.01	8.02	8.03	9	10	10.01
NONREIMBURS COST CENTERS							
096 01 VENDING MACHINES	6,504	27,436					4,555
096 02 VISITOR MEALS							
097 RESEARCH			2,499				
098 PHYSICIANS' PRIVATE OFFICE	688,481	2,898,253	17,843		1,879		482,193
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES							
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH CARE	1,089,309	68,226			8,397		762,922
099 05 HOSPICE	1,198						839
099 06 VACANT SPACE	685,844	105,643	10,140				480,346
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	10,604,882	3,601,092	54,029		4,537,444	8,826,679	7,326,275

COST CENTER DESCRIPTION	HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTE	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	10.02	10.03	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & OTHER BUILDING-MOB							
003 02 OTHER BUILDING-CANCER CEN							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING							
006 03 ADMINITTING							
006 04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OTHER BUILDING-MOB							
008 02 OTHER BUILDING-CANCER CEN							
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-MED CENTER							
010 02 HOUSEKEEPING-MOB	1,182,803						
010 03 HOUSEKEEPING-CANCER CENTE		317,601					
011 DIETARY		5,239	12,932,174				
012 CAFETERIA			7,069,687	7,069,687			
014 NURSING ADMINISTRATION	3,240			104,456	7,935,685		
015 CENTRAL SERVICES & SUPPLY				135,936		6,635,252	
016 PHARMACY				220,411		100,578	16,221,519
017 MEDICAL RECORDS & LIBRARY		3,172		155,973		1	2
018 SOCIAL SERVICE				120,937		1,250	1,788
022 I&R SERVICES-SALARY & FRI				163,968			
023 I&R SERVICES-OTHER PRGM C	59,789			90,293		10	
024 PARAMED ED PRGM				4,730		99	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			3,028,317	1,866,908	3,257,195	118,171	31,580
026 INTENSIVE CARE UNIT			346,698	303,091	570,088	33,835	3,498
027 CORONARY CARE UNIT			370,721	273,184	513,837	18,875	3,940
027 01 NEONATAL INTENSIVE CARE U				342,290	643,818	55,144	3,879
031 SUBPROVIDER			353,516	182,445		1,259	2,200
031 01 SUBPROVIDER 2			33,173	16,927	31,839	923	144
033 NURSERY				151,899	276,068	17,150	1,418
034 SKILLED NURSING FACILITY					210,905		
036 OTHER LONG TERM CARE					118,442		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				470,247	839,857	3,323,402	83,880
038 RECOVERY ROOM				58,464		3,654	1,073
039 DELIVERY ROOM & LABOR ROO				250,930	471,978	68,615	8,175
040 ANESTHESIOLOGY				39,560		156,353	815,885
041 RADIOLOGY-DIAGNOSTIC	69,605	29,373		199,934		140,768	36,553
041 01 ULTRASOUND				41,996	68,753	2,897	2,190
041 02 CAT SCAN				33,077		12,355	9,452
041 03 MAGNETIC RESONANCE IMAGIN				17,366		15,742	90,954
042 RADIOLOGY-THERAPEUTIC		69,319		58,863		22,894	351
043 RADIOISOTOPE				25,659		41,823	443,978
043 01 ONCOLOGY		25,889		19,070		4,599	1,744
044 LABORATORY	9,954			297,931		262,166	749
044 01 LABORATORY-PATHOLOGICAL				40,844		38,826	155
046 WHOLE BLOOD & PACKED RED				80,029		115,420	468,799
049 RESPIRATORY THERAPY				210,991		84,855	318,569
050 PHYSICAL THERAPY	10,549	4,181		154,812	4,587	51,465	641
053 ELECTROCARDIOLOGY	3,623			106,282	147,860	759,693	2,254
055 MEDICAL SUPPLIES CHARGED						645,041	
056 DRUGS CHARGED TO PATIENTS							10,881,051
057 RENAL DIALYSIS				19,379	36,450	7,987	772,909
058 ASC (NON-DISTINCT PART)				79,837		2,039	279
058 01 CARDIAC CATHETERIZATION LAB				88,521	134,429	342,010	4,527
058 03 GASTROINTESTINAL SERVICE				66,787	125,621	95,038	514
058 04 ELECTROCONVULSIVE THERAPY				7,171		783	17,266
059 OP PSYCH				7,605		11	
059 01 OP CHEM DEPEN				10,221		37	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				81,935		1,949	1,966,931
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.						4,423	25,746
060 03 HYPERBARIC/OP WOUND CENTE						2,727	489
060 04 URGENT CARE CENTER - O'FA						3,085	14,002
061 EMERGENCY				260,054	412,401	69,539	14,107
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING				9,040		2	
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT				38,044	71,557	1,925	264
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	156,760	137,173	11,202,112	6,908,097	7,935,685	6,629,418	16,031,936
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				9,932		14	

COST CENTER DESCRIPTION		HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTE	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SERVI	PHARMACY
		10.02	10.03	11	12	14	15		16
NONREIMBURS COST CENTERS									
096	01 VENDING MACHINES	9,082			20,127			145	
096	02 VISITOR MEALS			1,653,321					
097	RESEARCH		14,792		16,612			16	4
098	PHYSICIANS' PRIVATE OFFICE	959,405	105,612		110,717		4,423		188,651
099	NONPAID WORKERS								
099	01 MEALS ON WHEELS			76,741					
099	02 SJMH-SHARED SERVICES								
099	03 CONVENT								
099	04 ST. JOHN'S MERCY HEALTH C	22,585			4,202		1,236		928
099	05 HOSPICE								
099	06 VACANT SPACE	34,971	60,024						
099	07 SALES & SERVICE-PHYSICIAN								
099	08 REHAB HOSPITAL								
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	1,182,803	317,601	12,932,174	7,069,687	7,935,685	6,635,252		16,221,519

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	17	18	22	23	24		25	
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS-BLDG & OTHER BUILDING-MOB								
003 02 OTHER BUILDING-CANCER CEN								
004 NEW CAP REL COSTS-MVBLE E								
004 01 NEW CAP REL COSTS-MVBLE E								
004 02 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 PURCHASING								
006 03 ADMINITTING								
006 04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
008 01 OTHER BUILDING-MOB								
008 02 OTHER BUILDING-CANCER CEN								
008 03 HEART HOSPITAL								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
010 01 HOUSEKEEPING-MED CENTER								
010 02 HOUSEKEEPING-MOB								
010 03 HOUSEKEEPING-CANCER CENTE								
011 DIETARY								
012 CAFETERIA								
014 NURSING ADMINISTRATION								
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	8,633,080							
018 SOCIAL SERVICE		6,685,788						
022 I&R SERVICES-SALARY & FRI			7,781,301					
023 I&R SERVICES-OTHER PRGM C	28,676			9,002,572				
024 PARAMED ED PRGM					280,300			
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	862,566	3,704,260	3,943,535	4,562,468			117,574,117	-8,506,003
026 INTENSIVE CARE UNIT	218,689	563,065	547,318	633,220			19,998,382	-1,180,538
027 CORONARY CARE UNIT	171,109	421,448	665,815	770,315			19,930,699	-1,436,130
027 01 NEONATAL INTENSIVE CARE U	333,517	374,224	40,458	46,808			22,602,694	-87,266
031 SUBPROVIDER	51,034	674,317	139,729	161,659			10,785,889	-301,388
031 01 SUBPROVIDER 2	6,265						1,514,435	
033 NURSERY	52,531	115,736	55,804	64,563			10,010,617	-120,367
034 SKILLED NURSING FACILITY	63,893						8,526,904	
036 OTHER LONG TERM CARE	17,683						5,431,805	
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	808,812		1,303,641	1,508,247			88,479,063	-2,811,888
038 RECOVERY ROOM	116,207						3,604,173	
039 DELIVERY ROOM & LABOR ROO	159,154	28,097	384,701	445,080			17,344,238	-829,781
040 ANESTHESIOLOGY	144,766		188,034	217,546			8,348,344	-405,580
041 RADIOLOGY-DIAGNOSTIC	403,156		56,502	65,370			23,947,857	-121,872
041 01 ULTRASOUND	125,838						4,215,396	
041 02 CAT SCAN	413,454						5,530,139	
041 03 MAGNETIC RESONANCE IMAGIN	143,758						3,761,016	
042 RADIOLOGY-THERAPEUTIC	148,958						9,132,335	
043 RADIOISOTOPE	152,836						5,813,620	
043 01 ONCOLOGY	18,423						1,641,550	
044 LABORATORY	972,542					280,300	23,284,640	
044 01 LABORATORY-PATHOLOGICAL	73,382						3,104,525	
046 WHOLE BLOOD & PACKED RED	95,530						9,159,763	
049 RESPIRATORY THERAPY	307,651		55,586	64,311			14,191,520	-119,897
050 PHYSICAL THERAPY	136,738	112,386	41,853	48,422			15,027,089	-90,275
053 ELECTROCARDIOLOGY	492,470						25,103,097	
055 MEDICAL SUPPLIES CHARGED	199,993						10,591,520	
056 DRUGS CHARGED TO PATIENTS	783,574						39,976,121	
057 RENAL DIALYSIS	22,339	56,193					4,648,651	-1,482,898
058 ASC (NON-DISTINCT PART)	61,498	37,066					5,518,641	
058 01 CARDIAC CATHETERIZATION LAB	303,715	112,386					15,507,527	
058 03 GASTROINTESTINAL SERVICE	194,423		48,480	56,089			7,201,192	-104,569
058 04 ELECTROCONVULSIVE THERAPY	7,465						497,212	
059 OP PSYCH	5,934	224,772					1,157,397	
059 01 OP CHEM DEPEN	9,819						1,186,177	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	25,761		125,560	145,266			8,411,316	-270,826
060 01 MEACHAM PARK CLINIC								
060 02 URGENT CARE CENTER - ST.	24,666						2,012,287	
060 03 HYPERBARIC/OP WOUND CENTE	7,844						941,731	
060 04 URGENT CARE CENTER - O'FA	15,783						1,561,370	
061 EMERGENCY	401,460	261,838	184,285	213,208			20,232,701	-397,493
061 01 FAMILY PRACTICE								
061 02 NATURAL FAMILY PLANNING	195						426,215	
061 03 PAIN THERAPY CENTER								
062 OBSERVATION BEDS (NON-DIS								
062 01 AMBULATORY CARE UNIT	48,910						2,668,892	
065 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES	63						34,662	
065 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	8,633,080	6,685,788	7,781,301	9,002,572	280,300		600,637,519	-18,266,771
095 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP							313,785	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
NONREIMBURS COST CENTERS	17	18	22	23	24		25	
096 01 VENDING MACHINES							1,400,488	
096 02 VISITOR MEALS							1,653,321	
097 RESEARCH							982,570	
098 PHYSICIANS' PRIVATE OFFICE							28,237,415	
099 NONPAID WORKERS								
099 01 MEALS ON WHEELS							76,741	
099 02 SJMH-SHARED SERVICES							110,543,919	
099 03 CONVENT								
099 04 ST. JOHN'S MERCY HEALTH C							6,354,957	
099 05 HOSPICE							91,924	
099 06 VACANT SPACE							4,417,563	
099 07 SALES & SERVICE-PHYSICIAN								
099 08 REHAB HOSPITAL							13,373,533	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	8,633,080	6,685,788	7,781,301	9,002,572	280,300		768,083,735	-18,266,771

TOTAL

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
003	01 NEW CAP REL COSTS-BLDG &	
003	02 OTHER BUILDING-MOB	
004	01 OTHER BUILDING-CANCER CEN	
004	02 NEW CAP REL COSTS-MVBLE E	
004	01 NEW CAP REL COSTS-MVBLE E	
004	02 NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 PURCHASING	
006	03 ADMINITTING	
006	04 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
008	01 OTHER BUILDING-MOB	
008	02 OTHER BUILDING-CANCER CEN	
008	03 HEART HOSPITAL	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
010	01 HOUSEKEEPING-MED CENTER	
010	02 HOUSEKEEPING-MOB	
010	03 HOUSEKEEPING-CANCER CENTE	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	109,068,114
026	INTENSIVE CARE UNIT	18,817,844
027	CORONARY CARE UNIT	18,494,569
027	01 NEONATAL INTENSIVE CARE U	22,515,428
031	SUBPROVIDER	10,484,501
031	01 SUBPROVIDER 2	1,514,435
033	NURSERY	9,890,250
034	SKILLED NURSING FACILITY	8,526,904
036	OTHER LONG TERM CARE	5,431,805
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	85,667,175
038	RECOVERY ROOM	3,604,173
039	DELIVERY ROOM & LABOR ROO	16,514,457
040	ANESTHESIOLOGY	7,942,764
041	RADIOLOGY-DIAGNOSTIC	23,825,985
041	01 ULTRASOUND	4,215,396
041	02 CAT SCAN	5,530,139
041	03 MAGNETIC RESONANCE IMAGIN	3,761,016
042	RADIOLOGY-THERAPEUTIC	9,132,335
043	RADIOISOTOPE	5,813,620
043	01 ONCOLOGY	1,641,550
044	LABORATORY	23,284,640
044	01 LABORATORY-PATHOLOGICAL	3,104,525
046	WHOLE BLOOD & PACKED RED	9,159,763
049	RESPIRATORY THERAPY	14,071,623
050	PHYSICAL THERAPY	14,936,814
053	ELECTROCARDIOLOGY	25,103,097
055	MEDICAL SUPPLIES CHARGED	10,591,520
056	DRUGS CHARGED TO PATIENTS	39,976,121
057	RENAL DIALYSIS	3,165,753
058	ASC (NON-DISTINCT PART)	5,518,641
058	01 CARDIAC CATHETERIZATION LAB	15,507,527
058	03 GASTROINTESTINAL SERVICE	7,096,623
058	04 ELECTROCONVULSIVE THERAPY	497,212
059	OP PSYCH	1,157,397
059	01 OP CHEM DEPEN	1,186,177
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	8,140,490
060	01 MEACHAM PARK CLINIC	
060	02 URGENT CARE CENTER - ST.	2,012,287
060	03 HYPERBARIC/OP WOUND CENTE	941,731
060	04 URGENT CARE CENTER - O'FA	1,561,370
061	EMERGENCY	19,835,208
061	01 FAMILY PRACTICE	
061	02 NATURAL FAMILY PLANNING	426,215
061	03 PAIN THERAPY CENTER	
062	OBSERVATION BEDS (NON-DIS	
062	01 AMBULATORY CARE UNIT	2,668,892
065	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	34,662
065	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	582,370,748
095	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	313,785

COST CENTER		TOTAL
DESCRIPTION		
	NONREIMBURS COST CENTERS	27
096	01 VENDING MACHINES	1,400,488
096	02 VISITOR MEALS	1,653,321
097	RESEARCH	982,570
098	PHYSICIANS' PRIVATE OFFICE	28,237,415
099	NONPAID WORKERS	
099	01 MEALS ON WHEELS	76,741
099	02 SJMH-SHARED SERVICES	110,543,919
099	03 CONVENT	
099	04 ST. JOHN'S MERCY HEALTH C	6,354,957
099	05 HOSPICE	91,924
099	06 VACANT SPACE	4,417,563
099	07 SALES & SERVICE-PHYSICIAN	
099	08 REHAB HOSPITAL	13,373,533
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	749,816,964

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & G-MOB	OTHER BUI LDIN G-CANCER CEN	OTHER BUI LDIN G-CANCER CEN	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E
	0	3	3.01	3.02	4	4.01	4.02
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & OTHER BUILDING-MOB							
003 02 OTHER BUILDING-CANCER CEN							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		217,434	3,625		33,237	305	6,661
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING		49,969			8,763		
006 03 ADMITTING		84,277			20,745		
006 04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	9,786,250	1,250,251	107,481	136,762	1,549,786	23,325	12,858
007 OPERATION OF PLANT		2,552,918	138,530	254,772	327,377	16,303	21,004
008 01 OTHER BUILDING-MOB		90,348		1,032	236,622		257
008 02 OTHER BUILDING-CANCER CEN						10,174	
008 03 HEART HOSPITAL							42,561
009 LAUNDRY & LINEN SERVICE		79,220			18,653		
010 HOUSEKEEPING		190,242	19,504	12,773	41,155	6,360	1,706
010 01 HOUSEKEEPING-MED CENTER							
010 02 HOUSEKEEPING-MOB							
010 03 HOUSEKEEPING-CANCER CENTE							
011 DIETARY		553,125		30,301	217,406		4,732
012 CAFETERIA							
014 NURSING ADMINISTRATION		89,677	6,822		1,248,943	44,492	
015 CENTRAL SERVICES & SUPPLY		273,505			1,332,486		
016 PHARMACY		153,966			317,903		
017 MEDICAL RECORDS & LIBRARY		74,880		18,344	517,253		
018 SOCIAL SERVICE		101,848			12,354		
022 I&R SERVICES-SALARY & FRI		37,514			2,024		
023 I&R SERVICES-OTHER PRGM C		40,826	125,906		16,739	42,116	
024 PARAMEDICAL PRGM		13,514			1,900		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		4,010,805			480,680		
026 INTENSIVE CARE UNIT		428,022			55,997		
027 CORONARY CARE UNIT		616,698			840,005		
027 01 NEONATAL INTENSIVE CARE U		289,778			281,000		
031 SUBPROVIDER		442,625			26,814		
031 01 SUBPROVIDER 2		273,057			7,997		
033 NURSERY		9,830			3,168		
034 SKILLED NURSING FACILITY		264,361			119,409		
036 OTHER LONG TERM CARE		370,102			33,048		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,369,895			2,600,502		
038 RECOVERY ROOM		76,356			11,151		
039 DELIVERY ROOM & LABOR ROO		450,247			183,786		
040 ANESTHESIOLOGY		20,614			657,661		
041 RADIOLOGY-DIAGNOSTIC		620,591	146,576	169,872	2,823,457	935,609	64,974
041 01 ULTRASOUND		139,855			429,206		20
041 02 CAT SCAN		44,794			1,111,168		
041 03 MAGNETIC RESONANCE IMAGIN		131,755			510,169		
042 RADIOLOGY-THERAPEUTIC		4,520		400,899	30,487		1,581,069
043 RADIOISOTOPE		142,987			283,926		569,564
043 01 ONCOLOGY				149,728			37,390
044 LABORATORY		299,772	20,962		247,668	17,544	
044 01 LABORATORY-PATHOLOGICAL		101,565			56,735		
046 WHOLE BLOOD & PACKED RED		105,443			86,190		
049 RESPIRATORY THERAPY		77,430			410,910		
050 PHYSICAL THERAPY		603,378	22,215	24,178	110,538	61,235	1,037
053 ELECTROCARDIOLOGY		291,643	7,629		955,629	9,491	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		71,732			30,853		
058 ASC (NON-DISTINCT PART)		267,240			19,347		
058 01 CARDIAC CATHETERIZATION LAB		562,119			972,739		
058 03 GASTROINTESTINAL SERVICE		199,893			490,899		
058 04 ELECTROCONVULSIVE THERAPY		31,369			16,580		
059 OP PSYCH		125,819			52		
059 01 OP CHEM DEPEN		125,819			12,205		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		154,070			11,973		
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.		64,617			12,564		
060 03 HYPERBARIC/OP WOUND CENTE		62,231			36,540		
060 04 URGENT CARE CENTER - O'FA		44,078			19,216		
061 EMERGENCY		536,150			402,046		
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING					4,044		
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT		105,443			4,592		
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,786,250	19,390,217	599,250	1,198,661	20,294,297	1,166,954	2,343,833
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		39,439					

COST CENTER DESCRIPTION		DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & G-MOB	OTHER BUI LDIN G-CANCER CEN	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	
		0	3	3.01	3.02	4	4.01	4.02
NONREIMBURS COST CENTERS								
096	01 VENDING MACHINES		12,142	19,125		2,397	2,167	
096	02 VISITOR MEALS							
097	RESEARCH				85,548	10,315		
098	PHYSICIANS' PRIVATE OFFICE		1,285,319	2,020,336	610,797	2,185	4,573	
099	NONPAID WORKERS							
099	01 MEALS ON WHEELS							
099	02 SJMH-SHARED SERVICES							
099	03 CONVENT							
099	04 ST. JOHN'S MERCY HEALTH C		2,033,624	47,560		402		
099	05 HOSPICE		2,237					
099	06 VACANT SPACE		1,280,397	73,643	347,140			
099	07 SALES & SERVICE-PHYSICIAN							
099	08 REHAB HOSPITAL							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	9,786,250	24,043,375	2,759,914	2,242,146	20,309,596	1,173,694	2,343,833

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 WORKSHEET B PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	4a	5	6.01	6.02	6.03	6.04	7
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & OTHER BUILDING-MOB							
003 02 OTHER BUILDING-CANCER CEN							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	261,262	261,262					
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING	58,732	104		58,836			
006 03 ADMINISTRATION	105,022	3,225		140	108,387		
006 04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	12,866,713	12,020		672	5	12,879,410	
007 OPERATION OF PLANT	3,310,904	2,663		111		236,724	3,550,402
008 01 OTHER BUILDING-MOB	328,259	1,230		9		176,749	16,128
008 02 OTHER BUILDING-CANCER CEN	10,174	12		3		60,384	
008 03 HEART HOSPITAL	42,561	2				906	
009 LAUNDRY & LINEN SERVICE	97,873	233		215		74,430	14,142
010 HOUSEKEEPING	271,740	5,253		410		143,520	33,961
010 01 HOUSEKEEPING-MED CENTER							
010 02 HOUSEKEEPING-MOB							
010 03 HOUSEKEEPING-CANCER CENTE							
011 DIETARY	805,564	5,658		2,307	111	201,715	98,741
012 CAFETERIA							
014 NURSING ADMINISTRATION	1,389,934	3,383		137		128,659	16,009
015 CENTRAL SERVICES & SUPPLY	1,605,991	2,177				101,409	48,825
016 PHARMACY	471,869	8,548				262,409	27,485
017 MEDICAL RECORDS & LIBRARY	610,477	3,111		69		140,048	13,367
018 SOCIAL SERVICE	114,202	3,743		33		107,262	18,181
022 I&R SERVICES-SALARY & FRI	39,538	3,912		4		126,709	6,697
023 I&R SERVICES-OTHER PRGM C	225,587	5,013		37	359	143,813	7,288
024 PARAMED ED PRGM	15,414	179		1		4,252	2,412
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,491,485	49,327		1,094	10,795	1,474,833	715,990
026 INTENSIVE CARE UNIT	484,019	8,480		227	2,737	263,111	76,408
027 CORONARY CARE UNIT	1,456,703	8,993		162	2,141	259,307	110,090
027 01 NEONATAL INTENSIVE CARE U	570,778	11,407		357	4,174	338,079	51,730
031 SUBPROVIDER	469,439	4,966		34	639	141,577	79,015
031 01 SUBPROVIDER 2	281,054	331		8	78	16,008	48,745
033 NURSERY	12,998	4,853		265	657	155,265	1,755
034 SKILLED NURSING FACILITY	383,770	4,129			800	129,933	47,192
036 OTHER LONG TERM CARE	403,150	2,329			221	77,353	66,069
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,970,397	15,236		18,742	10,123	1,302,482	244,547
038 RECOVERY ROOM	87,507	1,893		23	1,454	54,262	13,631
039 DELIVERY ROOM & LABOR ROO	634,033	7,396		476	1,992	243,351	80,376
040 ANESTHESIOLOGY	678,275	673		1,652	1,812	113,161	3,680
041 RADIOLOGY-DIAGNOSTIC	4,761,079	6,720		955	5,046	362,733	110,785
041 01 ULTRASOUND	569,081	1,565		43	1,575	62,152	24,966
041 02 CAT SCAN	1,155,962	1,029		80	5,175	83,094	7,996
041 03 MAGNETIC RESONANCE IMAGIN	641,924	549		183	1,799	54,333	23,520
042 RADIOLOGY-THERAPEUTIC	2,016,975	1,848		139	1,864	147,300	807
043 RADIOISOTOPE	996,477	883		673	1,913	82,183	25,525
043 01 ONCOLOGY	187,118	617		37	231	26,200	
044 LABORATORY	585,946	7,215		1,520	11,848	350,988	53,514
044 01 LABORATORY-PATHOLOGICAL	158,300	1,021		235	918	46,726	18,131
046 WHOLE BLOOD & PACKED RED	191,633	2,537		1,137	1,196	137,922	18,823
049 RESPIRATORY THERAPY	488,340	6,217		810	3,850	218,300	13,822
050 PHYSICAL THERAPY	822,581	6,298		370	1,711	224,417	107,712
053 ELECTROCARDIOLOGY	1,264,392	5,612		4,252	6,163	386,440	52,063
055 MEDICAL SUPPLIES CHARGED				3,676	2,503	163,431	
056 DRUGS CHARGED TO PATIENTS				11,550	9,807	474,731	
057 RENAL DIALYSIS	102,585	662		76	280	60,479	12,805
058 ASC (NON-DISTINCT PART)	286,587	2,692		61	770	79,458	47,706
058 01 CARDIAC CATHETERIZATION LAB	1,534,858	2,940		1,917	3,801	226,269	100,347
058 03 GASTRO INTESTINAL SERVICE	690,792	1,990		582	2,433	103,465	35,684
058 04 ELECTROCONVULSIVE THERAPY	47,949	172		22	93	6,613	5,600
059 OP PSYCH	125,871	212		5	74	11,992	22,461
059 01 OP CHEM DEPEN	138,024	324		16	123	15,756	22,461
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	166,043	2,014		1,883	322	97,367	27,504
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.	77,181	1,344		63	309	31,018	11,535
060 03 HYPERBARIC/OP WOUND CENTE	98,771	508		24	98	13,915	11,109
060 04 URGENT CARE CENTER - O'FA	63,294	1,065		39	198	24,391	7,869
061 EMERGENCY	938,196	13,690		402	5,024	290,914	95,711
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING	4,044	222		10	2	6,992	
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT	110,035	1,241		16	612	38,045	18,823
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					1	580	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	54,779,462	251,666		57,964	107,837	10,305,915	2,719,743
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	39,439					4,023	7,040

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING	ADMITTING	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	4a	5	6.01	6.02	6.03	6.04	7
NONREIMBURS COST CENTERS							
096 01 VENDING MACHINES	35,831			272		22,201	2,168
096 02 VISITOR MEALS							
097 RESEARCH	95,863		431	8		15,907	
098 PHYSICIANS' PRIVATE OFFICE	3,923,210		8,823	549	550	366,679	229,449
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES						1,853,683	
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH C	2,081,586			43		49,527	363,033
099 05 HOSPICE	2,237		20			1,481	399
099 06 VACANT SPACE	1,701,180					35,745	228,570
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL						224,249	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	62,658,808	261,262		58,836	108,387	12,879,410	3,550,402

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	OTHER BUI LDIN G-MOB	OTHER BUI LDIN G-CANCER CEN L	HEART HOSPI TAL	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER
	8	8.01	8.02	8.03	9	10	10.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 OTHER BUILDING-MOB							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING							
006 03 ADMINITTING							
006 04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	522,375						
008 01 OTHER BUILDING-MOB		70,573					
008 02 OTHER BUILDING-CANCER CEN			43,469				
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE	2,090				188,983		
010 HOUSEKEEPING	5,020	548	300		96	460,848	
010 01 HOUSEKEEPING-MED CENTER						382,511	382,511
010 02 HOUSEKEEPING-MOB						61,755	
010 03 HOUSEKEEPING-CANCER CENTE						16,582	
011 DIETARY	14,594						
012 CAFETERIA			712				10,834
014 NURSING ADMINISTRATION	2,366	192					1,757
015 CENTRAL SERVICES & SUPPLY	7,216				348		5,357
016 PHARMACY	4,062				73		3,016
017 MEDICAL RECORDS & LIBRARY	1,976		431				1,467
018 SOCIAL SERVICE	2,687						1,995
022 I&R SERVICES-SALARY & FRI	990						735
023 I&R SERVICES-OTHER PRGM C	1,077	3,540			19		800
024 PARAMED ED PRGM	357						265
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	105,825				72,663		78,560
026 INTENSIVE CARE UNIT	11,293				16,413		8,384
027 CORONARY CARE UNIT	16,272				10,736		12,079
027 01 NEONATAL INTENSIVE CARE U	7,646				5,453		5,676
031 SUBPROVIDER	11,679				2,464		8,670
031 01 SUBPROVIDER 2	7,205				1,165		5,348
033 NURSERY	259						193
034 SKILLED NURSING FACILITY	6,975				3,119		5,178
036 OTHER LONG TERM CARE	9,765				3,447		7,249
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	36,145				10,202		26,832
038 RECOVERY ROOM	2,015				2,709		1,496
039 DELIVERY ROOM & LABOR ROO	11,880				11,877		8,819
040 ANESTHESIOLOGY	544				176		404
041 RADIOLOGY-DIAGNOSTIC	16,374	4,121	3,992		3,888		12,156
041 01 ULTRASOUND	3,690				1,687		2,739
041 02 CAT SCAN	1,182				1,406		877
041 03 MAGNETIC RESONANCE IMAGIN	3,476				1,642		2,581
042 RADIOLOGY-THERAPEUTIC	119		9,422		1,183		89
043 RADIOISOTOPE	3,773				686		2,801
043 01 ONCOLOGY			3,519		206		
044 LABORATORY	7,909	589			553		5,872
044 01 LABORATORY-PATHOLOGICAL	2,680				5		1,989
046 WHOLE BLOOD & PACKED RED	2,782				162		2,065
049 RESPIRATORY THERAPY	2,043				223		1,517
050 PHYSICAL THERAPY	15,920	625	568		2,811		11,818
053 ELECTROCARDIOLOGY	7,695	214			2,552		5,712
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	1,893				431		1,405
058 ASC (NON-DISTINCT PART)	7,051				6,922		5,234
058 01 CARDIAC CATHETERIZATION LAB	14,832				4,873		11,010
058 03 GASTROINTESTINAL SERVICE	5,274				4,996		3,915
058 04 ELECTROCONVULSIVE THERAPY	828				803		614
059 OP PSYCH	3,320						2,464
059 01 OP CHEM DEPEN	3,320				940		2,464
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	4,065				315		3,018
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.	1,705				122		1,266
060 03 HYPERBARIC/OP WOUND CENTE	1,642						1,219
060 04 URGENT CARE CENTER - O'FA	1,163				102		863
061 EMERGENCY	14,146				8,235		10,502
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING							
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT	2,782				2,850		2,065
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	399,602	9,829	18,944		188,555	460,848	291,369
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,041						772

COST CENTER DESCRIPTION	OPERATION OF PLANT	OTHER BUILDING-G-MOB	OTHER BUILDING-G-CANCER CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER
	8	8.01	8.02	8.03	9	10	10.01
NONREIMBURS COST CENTERS							
096 01 VENDING MACHINES	320	538					238
096 02 VISITOR MEALS							
097 RESEARCH			2,011				
098 PHYSICIANS' PRIVATE OFFICE	33,913	56,799	14,355		78		25,176
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES							
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH CENTER	53,657	1,337			350		39,833
099 05 HOSPICE	59						44
099 06 VACANT SPACE	33,783	2,070	8,159				25,079
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	522,375	70,573	43,469		188,983	460,848	382,511

COST CENTER DESCRIPTION	HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTE	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	10.02	10.03	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & OTHER BUILDING-MOB							
003 02 OTHER BUILDING-CANCER CEN							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING							
006 03 ADMINITTING							
006 04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OTHER BUILDING-MOB							
008 02 OTHER BUILDING-CANCER CEN							
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-MED CENTER							
010 02 HOUSEKEEPING-MOB	61,755						
010 03 HOUSEKEEPING-CANCER CENTE		16,582					
011 DIETARY		274	1,140,510				
012 CAFETERIA			623,487	623,487			
014 NURSING ADMINISTRATION	169			9,212	1,551,820		
015 CENTRAL SERVICES & SUPPLY				11,988		1,783,311	
016 PHARMACY				19,438		27,031	823,931
017 MEDICAL RECORDS & LIBRARY		166		13,756			
018 SOCIAL SERVICE				10,666		336	91
022 I&R SERVICES-SALARY & FRI				14,461			
023 I&R SERVICES-OTHER PRGM C	3,122			7,963			3
024 PARAMED ED PRGM				417			26
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			267,072	164,644	636,943	31,759	1,604
026 INTENSIVE CARE UNIT			30,576	26,730	111,480	9,093	178
027 CORONARY CARE UNIT			32,695	24,093	100,481	5,073	200
027 01 NEONATAL INTENSIVE CARE U				30,187	125,898	14,820	197
031 SUBPROVIDER			31,177	16,090		338	112
031 01 SUBPROVIDER 2			2,926	1,493	6,226	248	7
033 NURSERY				13,396	53,985	4,609	72
034 SKILLED NURSING FACILITY					41,242		
036 OTHER LONG TERM CARE					23,161		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				41,472	164,234	893,229	4,260
038 RECOVERY ROOM				5,156		982	54
039 DELIVERY ROOM & LABOR ROO				22,130	92,295	18,441	415
040 ANESTHESIOLOGY				3,489		42,021	41,440
041 RADIOLOGY-DIAGNOSTIC	3,634	1,534		17,633		37,832	1,857
041 01 ULTRASOUND				3,704	13,445	779	111
041 02 CAT SCAN				2,917		3,320	480
041 03 MAGNETIC RESONANCE IMAGIN				1,532		4,231	4,620
042 RADIOLOGY-THERAPEUTIC		3,619		5,191		6,153	18
043 RADIOISOTOPE				2,263		11,240	22,550
043 01 ONCOLOGY		1,352		1,682		1,236	89
044 LABORATORY	520			26,275		70,459	38
044 01 LABORATORY-PATHOLOGICAL				3,602		10,435	8
046 WHOLE BLOOD & PACKED RED				7,058		31,020	23,811
049 RESPIRATORY THERAPY				18,608		22,805	16,181
050 PHYSICAL THERAPY	551	218		13,653	897	13,832	33
053 ELECTROCARDIOLOGY	189			9,373	28,914	204,173	114
055 MEDICAL SUPPLIES CHARGED						173,359	
056 DRUGS CHARGED TO PATIENTS							552,680
057 RENAL DIALYSIS				1,709	7,128	2,147	39,257
058 ASC (NON-DISTINCT PART)				7,041		548	14
058 01 CARDIAC CATHETERIZATION LAB				7,807	26,288	91,918	230
058 03 GASTROINTESTINAL SERVICE				5,890	24,565	25,542	26
058 04 ELECTROCONVULSIVE THERAPY				632		211	877
059 OP PSYCH				671		3	
059 01 OP CHEM DEPEN				901		10	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				7,226		524	99,904
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.						1,189	1,308
060 03 HYPERBARIC/OP WOUND CENTE						733	25
060 04 URGENT CARE CENTER - O'FA						829	711
061 EMERGENCY				22,935	80,645	18,689	717
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING				797			
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT				3,355	13,993	517	13
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	8,185	7,163	987,933	609,236	1,551,820	1,781,743	814,302
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				876		4	

COST CENTER DESCRIPTION		HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTE	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		10.02	10.03	11	12	14	15	16
NONREIMBURS COST CENTERS								
096 01	VENDING MACHINES	474			1,775		39	
096 02	VISITOR MEALS			145,809				
097	RESEARCH		772		1,465		4	
098	PHYSICIANS' PRIVATE OFFIC	50,091	5,513		9,764		1,189	9,582
099	NONPAID WORKERS							
099 01	MEALS ON WHEELS			6,768				
099 02	SJMh-SHARED SERVICES							
099 03	CONVENT							
099 04	ST. JOHN'S MERCY HEALTH C	1,179			371		332	47
099 05	HOSPICE							
099 06	VACANT SPACE	1,826	3,134					
099 07	SALES & SERVICE-PHYSICIAN							
099 08	REHAB HOSPITAL							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	61,755	16,582	1,140,510	623,487	1,551,820	1,783,311	823,931

	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	17	18	22	23	24	25	26
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & OTHER BUILDING-MOB							
003 02 OTHER BUILDING-CANCER CEN							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING							
006 03 ADMINITTING							
006 04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OTHER BUILDING-MOB							
008 02 OTHER BUILDING-CANCER CEN							
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-MED CENTER							
010 02 HOUSEKEEPING-MOB							
010 03 HOUSEKEEPING-CANCER CENTE							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	784,868						
018 SOCIAL SERVICE		259,196					
022 I&R SERVICES-SALARY & FRI			193,046				
023 I&R SERVICES-OTHER PRGM C	2,604			401,225			
024 PARAMED ED PRGM					23,323		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	78,319	143,607				8,324,520	
026 INTENSIVE CARE UNIT	19,856	21,829				1,090,814	
027 CORONARY CARE UNIT	15,536	16,339				2,070,900	
027 01 NEONATAL INTENSIVE CARE U	30,283	14,508				1,211,193	
031 SUBPROVIDER	4,634	26,142				796,976	
031 01 SUBPROVIDER 2	569					371,411	
033 NURSERY	4,770	4,487				257,564	
034 SKILLED NURSING FACILITY	5,801					628,139	
036 OTHER LONG TERM CARE	1,606					594,350	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	73,438					6,811,339	
038 RECOVERY ROOM	10,551					181,733	
039 DELIVERY ROOM & LABOR ROO	14,451	1,089				1,149,021	
040 ANESTHESIOLOGY	13,144					900,471	
041 RADIOLOGY-DIAGNOSTIC	36,606					5,386,945	
041 01 ULTRASOUND	11,426					696,963	
041 02 CAT SCAN	37,541					1,301,059	
041 03 MAGNETIC RESONANCE IMAGIN	13,053					753,443	
042 RADIOLOGY-THERAPEUTIC	13,525					2,208,252	
043 RADIOISOTOPE	13,877					1,164,844	
043 01 ONCOLOGY	1,673					223,960	
044 LABORATORY	89,306					1,212,552	
044 01 LABORATORY-PATHOLOGICAL	6,663					250,713	
046 WHOLE BLOOD & PACKED RED	8,674					428,820	
049 RESPIRATORY THERAPY	27,934					820,650	
050 PHYSICAL THERAPY	12,415	4,357				1,240,787	
053 ELECTROCARDIOLOGY	44,715					2,022,573	
055 MEDICAL SUPPLIES CHARGED	18,159					361,128	
056 DRUGS CHARGED TO PATIENTS	71,147					1,119,915	
057 RENAL DIALYSIS	2,028	2,179				235,064	
058 ASC (NON-DISTINCT PART)	5,584	1,437				451,105	
058 01 CARDIAC CATHETERIZATION LAB	27,577	4,357				2,059,024	
058 03 GASTROINTESTINAL SERVICE	17,653					922,807	
058 04 ELECTROCONVULSIVE THERAPY	678					65,092	
059 OP PSYCH	539	8,714				176,326	
059 01 OP CHEM DEPEN	892					185,231	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,339					412,524	
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.	2,240					129,280	
060 03 HYPERBARIC/OP WOUND CENTE	712					128,756	
060 04 URGENT CARE CENTER - O'FA	1,433					101,957	
061 EMERGENCY	36,452	10,151				1,546,409	
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING	18					12,085	
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT	4,441					198,788	
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	6					587	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	784,868	259,196				50,206,070	
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						53,195	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	17	18	22	23	24	25	26
NONREIMBURS COST CENTERS							
096 01 VENDING MACHINES						64,178	
096 02 VISITOR MEALS						145,809	
097 RESEARCH						116,461	
098 PHYSICIANS' PRIVATE OFFICE						4,735,720	
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS						6,768	
099 02 SJMH-SHARED SERVICES						1,853,683	
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH C						2,591,295	
099 05 HOSPICE						4,240	
099 06 VACANT SPACE						2,039,546	
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL						224,249	
101 CROSS FOOT ADJUSTMENTS			193,046	401,225	23,323	617,594	
102 NEGATIVE COST CENTER							
103 TOTAL	784,868	259,196	193,046	401,225	23,323	62,658,808	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
003	01 NEW CAP REL COSTS-BLDG & OTHER BUILDING-MOB	
003	02 OTHER BUILDING-CANCER CEN	
004	01 NEW CAP REL COSTS-MVBLE E	
004	02 NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 PURCHASING	
006	03 ADMINITTING	
006	04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	
007	OPERATION OF PLANT	
008	01 OTHER BUILDING-MOB	
008	02 OTHER BUILDING-CANCER CEN	
008	03 HEART HOSPITAL	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
010	01 HOUSEKEEPING-MED CENTER	
010	02 HOUSEKEEPING-MOB	
010	03 HOUSEKEEPING-CANCER CENTE	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	8,324,520
026	INTENSIVE CARE UNIT	1,090,814
027	CORONARY CARE UNIT	2,070,900
027	01 NEONATAL INTENSIVE CARE U	1,211,193
031	SUBPROVIDER	796,976
031	01 SUBPROVIDER 2	371,411
033	NURSERY	257,564
034	SKILLED NURSING FACILITY	628,139
036	OTHER LONG TERM CARE	594,350
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	6,811,339
038	RECOVERY ROOM	181,733
039	DELIVERY ROOM & LABOR ROO	1,149,021
040	ANESTHESIOLOGY	900,471
041	RADIOLOGY-DIAGNOSTIC	5,386,945
041	01 ULTRASOUND	696,963
041	02 CAT SCAN	1,301,059
041	03 MAGNETIC RESONANCE IMAGIN	753,443
042	RADIOLOGY-THERAPEUTIC	2,208,252
043	RADIOISOTOPE	1,164,844
043	01 ONCOLOGY	223,960
044	LABORATORY	1,212,552
044	01 LABORATORY-PATHOLOGICAL	250,713
046	WHOLE BLOOD & PACKED RED	428,820
049	RESPIRATORY THERAPY	820,650
050	PHYSICAL THERAPY	1,240,787
053	ELECTROCARDIOLOGY	2,022,573
055	MEDICAL SUPPLIES CHARGED	361,128
056	DRUGS CHARGED TO PATIENTS	1,119,915
057	RENAL DIALYSIS	235,064
058	ASC (NON-DISTINCT PART)	451,105
058	01 CARDIAC CATHETERIZATION LAB	2,059,024
058	03 GASTROINTESTINAL SERVICE	922,807
058	04 ELECTROCONVULSIVE THERAPY	65,092
059	OP PSYCH	176,326
059	01 OP CHEM DEPEN	185,231
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	412,524
060	01 MEACHAM PARK CLINIC	
060	02 URGENT CARE CENTER - ST.	129,280
060	03 HYPERBARIC/OP WOUND CENTE	128,756
060	04 URGENT CARE CENTER - O'FA	101,957
061	EMERGENCY	1,546,409
061	01 FAMILY PRACTICE	
061	02 NATURAL FAMILY PLANNING	12,085
061	03 PAIN THERAPY CENTER	
062	OBSERVATION BEDS (NON-DIS	
062	01 AMBULATORY CARE UNIT	198,788
065	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	587
065	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	50,206,070
095	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	53,195

COST CENTER DESCRIPTION		TOTAL
NONREIMBURS COST CENTERS		27
096 01	VENDING MACHINES	64,178
096 02	VISITOR MEALS	145,809
097	RESEARCH	116,461
098	PHYSICIANS' PRIVATE OFFICE	4,735,720
099	NONPAID WORKERS	
099 01	MEALS ON WHEELS	6,768
099 02	SJMH-SHARED SERVICES	1,853,683
099 03	CONVENT	
099 04	ST. JOHN'S MERCY HEALTH C	2,591,295
099 05	HOSPICE	4,240
099 06	VACANT SPACE	2,039,546
099 07	SALES & SERVICE-PHYSICIAN	
099 08	REHAB HOSPITAL	224,249
101	CROSS FOOT ADJUSTMENTS	617,594
102	NEGATIVE COST CENTER	
103	TOTAL	62,658,808

PROVIDER NO:
26-0020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	OTHER BUI LDIN G-MOB (SQUARE)FEET	OTHER BUI LDIN G-CANCER CEN (SQUARE)FEET	NEW CAP REL C OSTS-MVBLE E (DOLLAR)VALUE	NEW CAP REL C OSTS-MVBLE E (DOLLAR)VALUE	NEW CAP REL C OSTS-MVBLE E (DOLLAR)VALUE
GENERAL SERVICE COST	3	3.01	3.02	4	4.01	4.02
003 NEW CAP REL COSTS-BLD	1,611,890					
003 01 OTHER BUILDING-MOB		284,001				
003 02 OTHER BUILDING-CANCER			93,383			
004 NEW CAP REL COSTS-MVB				20,128,039		
004 01 NEW CAP REL COSTS-MVB					1,182,318	
004 02 NEW CAP REL COSTS-MVB						2,332,406
005 EMPLOYEE BENEFITS	14,577	373		32,940	307	6,629
006 01 NONPATIENT TELEPHONES						
006 02 PURCHASING	3,350			8,685		
006 03 ADMINISTRATION	5,650			20,560		
006 04 OTHER ADMINISTRATIVE	83,818	11,060	5,696	1,535,932	23,496	12,795
007 MAINTENANCE & REPAIRS	171,150	14,255	10,611	324,450	16,423	20,902
008 OPERATION OF PLANT	6,057		43	234,507		256
008 01 OTHER BUILDING-MOB					10,249	
008 02 OTHER BUILDING-CANCER						42,354
008 03 HEART HOSPITAL						
009 LAUNDRY & LINEN SERVICE	5,311			18,486		
010 HOUSEKEEPING	12,754	2,007	532	40,787	6,407	1,698
010 01 HOUSEKEEPING-MED CENT						
010 02 HOUSEKEEPING-MOB						
010 03 HOUSEKEEPING-CANCER C						
011 DIETARY	37,082		1,262	215,463		4,709
012 CAFETERIA						
014 NURSING ADMINISTRATION	6,012	702		1,237,778	44,819	
015 CENTRAL SERVICES & SUPPLY	18,336			1,320,574		
016 PHARMACY	10,322			315,061		
017 MEDICAL RECORDS & LIBRARY	5,020		764	512,629		
018 SOCIAL SERVICE	6,828			12,244		
022 I&R SERVICES-SALARY & BENEFITS	2,515			2,006		
023 I&R SERVICES-OTHER PERSONNEL	2,737	12,956		16,589	42,425	
024 PARAMEDICAL PROGRAM	906			1,883		
INPATIENT ROUTINE SERVICE CENTER						
025 ADULTS & PEDIATRICS	268,888			476,383		
026 INTENSIVE CARE UNIT	28,695			55,496		
027 CORONARY CARE UNIT	41,344			832,496		
027 01 NEONATAL INTENSIVE CARE	19,427			278,488		
031 SUBPROVIDER	29,674			26,574		
031 01 SUBPROVIDER 2	18,306			7,926		
033 NURSERY	659			3,140		
034 SKILLED NURSING FACILITY	17,723			118,342		
036 OTHER LONG TERM CARE	24,812			32,753		
ANCILLARY SERVICE COST CENTER						
037 OPERATING ROOM	91,839			2,577,255		
038 RECOVERY ROOM	5,119			11,051		
039 DELIVERY ROOM & LABOR	30,185			182,143		
040 ANESTHESIOLOGY	1,382			651,782		
041 RADIOLOGY-DIAGNOSTIC	41,605	15,083	7,075	2,798,214	942,483	64,657
041 01 ULTRASOUND	9,376			425,369		20
041 02 CAT SCAN	3,003			1,101,235		
041 03 MAGNETIC RESONANCE IMAGING	8,833			505,608		
042 RADIOLOGY-THERAPEUTIC	303		16,697	30,214		1,573,359
043 RADIOISOTOPE	9,586			281,388		566,787
043 01 ONCOLOGY			6,236			37,208
044 LABORATORY	20,097	2,157		245,454	17,673	
044 01 LABORATORY-PATHOLOGIC	6,809			56,228		
046 WHOLE BLOOD & PACKED	7,069			85,420		
049 RESPIRATORY THERAPY	5,191			407,237		
050 PHYSICAL THERAPY	40,451	2,286	1,007	109,550	61,685	1,032
053 ELECTROCARDIOLOGY	19,552	785		947,086	9,561	
055 MEDICAL SUPPLIES CHARGED TO PATIENTS						
056 DRUGS CHARGED TO PATIENTS						
057 RENAL DIALYSIS	4,809			30,577		
058 ASC (NON-DISTINCT PROCEDURE)	17,916			19,174		
058 01 CARDIAC CATHETERIZATION	37,685			964,043		
058 03 GASTROINTESTINAL SERVICES	13,401			486,511		
058 04 ELECTROCONVULSIVE THERAPY	2,103			16,432		
059 OP PSYCH	8,435			52		
059 01 OP CHEM DEPENDENT	8,435			12,096		
OUTPATIENT SERVICE COST CENTER						
060 CLINIC	10,329			11,866		
060 01 MEACHAM PARK CLINIC						
060 02 URGENT CARE CENTER -	4,332			12,452		
060 03 HYPERBARIC/OP WOUND CENTER	4,172			36,213		
060 04 URGENT CARE CENTER -	2,955			19,044		
061 EMERGENCY	35,944			398,452		
061 01 FAMILY PRACTICE						
061 02 NATURAL FAMILY PLANNING				4,008		
061 03 PAIN THERAPY CENTER						
062 OBSERVATION BEDS (NON-AMBULATORY)						
062 01 AMBULATORY CARE UNIT	7,069			4,551		
065 OTHER REIMBURSED COST CENTER						
AMBULANCE SERVICES						

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	OTHER BUI LDIN G-MOB (SQUARE FEET	OTHER BUI LDIN G-CANCER CEN (SQUARE FEET	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)
095 SPEC PURPOSE COST CEN	3	3.01	3.02	4	4.01	4.02
095 SUBTOTALS	1,299,938	61,664	49,923	20,112,877	1,175,528	2,332,406
096 NONREIMBURS COST CEN						
096 01 GIFT, FLOWER, COFFEE	2,644					
096 02 VENDING MACHINES	814	1,968		2,376	2,183	
096 03 VISITOR MEALS						
097 RESEARCH			3,563	10,223		
098 PHYSICIANS' PRIVATE O	86,169	207,897	25,439	2,165	4,607	
099 NONPAID WORKERS						
099 01 MEALS ON WHEELS						
099 02 SJMH-SHARED SERVICES						
099 03 CONVENT						
099 04 ST. JOHN'S MERCY HEAL	136,336	4,894		398		
099 05 HOSPICE	150					
099 06 VACANT SPACE	85,839	7,578	14,458			
099 07 SALES & SERVICE-PHYSI						
099 08 REHAB HOSPITAL						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	24,043,375	2,759,914	2,242,146	20,309,596	1,173,694	2,343,833
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	14.916263	9.717973	24.010216	1.009020	.992706	1.004899
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING	ADMINISTRATIVE	RECONCILIATION	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	(GROSS SALARIES)	(TELEPHONE)	(PURCHASING)	(GROSS REVENUE)		(ACCUM. COST)	(SQUARE FEET)
	5	6.01	6.02	6.03	6a.04	6.04	7
095 SPEC PURPOSE COST CEN SUBTOTALS	247,019,335		122,426,442	2120,702,978	-155,132,043	490,477,488	1,021,393
096 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE VENDING MACHINES	316,201		574,756	166		191,465	2,644
096 02 VISITOR MEALS						1,056,604	814
097 RESEARCH	422,561		16,021			757,046	
098 PHYSICIANS' PRIVATE O	8,658,417		1,160,055	10,794,099		17,450,942	86,169
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES						88,216,983	
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEAL			91,420			2,357,075	136,336
099 05 HOSPICE	19,824		560			70,465	150
099 06 VACANT SPACE						1,701,180	85,839
099 07 SALES & SERVICE-PHYSI							
099 08 REHAB HOSPITAL						10,672,444	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	62,428,789		577,169	9,394,502		155,132,043	14,117,450
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.243448		.004644	.004407		.253090	10.587995
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	261,262		58,836	108,387		12,879,410	3,550,402
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.001019		.000473	.000051		.021012	2.662778

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCER (SQUARE FEET)	HEART HOSPITAL ()	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-MED CENTER (SQUARE FEET)
	8	8.01	8.02	8.03	9	10	10.01
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 OTHER BUILDING-MOB							
003 02 OTHER BUILDING-CANCER							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
004 02 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING							
006 03 ADMINISTRATION							
006 04 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,327,288						
008 01 OTHER BUILDING-MOB		258,313					
008 02 OTHER BUILDING-CANCER			77,033				
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE	5,311				2,882,923		
010 HOUSEKEEPING	12,754	2,007	532		1,463	440,221	
010 01 HOUSEKEEPING-MED CENTER						365,390	1,309,223
010 02 HOUSEKEEPING-MOB						58,991	
010 03 HOUSEKEEPING-CANCER						15,840	
011 DIETARY	37,082		1,262				37,082
012 CAFETERIA							
014 NURSING ADMINISTRATION	6,012	702			26		6,012
015 CENTRAL SERVICES & SUPPLIES	18,336				5,307		18,336
016 PHARMACY	10,322				1,110		10,322
017 MEDICAL RECORDS & LIBRARY	5,020		764				5,020
018 SOCIAL SERVICE	6,828						6,828
022 I&R SERVICES-SALARY & BENEFITS	2,515						2,515
023 I&R SERVICES-OTHER PERSONNEL	2,737	12,956			292		2,737
024 PARAMEDICAL PROGRAM	906						906
INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	268,888				1,108,482		268,888
026 INTENSIVE CARE UNIT	28,695				250,381		28,695
027 CORONARY CARE UNIT	41,344				163,778		41,344
027 01 NEONATAL INTENSIVE CARE	19,427				83,189		19,427
031 SUBPROVIDER	29,674				37,592		29,674
031 01 SUBPROVIDER 2	18,306				17,769		18,306
033 NURSERY	659						659
034 SKILLED NURSING FACILITY	17,723				47,583		17,723
036 OTHER LONG TERM CARE	24,812				52,585		24,812
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	91,839				155,630		91,839
038 RECOVERY ROOM	5,119				41,324		5,119
039 DELIVERY ROOM & LABOR	30,185				181,179		30,185
040 ANESTHESIOLOGY	1,382				2,680		1,382
041 RADIOLOGY-DIAGNOSTIC	41,605	15,083	7,075		59,310		41,605
041 01 ULTRASOUND	9,376				25,741		9,376
041 02 CAT SCAN	3,003				21,453		3,003
041 03 MAGNETIC RESONANCE IMAGING	8,833				25,044		8,833
042 RADIOLOGY-THERAPEUTIC	303		16,697		18,043		303
043 RADIOISOTOPE	9,586				10,466		9,586
043 01 ONCOLOGY			6,236		3,143		
044 LABORATORY	20,097	2,157			8,432		20,097
044 01 LABORATORY-PATHOLOGIC	6,809				82		6,809
046 WHOLE BLOOD & PACKED	7,069				2,465		7,069
049 RESPIRATORY THERAPY	5,191				3,403		5,191
050 PHYSICAL THERAPY	40,451	2,286	1,007		42,874		40,451
053 ELECTROCARDIOLOGY	19,552	785			38,935		19,552
055 MEDICAL SUPPLIES CHARGED TO PATIENTS							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	4,809				6,569		4,809
058 ASC (NON-DISTINCT PROCEDURE)	17,916				105,590		17,916
058 01 CARDIAC CATHETERIZATION	37,685				74,333		37,685
058 03 GASTROINTESTINAL SERVICES	13,401				76,213		13,401
058 04 ELECTROCONVULSIVE THERAPY	2,103				12,252		2,103
059 OP PSYCH	8,435						8,435
059 01 OP CHEM DEPENDENT	8,435				14,333		8,435
OUTPATIENT SERVICE COST CENTER							
060 CLINIC	10,329				4,811		10,329
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER -	4,332				1,861		4,332
060 03 HYPERBARIC/OP WOUND CARE	4,172						4,172
060 04 URGENT CARE CENTER -	2,955				1,561		2,955
061 EMERGENCY	35,944				125,630		35,944
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING							
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-AMBULATORY)							
062 01 AMBULATORY CARE UNIT	7,069				43,480		7,069
065 OTHER REIMBURSED COST CENTER							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCER CENTER (SQUARE FEET)	HEART HOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-MED CENTER (SQUARE FEET)
SPEC PURPOSE COST CEN	8	8.01	8.02	8.03	9	10	10.01
095 SUBTOTALS	1,015,336	35,976	33,573		2,876,394	440,221	997,271
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	2,644						2,644
096 01 VENDING MACHINES	814	1,968					814
096 02 VISITOR MEALS							
097 RESEARCH			3,563				
098 PHYSICIANS' PRIVATE O	86,169	207,897	25,439		1,194		86,169
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES							
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEAL	136,336	4,894			5,335		136,336
099 05 HOSPICE	150						150
099 06 VACANT SPACE	85,839	7,578	14,458				85,839
099 07 SALES & SERVICE-PHYSI							
099 08 REHAB HOSPITAL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	10,604,882	3,601,092	54,029		4,537,444	8,826,679	7,326,275
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	7.989888	13.940808	.701375		1.573904	20.050563	5.595895
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	522,375	70,573	43,469		188,983	460,848	382,511
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.393566	.273207	.564291		.065553	1.046856	.292166

COST CENTER DESCRIPTION	HOUSEKEEPING-MOB (SQUARE FEET)	HOUSEKEEPING-CANCER CENTE (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	10.02	10.03	11	12	14	15	16
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 OTHER BUILDING-MOB							
003 02 OTHER BUILDING-CANCER							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
004 02 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING							
006 03 ADMINISTRATION							
006 04 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OTHER BUILDING-MOB							
008 02 OTHER BUILDING-CANCER							
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-MED CENT							
010 02 HOUSEKEEPING-MOB	256,306						
010 03 HOUSEKEEPING-CANCER C		76,501					
011 DIETARY		1,262	2,111,345				
012 CAFETERIA			1,154,218	7,844,305			
014 NURSING ADMINISTRATION	702			115,901	4,681,330		
015 CENTRAL SERVICES & SUPPLY				150,830		77,412,522	
016 PHARMACY				244,561		1,173,429	32,249,871
017 MEDICAL RECORDS & LIBRARY		764		173,063		17	4
018 SOCIAL SERVICE				134,188		14,586	3,554
022 I&R SERVICES-SALARY & BENEFITS				181,934			
023 I&R SERVICES-OTHER PROGRAMS	12,956			100,186		120	
024 PARAMEDICAL PROGRAMS				5,248		1,150	
INPATIENT ROUTINE SERVICES							
025 ADULTS & PEDIATRICS			494,412	2,071,468	1,921,447	1,378,677	62,784
026 INTENSIVE CARE UNIT			56,603	336,300	336,300	394,748	6,955
027 CORONARY CARE UNIT			60,525	303,117	303,117	220,211	7,834
027 01 NEONATAL INTENSIVE CARE				379,794	379,794	643,352	7,711
031 SUBPROVIDER			57,716	202,435		14,686	4,373
031 01 SUBPROVIDER 2			5,416	18,782	18,782	10,764	287
033 NURSERY				168,542	162,855	200,089	2,820
034 SKILLED NURSING FACILITY					124,415		
036 OTHER LONG TERM CARE					69,870		
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM				521,771	495,439	38,773,700	166,762
038 RECOVERY ROOM				64,870		42,635	2,133
039 DELIVERY ROOM & LABOR				278,424	278,424	800,525	16,253
040 ANESTHESIOLOGY				43,894		1,824,146	1,622,054
041 RADIOLOGY-DIAGNOSTIC	15,083	7,075		221,840		1,642,315	72,670
041 01 ULTRASOUND				46,597	40,558	33,804	4,353
041 02 CAT SCAN				36,701		144,139	18,791
041 03 MAGNETIC RESONANCE IMAGING				19,269		183,655	180,825
042 RADIOLOGY-THERAPEUTIC		16,697		65,312		267,106	698
043 RADIOISOTOPE				28,470		487,940	882,668
043 01 ONCOLOGY		6,236		21,159		53,659	3,467
044 LABORATORY	2,157			330,575		3,058,652	1,489
044 01 LABORATORY-PATHOLOGIC				45,319		452,979	309
046 WHOLE BLOOD & PACKED				88,798		1,346,582	932,016
049 RESPIRATORY THERAPY				234,109		989,987	633,345
050 PHYSICAL THERAPY	2,286	1,007		171,775	2,706	600,437	1,275
053 ELECTROCARDIOLOGY	785			117,927	87,224	8,863,221	4,481
055 MEDICAL SUPPLIES CHARGED TO PATIENTS						7,525,586	
056 DRUGS CHARGED TO PATIENTS							21,632,530
057 RENAL DIALYSIS				21,502	21,502	93,183	1,536,613
058 ASC (NON-DIALLYTIC PARITY)				88,585		23,783	555
058 01 CARDIAC CATHETERIZATION				98,220	79,301	3,990,179	9,001
058 03 GASTROINTESTINAL SERVICES				74,105	74,105	1,108,793	1,021
058 04 ELECTROCONVULSIVE THERAPY				7,957		9,140	34,327
059 OP PSYCH				8,438		128	
059 01 OP CHEM DEPENDENT				11,341		429	
OUTPATIENT SERVICE COST CENTER							
060 CLINIC				90,913		22,744	3,910,438
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER -						51,600	51,185
060 03 HYPERBARIC/OP WOUND CARE						31,811	973
060 04 URGENT CARE CENTER -						35,989	27,838
061 EMERGENCY				288,548	243,279	811,299	28,046
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING				10,031		18	
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-AMBULATORY)							
062 01 AMBULATORY CARE UNIT				42,212	42,212	22,454	524
065 OTHER REIMBURSED COST CENTER							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTE	DIETARY (MEALS) SERVED	CAFETERIA (MEALS) SERVED	NURSING ADMINISTRATION (DIRECT) NRSING HRS	CENTRAL SERVICES & SUPPLY (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.
	(SQUARE) FEET	(SQUARE) FEET					
095 SPEC PURPOSE COST CEN	10.02	10.03	11	12	14	15	16
095 SUBTOTALS	33,969	33,041	1,828,890	7,665,011	4,681,330	77,344,447	31,872,962
096 NONREIMBURS COST CEN							
096 01 GIFT, FLOWER, COFFEE				11,020		166	
096 01 VENDING MACHINES	1,968			22,332		1,696	
096 02 VISITOR MEALS			269,926				
097 RESEARCH		3,563		18,432		187	8
098 PHYSICIANS' PRIVATE O	207,897	25,439		122,848		51,608	375,056
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS			12,529				
099 02 SJMH-SHARED SERVICES							
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEAL	4,894			4,662		14,418	1,845
099 05 HOSPICE							
099 06 VACANT SPACE	7,578	14,458					
099 07 SALES & SERVICE-PHYSI							
099 08 REHAB HOSPITAL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,182,803	317,601	12,932,174	7,069,687	7,935,685	6,635,252	16,221,519
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.614808	4.151593	6.125088	.901251	1.695177	.085713	.502995
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	61,755	16,582	1,140,510	623,487	1,551,820	1,783,311	823,931
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.240942	.216755	.540182	.079483	.331491	.023036	.025548

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED PRGM
	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	17	18	22	23	24
003 GENERAL SERVICE COST					
003 01 NEW CAP REL COSTS-BLD					
003 02 OTHER BUILDING-MOB					
004 01 OTHER BUILDING-CANCER					
004 02 NEW CAP REL COSTS-MVB					
004 03 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 PURCHASING					
006 03 ADMINISTRATION					
006 04 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
008 01 OTHER BUILDING-MOB					
008 02 OTHER BUILDING-CANCER					
008 03 HEART HOSPITAL					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
010 01 HOUSEKEEPING-MED CENT					
010 02 HOUSEKEEPING-MOB					
010 03 HOUSEKEEPING-CANCER C					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SU					
016 PHARMACY					
017 MEDICAL RECORDS & LIB	2118,420,785				
018 SOCIAL SERVICE		123,738			
022 I&R SERVICES-SALARY &			178,482		
023 I&R SERVICES-OTHER PR	7,037,156			178,482	
024 PARAMED PRGM					100
025 INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS	211,672,641	68,557	90,454	90,454	
026 INTENSIVE CARE UNIT	53,665,969	10,421	12,554	12,554	
027 CORONARY CARE UNIT	41,989,975	7,800	15,272	15,272	
027 01 NEONATAL INTENSIVE CA	81,844,595	6,926	928	928	
031 SUBPROVIDER	12,523,678	12,480	3,205	3,205	
031 01 SUBPROVIDER 2	1,537,513				
033 NURSERY	12,891,127	2,142	1,280	1,280	
034 SKILLED NURSING FACIL	15,679,370				
036 OTHER LONG TERM CARE	4,339,504				
037 ANCILLARY SRVC COST C					
037 OPERATING ROOM	198,481,551		29,902	29,902	
038 RECOVERY ROOM	28,517,093				
039 DELIVERY ROOM & LABOR	39,056,131	520	8,824	8,824	
040 ANESTHESIOLOGY	35,525,438		4,313	4,313	
041 RADIOLOGY-DIAGNOSTIC	98,934,084		1,296	1,296	
041 01 ULTRASOUND	30,880,604				
041 02 CAT SCAN	101,461,163				
041 03 MAGNETIC RESONANCE IM	35,278,049				
042 RADIOLOGY-THERAPEUTIC	36,553,993				
043 RADIOISOTOPE	37,505,819				
043 01 ONCOLOGY	4,521,005				
044 LABORATORY	238,532,815				100
044 01 LABORATORY-PATHOLOGIC	18,007,849				
046 WHOLE BLOOD & PACKED	23,443,010				
049 RESPIRATORY THERAPY	75,497,123		1,275	1,275	
050 PHYSICAL THERAPY	33,555,364	2,080	960	960	
053 ELECTROCARDIOLOGY	120,851,639				
055 MEDICAL SUPPLIES CHAR	49,078,015				
056 DRUGS CHARGED TO PATI	192,288,203				
057 RENAL DIALYSIS	5,481,898	1,040			
058 ASC (NON-DI STINCT PAR	15,091,436	686			
058 01 CARDIAC CATHETERIZATION	74,531,394	2,080			
058 03 GASTRO INTESTINAL SER	47,711,223		1,112	1,112	
058 04 ELECTROCONVULSIVE THE	1,831,999				
059 OP PSYCH	1,456,210	4,160			
059 01 OP CHEM DEPEN	2,409,550				
060 OUTPAT SERVICE COST C					
060 01 CLINIC	6,321,823		2,880	2,880	
060 02 MEACHAM PARK CLINIC					
060 03 URGENT CARE CENTER -	6,052,972				
060 04 HYPERBARIC/OP WOUND C	1,924,837				
060 05 URGENT CARE CENTER -	3,873,190				
061 EMERGENCY	98,517,888	4,846	4,227	4,227	
061 01 FAMILY PRACTICE					
061 02 NATURAL FAMILY PLANNI	47,950				
061 03 PAIN THERAPY CENTER					
062 OBSERVATION BEDS (NON					
062 01 AMBULATORY CARE UNIT	12,002,511				
065 OTHER REIMBURS COST C					
065 AMBULANCE SERVICES	15,428				

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	17	18	22	23	24
095 SPEC PURPOSE COST CEN SUBTOTALS	2118,420,785	123,738	178,482	178,482	100
096 NONREIMBURS COST CENT					
096 01 GIFT, FLOWER, COFFEE					
096 02 VENDING MACHINES					
096 02 VISITOR MEALS					
097 RESEARCH					
098 PHYSICIANS' PRIVATE O					
099 NONPAID WORKERS					
099 01 MEALS ON WHEELS					
099 02 SJMH-SHARED SERVICES					
099 03 CONVENT					
099 04 ST. JOHN'S MERCY HEAL					
099 05 HOSPICE					
099 06 VACANT SPACE					
099 07 SALES & SERVICE-PHYSI					
099 08 REHAB HOSPITAL					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	8,633,080	6,685,788	7,781,301	9,002,572	280,300
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER	.004075	54.031809	43.597119	50.439663	2,803.000000
(WRKSHT B, PT I)					
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED	784,868	259,196	193,046	401,225	23,323
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER	.000370	2.094716	1.081599	2.247986	233.230000
(WRKSHT B, PT III)					

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
26-0020

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	-1,482,898
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	109,068,114		109,068,114	673,305	109,741,419
26	INTENSIVE CARE UNIT	18,817,844		18,817,844		18,817,844
27	CORONARY CARE UNIT	18,494,569		18,494,569		18,494,569
27 01	NEONATAL INTENSIVE CARE U	22,515,428		22,515,428		22,515,428
31	SUBPROVIDER	10,484,501		10,484,501	21,006	10,505,507
31 01	SUBPROVIDER 2	1,514,435		1,514,435		1,514,435
33	NURSERY	9,890,250		9,890,250		9,890,250
34	SKILLED NURSING FACILITY	8,526,904		8,526,904		8,526,904
36	OTHER LONG TERM CARE	5,431,805		5,431,805		5,431,805
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	85,667,175		85,667,175	134,750	85,801,925
38	RECOVERY ROOM	3,604,173		3,604,173		3,604,173
39	DELIVERY ROOM & LABOR ROO	16,514,457		16,514,457		16,514,457
40	ANESTHESIOLOGY	7,942,764		7,942,764		7,942,764
41	RADIOLOGY-DIAGNOSTIC	23,825,985		23,825,985		23,825,985
41 01	ULTRASOUND	4,215,396		4,215,396		4,215,396
41 02	CAT SCAN	5,530,139		5,530,139		5,530,139
41 03	MAGNETIC RESONANCE IMAGIN	3,761,016		3,761,016		3,761,016
42	RADIOLOGY-THERAPEUTIC	9,132,335		9,132,335		9,132,335
43	RADIOISOTOPE	5,813,620		5,813,620		5,813,620
43 01	ONCOLOGY	1,641,550		1,641,550		1,641,550
44	LABORATORY	23,284,640		23,284,640		23,284,640
44 01	LABORATORY-PATHOLOGICAL	3,104,525		3,104,525		3,104,525
46	WHOLE BLOOD & PACKED RED	9,159,763		9,159,763		9,159,763
49	RESPIRATORY THERAPY	14,071,623		14,071,623		14,071,623
50	PHYSICAL THERAPY	14,936,814		14,936,814		14,936,814
53	ELECTROCARDIOLOGY	25,103,097		25,103,097	41,278	25,144,375
55	MEDICAL SUPPLIES CHARGED	10,591,520		10,591,520		10,591,520
56	DRUGS CHARGED TO PATIENTS	39,976,121		39,976,121		39,976,121
57	RENAL DIALYSIS	3,165,753		3,165,753		3,165,753
58	ASC (NON-DISTINCT PART)	5,518,641		5,518,641		5,518,641
58 01	CARDIAC CATHETERIZATION LAB	15,507,527		15,507,527		15,507,527
58 03	GASTROINTESTINAL SERVICE	7,096,623		7,096,623		7,096,623
58 04	ELECTROCONVULSIVE THERAPY	497,212		497,212		497,212
59	OP PSYCH	1,157,397		1,157,397		1,157,397
59 01	OP CHEM DEPEN	1,186,177		1,186,177		1,186,177
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	8,140,490		8,140,490		8,140,490
60 01	MEACHAM PARK CLINIC					
60 02	URGENT CARE CENTER - ST.	2,012,287		2,012,287		2,012,287
60 03	HYPERBARIC/OP WOUND CENTE	941,731		941,731	12,180	953,911
60 04	URGENT CARE CENTER - O'FA	1,561,370		1,561,370		1,561,370
61	EMERGENCY	19,835,208		19,835,208	72,996	19,908,204
61 01	FAMILY PRACTICE					
61 02	NATURAL FAMILY PLANNING	426,215		426,215		426,215
61 03	PAIN THERAPY CENTER					
62	OBSERVATION BEDS (NON-DIS	3,670,108		3,670,108		3,670,108
62 01	AMBULATORY CARE UNIT	2,668,892		2,668,892		2,668,892
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	34,662		34,662		34,662
101	SUBTOTAL	586,040,856		586,040,856	955,515	586,996,371
102	LESS OBSERVATION BEDS	3,670,108		3,670,108		3,670,108
103	TOTAL	582,370,748		582,370,748	955,515	583,326,263

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	204,393,091		204,393,091			
26	INTENSIVE CARE UNIT	53,660,969		53,660,969			
27	CORONARY CARE UNIT	40,524,575		40,524,575			
27 01	NEONATAL INTENSIVE CARE U	81,844,595		81,844,595			
31	SUBPROVIDER	12,522,878		12,522,878			
31 01	SUBPROVIDER 2	1,537,513		1,537,513			
33	NURSERY	12,167,501		12,167,501			
34	SKILLED NURSING FACILITY	15,406,386		15,406,386			
36	OTHER LONG TERM CARE	4,339,504		4,339,504			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	118,443,742	80,037,809	198,481,551	.431613	.431613	.432292
38	RECOVERY ROOM	13,561,861	14,955,232	28,517,093	.126386	.126386	.126386
39	DELIVERY ROOM & LABOR ROO	30,438,204	8,617,927	39,056,131	.422839	.422839	.422839
40	ANESTHESIOLOGY	18,337,834	17,187,604	35,525,438	.223580	.223580	.223580
41	RADIOLOGY-DIAGNOSTIC	21,190,581	77,743,498	98,934,079	.240827	.240827	.240827
41 01	ULTRASOUND	4,898,323	21,921,636	26,819,959	.157174	.157174	.157174
41 02	CAT SCAN	36,767,584	64,693,580	101,461,164	.054505	.054505	.054505
41 03	MAGNETIC RESONANCE IMAGIN	11,357,270	23,920,779	35,278,049	.106611	.106611	.106611
42	RADIOLOGY-THERAPEUTIC	2,673,474	33,880,518	36,553,992	.249831	.249831	.249831
43	RADIOISOTOPE	8,198,003	29,307,816	37,505,819	.155006	.155006	.155006
43 01	ONCOLOGY	33,950	5,143,805	5,177,755	.317039	.317039	.317039
44	LABORATORY	116,364,511	122,168,304	238,532,815	.097616	.097616	.097616
44 01	LABORATORY-PATHOLOGICAL	6,012,951	11,994,897	18,007,848	.172398	.172398	.172398
46	WHOLE BLOOD & PACKED RED	16,483,419	6,959,591	23,443,010	.390725	.390725	.390725
49	RESPIRATORY THERAPY	69,263,407	6,046,029	75,309,436	.186851	.186851	.186851
50	PHYSICAL THERAPY	16,226,948	16,192,917	32,419,865	.460730	.460730	.460730
53	ELECTROCARDIOLOGY	40,536,642	71,939,543	112,476,185	.223186	.223186	.223553
55	MEDICAL SUPPLIES CHARGED	39,201,567	9,876,448	49,078,015	.215810	.215810	.215810
56	DRUGS CHARGED TO PATIENTS	142,978,421	44,700,583	187,679,004	.213003	.213003	.213003
57	RENAL DIALYSIS	8,566,390	1,524,707	10,091,097	.313717	.313717	.313717
58	ASC (NON-DISTINCT PART)	3,048,496	12,042,940	15,091,436	.365680	.365680	.365680
58 01	CARDIAC CATHETERIZATION LAB	38,575,973	35,955,421	74,531,394	.208067	.208067	.208067
58 03	GASTRO INTESTINAL SERVICE	6,605,411	41,105,813	47,711,224	.148741	.148741	.148741
58 04	ELECTROCONVULSIVE THERAPY	598,040	1,233,959	1,831,999	.271404	.271404	.271404
59	OP PSYCH	15,660	1,440,550	1,456,210	.794801	.794801	.794801
59 01	OP CHEM DEPEN	1,700	2,407,850	2,409,550	.492282	.492282	.492282
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,000	2,536,495	2,538,495	3.206817	3.206817	3.206817
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.	2,000	4,638,666	4,640,666	.433620	.433620	.433620
60 03	HYPERBARI C/OP WOUND CENTE	3,051	1,573,340	1,576,391	.597397	.597397	.605123
60 04	URGENT CARE CENTER - O'FA	3,000	2,774,271	2,777,271	.562196	.562196	.562196
61	EMERGENCY	28,976,009	50,015,905	78,991,914	.251104	.251104	.252028
61 01	FAMILY PRACTICE						
61 02	NATURAL FAMILY PLANNING		47,950	47,950	8.888738	8.888738	8.888738
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS		8,313,044	8,313,044	.441488	.441488	.441488
62 01	AMBULATORY CARE UNIT	1,682,200	10,320,311	12,002,511	.222361	.222361	.222361
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	11,874	3,555	15,429	2.246549	2.246549	2.246549
101	SUBTOTAL	1227,457,508	843,223,293	2070,680,801			
102	LESS OBSERVATION BEDS						
103	TOTAL	1227,457,508	843,223,293	2070,680,801			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	85,667,175	6,811,339	78,855,836			85,667,175
38	RECOVERY ROOM	3,604,173	181,733	3,422,440			3,604,173
39	DELIVERY ROOM & LABOR ROO	16,514,457	1,149,021	15,365,436			16,514,457
40	ANESTHESIOLOGY	7,942,764	900,471	7,042,293			7,942,764
41	RADIOLOGY-DIAGNOSTIC	23,825,985	5,386,945	18,439,040			23,825,985
41 01	ULTRASOUND	4,215,396	696,963	3,518,433			4,215,396
41 02	CAT SCAN	5,530,139	1,301,059	4,229,080			5,530,139
41 03	MAGNETIC RESONANCE IMAGIN	3,761,016	753,443	3,007,573			3,761,016
42	RADIOLOGY-THERAPEUTIC	9,132,335	2,208,252	6,924,083			9,132,335
43	RADIOISOTOPE	5,813,620	1,164,844	4,648,776			5,813,620
43 01	ONCOLOGY	1,641,550	223,960	1,417,590			1,641,550
44	LABORATORY	23,284,640	1,212,552	22,072,088			23,284,640
44 01	LABORATORY-PATHOLOGICAL	3,104,525	250,713	2,853,812			3,104,525
46	WHOLE BLOOD & PACKED RED	9,159,763	428,820	8,730,943			9,159,763
49	RESPIRATORY THERAPY	14,071,623	820,650	13,250,973			14,071,623
50	PHYSICAL THERAPY	14,936,814	1,240,787	13,696,027			14,936,814
53	ELECTROCARDIOLOGY	25,103,097	2,022,573	23,080,524			25,103,097
55	MEDICAL SUPPLIES CHARGED	10,591,520	361,128	10,230,392			10,591,520
56	DRUGS CHARGED TO PATIENTS	39,976,121	1,119,915	38,856,206			39,976,121
57	RENAL DIALYSIS	3,165,753	235,064	2,930,689			3,165,753
58	ASC (NON-DISTINCT PART)	5,518,641	451,105	5,067,536			5,518,641
58 01	CARDIAC CATHETERIZATION LAB	15,507,527	2,059,024	13,448,503			15,507,527
58 03	GASTROINTESTINAL SERVICE	7,096,623	922,807	6,173,816			7,096,623
58 04	ELECTROCONVULSIVE THERAPY	497,212	65,092	432,120			497,212
59	OP PSYCH	1,157,397	176,326	981,071			1,157,397
59 01	OP CHEM DEPEN	1,186,177	185,231	1,000,946			1,186,177
60	OUTPAT SERVICE COST CNTRS CLINIC	8,140,490	412,524	7,727,966			8,140,490
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.	2,012,287	129,280	1,883,007			2,012,287
60 03	HYPERBARIC/OP WOUND CENTE	941,731	128,756	812,975			941,731
60 04	URGENT CARE CENTER - O'FA	1,561,370	101,957	1,459,413			1,561,370
61	EMERGENCY	19,835,208	1,546,409	18,288,799			19,835,208
61 01	FAMILY PRACTICE						
61 02	NATURAL FAMILY PLANNING	426,215	12,085	414,130			426,215
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS	3,670,108	278,400	3,391,708			3,670,108
62 01	AMBULATORY CARE UNIT	2,668,892	198,788	2,470,104			2,668,892
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	34,662	587	34,075			34,662
101	SUBTOTAL	381,297,006	35,138,603	346,158,403			381,297,006
102	LESS OBSERVATION BEDS	3,670,108	278,400	3,391,708			3,670,108
103	TOTAL	377,626,898	34,860,203	342,766,695			377,626,898

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	198,481,551	.431613	.431613
38	RECOVERY ROOM	28,517,093	.126386	.126386
39	DELIVERY ROOM & LABOR ROO	39,056,131	.422839	.422839
40	ANESTHESIOLOGY	35,525,438	.223580	.223580
41	RADIOLOGY-DIAGNOSTIC	98,934,079	.240827	.240827
41 01	ULTRASOUND	26,819,959	.157174	.157174
41 02	CAT SCAN	101,461,164	.054505	.054505
41 03	MAGNETIC RESONANCE IMAGIN	35,278,049	.106611	.106611
42	RADIOLOGY-THERAPEUTIC	36,553,992	.249831	.249831
43	RADIOISOTOPE	37,505,819	.155006	.155006
43 01	ONCOLOGY	5,177,755	.317039	.317039
44	LABORATORY	238,532,815	.097616	.097616
44 01	LABORATORY-PATHOLOGICAL	18,007,848	.172398	.172398
46	WHOLE BLOOD & PACKED RED	23,443,010	.390725	.390725
49	RESPIRATORY THERAPY	75,309,436	.186851	.186851
50	PHYSICAL THERAPY	32,419,865	.460730	.460730
53	ELECTROCARDIOLOGY	112,476,185	.223186	.223186
55	MEDICAL SUPPLIES CHARGED	49,078,015	.215810	.215810
56	DRUGS CHARGED TO PATIENTS	187,679,004	.213003	.213003
57	RENAL DIALYSIS	10,091,097	.313717	.313717
58	ASC (NON-DISTINCT PART)	15,091,436	.365680	.365680
58 01	CARDIAC CATHETERIZATION LAB	74,531,394	.208067	.208067
58 03	GASTROINTESTINAL SERVICE	47,711,224	.148741	.148741
58 04	ELECTROCONVULSIVE THERAPY	1,831,999	.271404	.271404
59	OP PSYCH	1,456,210	.794801	.794801
59 01	OP CHEM DEPEN	2,409,550	.492282	.492282
60	OUTPAT SERVICE COST CNTRS CLINIC	2,538,495	3.206817	3.206817
60 01	MEACHAM PARK CLINIC			
60 02	URGENT CARE CENTER - ST.	4,640,666	.433620	.433620
60 03	HYPERBARIC/OP WOUND CENTE	1,576,391	.597397	.597397
60 04	URGENT CARE CENTER - O'FA	2,777,271	.562196	.562196
61	EMERGENCY	78,991,914	.251104	.251104
61 01	FAMILY PRACTICE			
61 02	NATURAL FAMILY PLANNING	47,950	8.888738	8.888738
61 03	PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DIS	8,313,044	.441488	.441488
62 01	AMBULATORY CARE UNIT	12,002,511	.222361	.222361
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	15,429	2.246549	2.246549
101	SUBTOTAL	1644,283,789		
102	LESS OBSERVATION BEDS	8,313,044		
103	TOTAL	1635,970,745		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	85,667,175	6,811,339	78,855,836	681,134	4,573,638	80,412,403
38	RECOVERY ROOM	3,604,173	181,733	3,422,440	18,173	198,502	3,387,498
39	DELIVERY ROOM & LABOR ROO	16,514,457	1,149,021	15,365,436	114,902	891,195	15,508,360
40	ANESTHESIOLOGY	7,942,764	900,471	7,042,293	90,047	408,453	7,444,264
41	RADIOLOGY-DIAGNOSTIC	23,825,985	5,386,945	18,439,040	538,695	1,069,464	22,217,826
41 01	ULTRASOUND	4,215,396	696,963	3,518,433	69,696	204,069	3,941,631
41 02	CAT SCAN	5,530,139	1,301,059	4,229,080	130,106	245,287	5,154,746
41 03	MAGNETIC RESONANCE IMAGIN	3,761,016	753,443	3,007,573	75,344	174,439	3,511,233
42	RADIOLOGY-THERAPEUTIC	9,132,335	2,208,252	6,924,083	220,825	401,597	8,509,913
43	RADIOISOTOPE	5,813,620	1,164,844	4,648,776	116,484	269,629	5,427,507
43 01	ONCOLOGY	1,641,550	223,960	1,417,590	22,396	82,220	1,536,934
44	LABORATORY	23,284,640	1,212,552	22,072,088	121,255	1,280,181	21,883,204
44 01	LABORATORY-PATHOLOGICAL	3,104,525	250,713	2,853,812	25,071	165,521	2,913,933
46	WHOLE BLOOD & PACKED RED	9,159,763	428,820	8,730,943	42,882	506,395	8,610,486
49	RESPIRATORY THERAPY	14,071,623	820,650	13,250,973	82,065	768,556	13,221,002
50	PHYSICAL THERAPY	14,936,814	1,240,787	13,696,027	124,079	794,370	14,018,365
53	ELECTROCARDIOLOGY	25,103,097	2,022,573	23,080,524	202,257	1,338,670	23,562,170
55	MEDICAL SUPPLIES CHARGED	10,591,520	361,128	10,230,392	36,113	593,363	9,962,044
56	DRUGS CHARGED TO PATIENTS	39,976,121	1,119,915	38,856,206	111,992	2,253,660	37,610,469
57	RENAL DIALYSIS	3,165,753	235,064	2,930,689	23,506	169,980	2,972,267
58	ASC (NON-DISTINCT PART)	5,518,641	451,105	5,067,536	45,111	293,917	5,179,613
58 01	CARDIAC CATHETERIZATION LAB	15,507,527	2,059,024	13,448,503	205,902	780,013	14,521,612
58 03	GASTROINTESTINAL SERVICE	7,096,623	922,807	6,173,816	92,281	358,081	6,646,261
58 04	ELECTROCONVULSIVE THERAPY	497,212	65,092	432,120	6,509	25,063	465,640
59	OP PSYCH	1,157,397	176,326	981,071	17,633	56,902	1,082,862
59 01	OP CHEM DEPEN	1,186,177	185,231	1,000,946	18,523	58,055	1,109,599
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	8,140,490	412,524	7,727,966	41,252	448,222	7,651,016
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.	2,012,287	129,280	1,883,007	12,928	109,214	1,890,145
60 03	HYPERBARIC/OP WOUND CENTE	941,731	128,756	812,975	12,876	47,153	881,702
60 04	URGENT CARE CENTER - O'FA	1,561,370	101,957	1,459,413	10,196	84,646	1,466,528
61	EMERGENCY	19,835,208	1,546,409	18,288,799	154,641	1,060,750	18,619,817
61 01	FAMILY PRACTICE						
61 02	NATURAL FAMILY PLANNING	426,215	12,085	414,130	1,209	24,020	400,986
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS	3,670,108	278,400	3,391,708	27,840	196,719	3,445,549
62 01	AMBULATORY CARE UNIT	2,668,892	198,788	2,470,104	19,879	143,266	2,505,747
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	34,662	587	34,075	59	1,976	32,627
101	SUBTOTAL	381,297,006	35,138,603	346,158,403	3,513,861	20,077,186	357,705,959
102	LESS OBSERVATION BEDS	3,670,108	278,400	3,391,708	27,840	196,719	3,445,549
103	TOTAL	377,626,898	34,860,203	342,766,695	3,486,021	19,880,467	354,260,410

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	198,481,551	.405138	.428181
38	RECOVERY ROOM	28,517,093	.118788	.125749
39	DELIVERY ROOM & LABOR ROO	39,056,131	.397079	.419897
40	ANESTHESIOLOGY	35,525,438	.209547	.221045
41	RADIOLOGY-DIAGNOSTIC	98,934,079	.224572	.235382
41 01	ULTRASOUND	26,819,959	.146966	.154575
41 02	CAT SCAN	101,461,164	.050805	.053223
41 03	MAGNETIC RESONANCE IMAGIN	35,278,049	.099530	.104475
42	RADIOLOGY-THERAPEUTIC	36,553,992	.232804	.243790
43	RADIOISOTOPE	37,505,819	.144711	.151900
43 01	ONCOLOGY	5,177,755	.296834	.312714
44	LABORATORY	238,532,815	.091741	.097108
44 01	LABORATORY-PATHOLOGICAL	18,007,848	.161815	.171006
46	WHOLE BLOOD & PACKED RED	23,443,010	.367294	.388895
49	RESPIRATORY THERAPY	75,309,436	.175556	.185761
50	PHYSICAL THERAPY	32,419,865	.432400	.456903
53	ELECTROCARDIOLOGY	112,476,185	.209486	.221388
55	MEDICAL SUPPLIES CHARGED	49,078,015	.202984	.215074
56	DRUGS CHARGED TO PATIENTS	187,679,004	.200398	.212406
57	RENAL DIALYSIS	10,091,097	.294543	.311388
58	ASC (NON-DISTINCT PART)	15,091,436	.343215	.362691
58 01	CARDIAC CATHETERIZATION LAB	74,531,394	.194839	.205304
58 03	GASTROINTESTINAL SERVICE	47,711,224	.139302	.146807
58 04	ELECTROCONVULSIVE THERAPY	1,831,999	.254170	.267851
59	OP PSYCH	1,456,210	.743617	.782692
59 01	OP CHEM DEPEN	2,409,550	.460501	.484594
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	2,538,495	3.013997	3.190567
60 01	MEACHAM PARK CLINIC			
60 02	URGENT CARE CENTER - ST.	4,640,666	.407300	.430834
60 03	HYPERBARIC/OP WOUND CENTE	1,576,391	.559317	.589229
60 04	URGENT CARE CENTER - O'FA	2,777,271	.528046	.558525
61	EMERGENCY	78,991,914	.235718	.249147
61 01	FAMILY PRACTICE			
61 02	NATURAL FAMILY PLANNING	47,950	8.362586	8.863525
61 03	PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DIS	8,313,044	.414475	.438139
62 01	AMBULATORY CARE UNIT	12,002,511	.208769	.220705
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	15,429	2.114654	2.242725
101	SUBTOTAL	1644,283,789		
102	LESS OBSERVATION BEDS	8,313,044		
103	TOTAL	1635,970,745		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				8,324,520		8,324,520
26	INTENSIVE CARE UNIT				1,090,814		1,090,814
27	CORONARY CARE UNIT				2,070,900		2,070,900
27 01	NEONATAL INTENSIVE CARE U				1,211,193		1,211,193
31	SUBPROVIDER				796,976		796,976
31 01	SUBPROVIDER 2				371,411		371,411
33	NURSERY				257,564		257,564
101	TOTAL				14,123,378		14,123,378

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	141,104	38,573			59.00	2,275,807
26	INTENSIVE CARE UNIT	15,614	6,770			69.86	472,952
27	CORONARY CARE UNIT	16,696	8,477			124.04	1,051,487
27 01	NEONATAL INTENSIVE CARE U	25,670				47.18	
31	SUBPROVIDER	15,921	8,436			50.06	422,306
31 01	SUBPROVIDER 2	1,494	860			248.60	213,796
33	NURSERY	19,818				13.00	
101	TOTAL	236,317	63,116				4,436,348

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		6,811,339	198,481,551	35,743,754		
38	RECOVERY ROOM		181,733	28,517,093	3,126,176		
39	DELIVERY ROOM & LABOR ROO		1,149,021	39,056,131	70,048		
40	ANESTHESIOLOGY		900,471	35,525,438	4,827,215		
41	RADIOLOGY-DIAGNOSTIC		5,386,945	98,934,079	7,074,502		
41 01	ULTRASOUND		696,963	26,819,959	599,815		
41 02	CAT SCAN		1,301,059	101,461,164	11,794,829		
41 03	MAGNETIC RESONANCE IMAGIN		753,443	35,278,049	3,610,407		
42	RADIOLOGY-THERAPEUTIC		2,208,252	36,553,992	1,087,454		
43	RADIOISOTOPE		1,164,844	37,505,819	3,674,340		
43 01	ONCOLOGY		223,960	5,177,755	31,385		
44	LABORATORY		1,212,552	238,532,815	39,890,066		
44 01	LABORATORY-PATHOLOGICAL		250,713	18,007,848	1,734,868		
46	WHOLE BLOOD & PACKED RED		428,820	23,443,010	6,800,544		
49	RESPIRATORY THERAPY		820,650	75,309,436	21,022,896		
50	PHYSICAL THERAPY		1,240,787	32,419,865	5,960,473		
53	ELECTROCARDIOLOGY		2,022,573	112,476,185	18,040,868		
55	MEDICAL SUPPLIES CHARGED		361,128	49,078,015	25,186,158		
56	DRUGS CHARGED TO PATIENTS		1,119,915	187,679,004	40,351,868		
57	RENAL DIALYSIS		235,064	10,091,097	3,456,962		
58	ASC (NON-DISTINCT PART)		451,105	15,091,436	542,328		
58 01	CARDIAC CATHETERIZATION LAB		2,059,024	74,531,394	13,189,813		
58 03	GASTROINTESTINAL SERVICE		922,807	47,711,224	2,498,591		
58 04	ELECTROCONVULSIVE THERAPY		65,092	1,831,999	551		
59	OP PSYCH		176,326	1,456,210			
59 01	OP CHEM DEPEN		185,231	2,409,550	1,020		
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		412,524	2,538,495	1,057		
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.		129,280	4,640,666	1,647		
60 03	HYPERBARIC/OP WOUND CENTE		128,756	1,576,391	278		
60 04	URGENT CARE CENTER - O'FA		101,957	2,777,271	2,160		
61	EMERGENCY		1,546,409	78,991,914	9,923,651		
61 01	FAMILY PRACTICE						
61 02	NATURAL FAMILY PLANNING		12,085	47,950			
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS		278,400	8,313,044			
62 01	AMBULATORY CARE UNIT		198,788	12,002,511	1,653,101		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		35,138,016	1644,268,360	261,898,825		

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XVIII, PART A

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
27 01	NEONATAL INTENSIVE CARE U						
31	SUBPROVIDER						
31 01	SUBPROVIDER 2						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0020	FROM 7/ 1/2007	WORKSHEET D
	TO 6/30/2008	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	141,104		38,573	
26	INTENSIVE CARE UNIT	15,614		6,770	
27	CORONARY CARE UNIT	16,696		8,477	
27	01 NEONATAL INTENSIVE CARE U	25,670			
31	SUBPROVIDER	15,921		8,436	
31	01 SUBPROVIDER 2	1,494		860	
33	NURSERY	19,818			
34	SKILLED NURSING FACILITY	17,932		10,125	
101	TOTAL	254,249		73,241	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 ULTRASOUND										
41	02 CAT SCAN										
41	03 MAGNETIC RESONANCE IMAGIN										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43	01 ONCOLOGY										
44	LABORATORY					280,300					
44	01 LABORATORY-PATHOLOGICAL										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
58	01 CARDIAC CATHETERIZATION LAB										
58	03 GASTROINTESTINAL SERVICE										
58	04 ELECTROCONVULSIVE THERAPY										
59	OP PSYCH										
59	01 OP CHEM DEPEN										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 MEACHAM PARK CLINIC										
60	02 URGENT CARE CENTER - ST.										
60	03 HYPERBARIC/OP WOUND CENTE										
60	04 URGENT CARE CENTER - O'FA										
61	EMERGENCY										
61	01 FAMILY PRACTICE										
61	02 NATURAL FAMILY PLANNING										
61	03 PAIN THERAPY CENTER										
62	OBSERVATION BEDS (NON-DIS										
62	01 AMBULATORY CARE UNIT										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL					280,300					

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			198,481,551			35,743,754	
38	OPERATING ROOM			28,517,093			3,126,176	
39	RECOVERY ROOM			39,056,131			70,048	
40	DELIVERY ROOM & LABOR ROO			35,525,438			4,827,215	
41	ANESTHESIOLOGY			98,934,079			7,074,502	
41	01 ULTRASOUND			26,819,959			599,815	
41	02 CAT SCAN			101,461,164			11,794,829	
41	03 MAGNETIC RESONANCE IMAGIN			35,278,049			3,610,407	
42	RADIOLOGY-THERAPEUTIC			36,553,992			1,087,454	
43	RADIOISOTOPE			37,505,819			3,674,340	
43	01 ONCOLOGY			5,177,755			31,385	
44	LABORATORY	280,300	280,300	238,532,815	.001175	.001175	39,890,066	46,871
44	01 LABORATORY-PATHOLOGICAL			18,007,848			1,734,868	
46	WHOLE BLOOD & PACKED RED			23,443,010			6,800,544	
49	RESPIRATORY THERAPY			75,309,436			21,022,896	
50	PHYSICAL THERAPY			32,419,865			5,960,473	
53	ELECTROCARDIOLOGY			112,476,185			18,040,868	
55	MEDICAL SUPPLIES CHARGED			49,078,015			25,186,158	
56	DRUGS CHARGED TO PATIENTS			187,679,004			40,351,868	
57	RENAL DIALYSIS			10,091,097			3,456,962	
58	ASC (NON-DISTINCT PART)			15,091,436			542,328	
58	01 CARDIAC CATHETERIZATION LAB			74,531,394			13,189,813	
58	03 GASTROINTESTINAL SERVICE			47,711,224			2,498,591	
58	04 ELECTROCONVULSIVE THERAPY			1,831,999			551	
59	OP PSYCH			1,456,210				
59	01 OP CHEM DEPEN			2,409,550			1,020	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,538,495			1,057	
60	01 MEACHAM PARK CLINIC							
60	02 URGENT CARE CENTER - ST.			4,640,666			1,647	
60	03 HYPERBARIC/OP WOUND CENTE			1,576,391			278	
60	04 URGENT CARE CENTER - O'FA			2,777,271			2,160	
61	EMERGENCY			78,991,914			9,923,651	
61	01 FAMILY PRACTICE							
61	02 NATURAL FAMILY PLANNING			47,950				
61	03 PAIN THERAPY CENTER							
62	OBSERVATION BEDS (NON-DIS			8,313,044				
62	01 AMBULATORY CARE UNIT			12,002,511			1,653,101	
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	280,300	280,300	1644,268,360			261,898,825	46,871

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5, 778, 294	6, 174, 843				
38	RECOVERY ROOM	948, 088	916, 426				
39	DELIVERY ROOM & LABOR ROO	28, 923	16, 803				
40	ANESTHESIOLOGY	994, 437	948, 140				
41	RADIOLOGY-DIAGNOSTIC	5, 365, 034	5, 355, 705				
41 01	ULTRASOUND	499, 728	489, 380				
41 02	CAT SCAN	5, 837, 018	5, 387, 906				
41 03	MAGNETIC RESONANCE IMAGIN	1, 821, 248	1, 867, 585				
42	RADIOLOGY-THERAPEUTIC	5, 220, 855	4, 077, 674				
43	RADIOISOTOPE	3, 960, 107	4, 623, 774				
43 01	ONCOLOGY	587, 968	556, 942				
44	LABORATORY	261, 579	322, 154		307	379	
44 01	LABORATORY-PATHOLOGICAL	1, 104, 596	1, 112, 311				
46	WHOLE BLOOD & PACKED RED	233, 720	245, 391				
49	RESPIRATORY THERAPY	340, 867	358, 990				
50	PHYSICAL THERAPY	223, 319	155, 175				
53	ELECTROCARDIOLOGY	9, 492, 441	9, 205, 281				
55	MEDICAL SUPPLIES CHARGED	897, 064	890, 098				
56	DRUGS CHARGED TO PATIENTS	5, 647, 635	4, 327, 198				
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	594, 873	574, 170				
58 01	CARDIAC CATHETERIZATION LAB	5, 243, 419	5, 460, 714				
58 03	GASTROINTESTINAL SERVICE	3, 981, 237	3, 412, 351				
58 04	ELECTROCONVULSIVE THERAPY	213, 479	161, 648				
59	OP PSYCH						
59 01	OP CHEM DEPEN	312, 162	439, 280				
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	201, 221	170, 631				
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.	89, 185	92, 614				
60 03	HYPERBARIC/OP WOUND CENTE	217, 449	275, 174				
60 04	URGENT CARE CENTER - O'FA	44, 165	45, 135				
61	EMERGENCY	2, 194, 038	2, 585, 178				
61 01	FAMILY PRACTICE						
61 02	NATURAL FAMILY PLANNING						
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS						
62 01	AMBULATORY CARE UNIT	1, 649, 140	1, 639, 224				
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	63, 983, 289	61, 887, 895		307	379	

Cost Center Description	All Other (1)		PPS Services	Non-PPS	PPS Services	Outpatient
	5	5.01	FYB to 12/31	Services	1/1 to FYE	Ambulatory Surgical Ctr
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM			5,778,294	28,040	6,174,843	
38 RECOVERY ROOM			948,088		916,426	
39 DELIVERY ROOM & LABOR ROOM			28,923		16,803	
40 ANESTHESIOLOGY			994,437	13	948,140	
41 RADIOLOGY-DIAGNOSTIC			5,365,034	8	5,355,705	
41 01 ULTRASOUND			499,728		489,380	
41 02 CAT SCAN			5,837,018		5,387,906	
41 03 MAGNETIC RESONANCE IMAGING (MRI)			1,821,248	5	1,867,585	
42 RADIOLOGY-THERAPEUTIC			5,220,855	117	4,077,674	
43 RADIOISOTOPE			3,960,107	118	4,623,774	
43 01 ONCOLOGY			587,968	1	556,942	
44 LABORATORY			261,579	10,224	322,154	
44 01 LABORATORY-PATHOLOGICAL			1,104,596		1,112,311	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			233,720		245,391	
49 RESPIRATORY THERAPY			340,867	10,565	358,990	
50 PHYSICAL THERAPY			223,319		155,175	
53 ELECTROCARDIOLOGY			9,492,441	23	9,205,281	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			897,064	44	890,098	
56 DRUGS CHARGED TO PATIENTS			5,647,635	507	4,327,198	
57 RENAL DIALYSIS						
58 ASC (NON-DISTINCT PART)			594,873		574,170	
58 01 CARDIAC CATHETERIZATION LABORATORY			5,243,419	19	5,460,714	
58 03 GASTROINTESTINAL SERVICES			3,981,237	2	3,412,351	
58 04 ELECTROCONVULSIVE THERAPY (ECT)			213,479		161,648	
59 OP PSYCH						
59 01 OP CHEM DEPEN			312,162		439,280	
60 OUTPAT SERVICE COST CNTRS						
60 CLINIC			201,221	1	170,631	
60 01 MEACHAM PARK CLINIC						
60 02 URGENT CARE CENTER - ST. PETERS			89,185	153	92,614	
60 03 HYPERBARIC/OP WOUND CENTER			217,449	1	275,174	
60 04 URGENT CARE CENTER - O'FALLON			44,165	142	45,135	
61 EMERGENCY			2,194,038	106	2,585,178	
61 01 FAMILY PRACTICE						
61 02 NATURAL FAMILY PLANNING						
61 03 PAIN THERAPY CENTER						
62 OBSERVATION BEDS (NON-DISTINCT PART)						
62 01 AMBULATORY CARE UNIT			1,649,140	420	1,639,224	
65 OTHER REIMBURS COST CNTRS						
101 AMBULANCE SERVICES						
102 SUBTOTAL			63,983,289	50,509	61,887,895	
103 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES						
104 NET CHARGES			63,983,289	50,509	61,887,895	

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 ULTRASOUND										
41	02 CAT SCAN										
41	03 MAGNETIC RESONANCE IMAGIN										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43	01 ONCOLOGY										
44	LABORATORY										
44	01 LABORATORY-PATHOLOGICAL								280,300		
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
58	01 CARDIAC CATHETERIZATION LAB										
58	03 GASTROINTESTINAL SERVICE										
58	04 ELECTROCONVULSIVE THERAPY										
59	OP PSYCH										
59	01 OP CHEM DEPEN										
60	OUTPAT SERVICE COST CNTRS										
	CLINIC										
60	01 MEACHAM PARK CLINIC										
60	02 URGENT CARE CENTER - ST.										
60	03 HYPERBARIC/OP WOUND CENTE										
60	04 URGENT CARE CENTER - O'FA										
61	EMERGENCY										
61	01 FAMILY PRACTICE										
61	02 NATURAL FAMILY PLANNING										
61	03 PAIN THERAPY CENTER										
62	OBSERVATION BEDS (NON-DIS										
62	01 AMBULATORY CARE UNIT										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL								280,300		

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			198,481,551			21,761	
38	OPERATING ROOM			28,517,093			3,165	
39	RECOVERY ROOM			39,056,131				
40	DELIVERY ROOM & LABOR ROO			35,525,438			6,652	
41	ANESTHESIOLOGY			98,934,079			72,332	
41	01 ULTRASOUND			26,819,959			6,362	
41	02 CAT SCAN			101,461,164			169,770	
41	03 MAGNETIC RESONANCE IMAGIN			35,278,049			77,080	
42	RADIOLOGY-THERAPEUTIC			36,553,992			1,569	
43	RADIOISOTOPE			37,505,819			16,491	
43	01 ONCOLOGY			5,177,755				
44	LABORATORY	280,300	280,300	238,532,815	.001175	.001175	1,183,326	1,390
44	01 LABORATORY-PATHOLOGICAL			18,007,848			6,076	
46	WHOLE BLOOD & PACKED RED			23,443,010			1,848	
49	RESPIRATORY THERAPY			75,309,436			98,132	
50	PHYSICAL THERAPY			32,419,865			162,554	
53	ELECTROCARDIOLOGY			112,476,185			90,703	
55	MEDICAL SUPPLIES CHARGED			49,078,015			142,126	
56	DRUGS CHARGED TO PATIENTS			187,679,004			1,818,283	
57	RENAL DIALYSIS			10,091,097			159,789	
58	ASC (NON-DISTINCT PART)			15,091,436			448	
58	01 CARDIAC CATHETERIZATION LAB			74,531,394			521	
58	03 GASTROINTESTINAL SERVICE			47,711,224			7,683	
58	04 ELECTROCONVULSIVE THERAPY			1,831,999			332,562	
59	OP PSYCH			1,456,210			7,425	
59	01 OP CHEM DEPEN			2,409,550			646	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,538,495				
60	01 MEACHAM PARK CLINIC							
60	02 URGENT CARE CENTER - ST.			4,640,666				
60	03 HYPERBARIC/OP WOUND CENTE			1,576,391				
60	04 URGENT CARE CENTER - O'FA			2,777,271				
61	EMERGENCY			78,991,914			556,784	
61	01 FAMILY PRACTICE							
61	02 NATURAL FAMILY PLANNING			47,950				
61	03 PAIN THERAPY CENTER							
62	OBSERVATION BEDS (NON-DIS			8,313,044				
62	01 AMBULATORY CARE UNIT			12,002,511			11,630	
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	280,300	280,300	1644,268,360			4,955,718	1,390

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		6,811,339	198,481,551	3,109		
38	RECOVERY ROOM		181,733	28,517,093			
39	DELIVERY ROOM & LABOR ROO		1,149,021	39,056,131			
40	ANESTHESIOLOGY		900,471	35,525,438	543		
41	RADIOLOGY-DIAGNOSTIC		5,386,945	98,934,079	26,859		
41 01	ULTRASOUND		696,963	26,819,959	4,344		
41 02	CAT SCAN		1,301,059	101,461,164	53,546		
41 03	MAGNETIC RESONANCE IMAGIN		753,443	35,278,049	12,845		
42	RADIOLOGY-THERAPEUTIC		2,208,252	36,553,992	1,606		
43	RADIOISOTOPE		1,164,844	37,505,819			
43 01	ONCOLOGY		223,960	5,177,755			
44	LABORATORY		1,212,552	238,532,815	232,664		
44 01	LABORATORY-PATHOLOGICAL		250,713	18,007,848	613		
46	WHOLE BLOOD & PACKED RED		428,820	23,443,010	4,113		
49	RESPIRATORY THERAPY		820,650	75,309,436	47,467		
50	PHYSICAL THERAPY		1,240,787	32,419,865	687,356		
53	ELECTROCARDIOLOGY		2,022,573	112,476,185	70,240		
55	MEDICAL SUPPLIES CHARGED		361,128	49,078,015	69,187		
56	DRUGS CHARGED TO PATIENTS		1,119,915	187,679,004	169,945		
57	RENAL DIALYSIS		235,064	10,091,097	6,071		
58	ASC (NON-DISTINCT PART)		451,105	15,091,436			
58 01	CARDIAC CATHETERIZATION LAB		2,059,024	74,531,394			
58 03	GASTROINTESTINAL SERVICE		922,807	47,711,224	8,645		
58 04	ELECTROCONVULSIVE THERAPY		65,092	1,831,999			
59	OP PSYCH		176,326	1,456,210			
59 01	OP CHEM DEPEN		185,231	2,409,550			
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		412,524	2,538,495			
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.		129,280	4,640,666			
60 03	HYPERBARIC/OP WOUND CENTE		128,756	1,576,391			
60 04	URGENT CARE CENTER - O'FA		101,957	2,777,271			
61	EMERGENCY		1,546,409	78,991,914			
61 01	FAMILY PRACTICE						
61 02	NATURAL FAMILY PLANNING		12,085	47,950			
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS		278,400	8,313,044			
62 01	AMBULATORY CARE UNIT		198,788	12,002,511	14,509		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		35,138,016	1644,268,360	1,413,662		

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 ULTRASOUND										
41	02 CAT SCAN										
41	03 MAGNETIC RESONANCE IMAGIN										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43	01 ONCOLOGY										
44	LABORATORY						280,300				
44	01 LABORATORY-PATHOLOGICAL										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
58	01 CARDIAC CATHETERIZATION LAB										
58	03 GASTROINTESTINAL SERVICE										
58	04 ELECTROCONVULSIVE THERAPY										
59	OP PSYCH										
59	01 OP CHEM DEPEN										
60	OUTPAT SERVICE COST CNTRS										
	CLINIC										
60	01 MEACHAM PARK CLINIC										
60	02 URGENT CARE CENTER - ST.										
60	03 HYPERBARIC/OP WOUND CENTE										
60	04 URGENT CARE CENTER - O'FA										
61	EMERGENCY										
61	01 FAMILY PRACTICE										
61	02 NATURAL FAMILY PLANNING										
61	03 PAIN THERAPY CENTER										
62	OBSERVATION BEDS (NON-DIS										
62	01 AMBULATORY CARE UNIT										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL						280,300				

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			198,481,551			3,109	
38	RECOVERY ROOM			28,517,093				
39	DELIVERY ROOM & LABOR ROO			39,056,131				
40	ANESTHESIOLOGY			35,525,438			543	
41	RADIOLOGY-DIAGNOSTIC			98,934,079			26,859	
41 01	ULTRASOUND			26,819,959			4,344	
41 02	CAT SCAN			101,461,164			53,546	
41 03	MAGNETIC RESONANCE IMAGIN			35,278,049			12,845	
42	RADIOLOGY-THERAPEUTIC			36,553,992			1,606	
43	RADIOISOTOPE			37,505,819				
43 01	ONCOLOGY			5,177,755				
44	LABORATORY	280,300	280,300	238,532,815	.001175	.001175	232,664	273
44 01	LABORATORY-PATHOLOGICAL			18,007,848			613	
46	WHOLE BLOOD & PACKED RED			23,443,010			4,113	
49	RESPIRATORY THERAPY			75,309,436			47,467	
50	PHYSICAL THERAPY			32,419,865			687,356	
53	ELECTROCARDIOLOGY			112,476,185			70,240	
55	MEDICAL SUPPLIES CHARGED			49,078,015			69,187	
56	DRUGS CHARGED TO PATIENTS			187,679,004			169,945	
57	RENAL DIALYSIS			10,091,097			6,071	
58	ASC (NON-DISTINCT PART)			15,091,436				
58 01	CARDIAC CATHETERIZATION LAB			74,531,394				
58 03	GASTROINTESTINAL SERVICE			47,711,224			8,645	
58 04	ELECTROCONVULSIVE THERAPY			1,831,999				
59	OP PSYCH			1,456,210				
59 01	OP CHEM DEPEN			2,409,550				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			2,538,495				
60 01	MEACHAM PARK CLINIC							
60 02	URGENT CARE CENTER - ST.			4,640,666				
60 03	HYPERBARIC/OP WOUND CENTE			1,576,391				
60 04	URGENT CARE CENTER - O'FA			2,777,271				
61	EMERGENCY			78,991,914				
61 01	FAMILY PRACTICE							
61 02	NATURAL FAMILY PLANNING			47,950				
61 03	PAIN THERAPY CENTER							
62	OBSERVATION BEDS (NON-DIS			8,313,044				
62 01	AMBULATORY CARE UNIT			12,002,511			14,509	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	280,300	280,300	1644,268,360			1,413,662	273

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CAT SCAN						
41 03	MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	ONCOLOGY						
44	LABORATORY						
44 01	LABORATORY-PATHOLOGICAL						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION LAB						
58 03	GASTROINTESTINAL SERVICE						
58 04	ELECTROCONVULSIVE THERAPY						
59	OP PSYCH						
59 01	OP CHEM DEPEN						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.						
60 03	HYPERBARIC/OP WOUND CENTE						
60 04	URGENT CARE CENTER - O'FA						
61	EMERGENCY						
61 01	FAMILY PRACTICE						
61 02	NATURAL FAMILY PLANNING						
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS						
62 01	AMBULATORY CARE UNIT						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
41	01 ULTRASOUND											
41	02 CAT SCAN											
41	03 MAGNETIC RESONANCE IMAGIN											
42	RADIOLOGY-THERAPEUTIC											
43	RADIOISOTOPE											
43	01 ONCOLOGY											
44	LABORATORY							280,300				
44	01 LABORATORY-PATHOLOGICAL											
46	WHOLE BLOOD & PACKED RED											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
53	ELECTROCARDIOLOGY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
58	ASC (NON-DISTINCT PART)											
58	01 CARDIAC CATHETERIZATION LAB											
58	03 GASTROINTESTINAL SERVICE											
58	04 ELECTROCONVULSIVE THERAPY											
59	OP PSYCH											
59	01 OP CHEM DEPEN											
60	OUTPAT SERVICE COST CNTRS											
	CLINIC											
60	01 MEACHAM PARK CLINIC											
60	02 URGENT CARE CENTER - ST.											
60	03 HYPERBARIC/OP WOUND CENTE											
60	04 URGENT CARE CENTER - O'FA											
61	EMERGENCY											
61	01 FAMILY PRACTICE											
61	02 NATURAL FAMILY PLANNING											
61	03 PAIN THERAPY CENTER											
62	OBSERVATION BEDS (NON-DIS											
62	01 AMBULATORY CARE UNIT											
	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL							280,300				

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			198,481,551			556	
38	RECOVERY ROOM			28,517,093			85	
39	DELIVERY ROOM & LABOR ROO			39,056,131				
40	ANESTHESIOLOGY			35,525,438			166	
41	RADIOLOGY-DIAGNOSTIC			98,934,079			55,102	
41 01	ULTRASOUND			26,819,959			1,151	
41 02	CAT SCAN			101,461,164				
41 03	MAGNETIC RESONANCE IMAGIN			35,278,049				
42	RADIOLOGY-THERAPEUTIC			36,553,992				
43	RADIOISOTOPE			37,505,819			6,906	
43 01	ONCOLOGY			5,177,755			203	
44	LABORATORY	280,300	280,300	238,532,815	.001175	.001175	858,612	1,009
44 01	LABORATORY-PATHOLOGICAL			18,007,848			1,974	
46	WHOLE BLOOD & PACKED RED			23,443,010			30,830	
49	RESPIRATORY THERAPY			75,309,436			7,937	
50	PHYSICAL THERAPY			32,419,865			4,172,276	
53	ELECTROCARDIOLOGY			112,476,185			49,843	
55	MEDICAL SUPPLIES CHARGED			49,078,015			181,420	
56	DRUGS CHARGED TO PATIENTS			187,679,004			2,335,329	
57	RENAL DIALYSIS			10,091,097				
58	ASC (NON-DISTINCT PART)			15,091,436				
58 01	CARDIAC CATHETERIZATION LAB			74,531,394				
58 03	GASTROINTESTINAL SERVICE			47,711,224				
58 04	ELECTROCONVULSIVE THERAPY			1,831,999				
59	OP PSYCH			1,456,210				
59 01	OP CHEM DEPEN			2,409,550				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			2,538,495				
60 01	MEACHAM PARK CLINIC							
60 02	URGENT CARE CENTER - ST.			4,640,666				
60 03	HYPERBARIC/OP WOUND CENTE			1,576,391				
60 04	URGENT CARE CENTER - O'FA			2,777,271				
61	EMERGENCY			78,991,914				
61 01	FAMILY PRACTICE							
61 02	NATURAL FAMILY PLANNING			47,950				
61 03	PAIN THERAPY CENTER							
62	OBSERVATION BEDS (NON-DIS			8,313,044				
62 01	AMBULATORY CARE UNIT			12,002,511				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	280,300	280,300	1644,268,360			7,702,390	1,009

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CAT SCAN						
41 03	MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	ONCOLOGY						
44	LABORATORY						
44 01	LABORATORY-PATHOLOGICAL						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION LAB						
58 03	GASTROINTESTINAL SERVICE						
58 04	ELECTROCONVULSIVE THERAPY						
59	OP PSYCH						
59 01	OP CHEM DEPEN						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.						
60 03	HYPERBARIC/OP WOUND CENTE						
60 04	URGENT CARE CENTER - O'FA						
61	EMERGENCY						
61 01	FAMILY PRACTICE						
61 02	NATURAL FAMILY PLANNING						
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS						
62 01	AMBULATORY CARE UNIT						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		45,996,043	
26	INTENSIVE CARE UNIT		17,722,072	
27	CORONARY CARE UNIT		14,832,325	
27	01 NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.432292	35,743,754	15,451,739
38	RECOVERY ROOM	.126386	3,126,176	395,105
39	DELIVERY ROOM & LABOR ROOM	.422839	70,048	29,619
40	ANESTHESIOLOGY	.223580	4,827,215	1,079,269
41	RADIOLOGY-DIAGNOSTIC	.240827	7,074,502	1,703,731
41	01 ULTRASOUND	.157174	599,815	94,275
41	02 CAT SCAN	.054505	11,794,829	642,877
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.106611	3,610,407	384,909
42	RADIOLOGY-THERAPEUTIC	.249831	1,087,454	271,680
43	RADIOISOTOPE	.155006	3,674,340	569,545
43	01 ONCOLOGY	.317039	31,385	9,950
44	LABORATORY	.097616	39,890,066	3,893,909
44	01 LABORATORY-PATHOLOGICAL	.172398	1,734,868	299,088
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.390725	6,800,544	2,657,143
49	RESPIRATORY THERAPY	.186851	21,022,896	3,928,149
50	PHYSICAL THERAPY	.460730	5,960,473	2,746,169
53	ELECTROCARDIOLOGY	.223553	18,040,868	4,033,090
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.215810	25,186,158	5,435,425
56	DRUGS CHARGED TO PATIENTS	.213003	40,351,868	8,595,069
57	RENAL DIALYSIS	.313717	3,456,962	1,084,508
58	ASC (NON-DISTINCT PART)	.365680	542,328	198,319
58	01 CARDIAC CATHETERIZATION LABORATORY	.208067	13,189,813	2,744,365
58	03 GASTROINTESTINAL SERVICES	.148741	2,498,591	371,643
58	04 ELECTROCONVULSIVE THERAPY (ECT)	.271404	551	150
59	OP PSYCH	.794801		
59	01 OP CHEM DEPEN	.492282	1,020	502
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3.206817	1,057	3,390
60	01 MEACHAM PARK CLINIC			
60	02 URGENT CARE CENTER - ST. PETERS	.433620	1,647	714
60	03 HYPERBARIC/OP WOUND CENTER	.605123	278	168
60	04 URGENT CARE CENTER - O'FALLON	.562196	2,160	1,214
61	EMERGENCY	.252028	9,923,651	2,501,038
61	01 FAMILY PRACTICE			
61	02 NATURAL FAMILY PLANNING	8.888738		
61	03 PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.441488		
62	01 AMBULATORY CARE UNIT	.222361	1,653,101	367,585
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		261,898,825	59,494,337
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		261,898,825	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27	01 NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		6,605,880	
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.431613	21,761	9,392
38	RECOVERY ROOM	.126386	3,165	400
39	DELIVERY ROOM & LABOR ROOM	.422839		
40	ANESTHESIOLOGY	.223580	6,652	1,487
41	RADIOLOGY-DIAGNOSTIC	.240827	72,332	17,419
41	01 ULTRASOUND	.157174	6,362	1,000
41	02 CAT SCAN	.054505	169,770	9,253
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.106611	77,080	8,218
42	RADIOLOGY-THERAPEUTIC	.249831	1,569	392
43	RADIOISOTOPE	.155006	16,491	2,556
43	01 ONCOLOGY	.317039		
44	LABORATORY	.097616	1,183,326	115,512
44	01 LABORATORY-PATHOLOGICAL	.172398	6,076	1,047
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.390725	1,848	722
49	RESPIRATORY THERAPY	.186851	98,132	18,336
50	PHYSICAL THERAPY	.460730	162,554	74,894
53	ELECTROCARDIOLOGY	.223186	90,703	20,244
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.215810	142,126	30,672
56	DRUGS CHARGED TO PATIENTS	.213003	1,818,283	387,300
57	RENAL DIALYSIS	.313717	159,789	50,129
58	ASC (NON-DISTINCT PART)	.365680	448	164
58	01 CARDIAC CATHETERIZATION LABORATORY	.208067	521	108
58	03 GASTROINTESTINAL SERVICES	.148741	7,683	1,143
58	04 ELECTROCONVULSIVE THERAPY (ECT)	.271404	332,562	90,259
59	OP PSYCH	.794801	7,425	5,901
59	01 OP CHEM DEPEN	.492282	646	318
60	OUTPAT SERVICE COST CNTRS CLINIC	3.206817		
60	01 MEACHAM PARK CLINIC			
60	02 URGENT CARE CENTER - ST. PETERS	.433620		
60	03 HYPERBARIC/OP WOUND CENTER	.597397		
60	04 URGENT CARE CENTER - O'FALLON	.562196		
61	EMERGENCY	.251104	556,784	139,811
61	01 FAMILY PRACTICE			
61	02 NATURAL FAMILY PLANNING	8.888738		
61	03 PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.441488		
62	01 AMBULATORY CARE UNIT	.222361	11,630	2,586
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		4,955,718	989,263
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,955,718	

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27	01 NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		853,173	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.432292	3,109	1,344
38	RECOVERY ROOM	.126386		
39	DELIVERY ROOM & LABOR ROOM	.422839		
40	ANESTHESIOLOGY	.223580	543	121
41	RADIOLOGY-DIAGNOSTIC	.240827	26,859	6,468
41	01 ULTRASOUND	.157174	4,344	683
41	02 CAT SCAN	.054505	53,546	2,919
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.106611	12,845	1,369
42	RADIOLOGY-THERAPEUTIC	.249831	1,606	401
43	RADIOISOTOPE	.155006		
43	01 ONCOLOGY	.317039		
44	LABORATORY	.097616	232,664	22,712
44	01 LABORATORY-PATHOLOGICAL	.172398	613	106
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.390725	4,113	1,607
49	RESPIRATORY THERAPY	.186851	47,467	8,869
50	PHYSICAL THERAPY	.460730	687,356	316,686
53	ELECTROCARDIOLOGY	.223553	70,240	15,702
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.215810	69,187	14,931
56	DRUGS CHARGED TO PATIENTS	.213003	169,945	36,199
57	RENAL DIALYSIS	.313717	6,071	1,905
58	ASC (NON-DISTINCT PART)	.365680		
58	01 CARDIAC CATHETERIZATION LABORATORY	.208067		
58	03 GASTROINTESTINAL SERVICES	.148741	8,645	1,286
58	04 ELECTROCONVULSIVE THERAPY (ECT)	.271404		
59	OP PSYCH	.794801		
59	01 OP CHEM DEPEN	.492282		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3.206817		
60	01 MEACHAM PARK CLINIC			
60	02 URGENT CARE CENTER - ST. PETERS	.433620		
60	03 HYPERBARIC/OP WOUND CENTER	.605123		
60	04 URGENT CARE CENTER - O'FALLON	.562196		
61	EMERGENCY	.252028		
61	01 FAMILY PRACTICE			
61	02 NATURAL FAMILY PLANNING	8.888738		
61	03 PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.441488		
62	01 AMBULATORY CARE UNIT	.222361	14,509	3,226
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,413,662	436,534
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,413,662	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27	01 NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.431613	556	240
38	RECOVERY ROOM	.126386	85	11
39	DELIVERY ROOM & LABOR ROOM	.422839		
40	ANESTHESIOLOGY	.223580	166	37
41	RADIOLOGY-DIAGNOSTIC	.240827	55,102	13,270
41	01 ULTRASOUND	.157174	1,151	181
41	02 CAT SCAN	.054505		
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.106611		
42	RADIOLOGY-THERAPEUTIC	.249831		
43	RADIOISOTOPE	.155006	6,906	1,070
43	01 ONCOLOGY	.317039	203	64
44	LABORATORY	.097616	858,612	83,814
44	01 LABORATORY-PATHOLOGICAL	.172398	1,974	340
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.390725	30,830	12,046
49	RESPIRATORY THERAPY	.186851	7,937	1,483
50	PHYSICAL THERAPY	.460730	4,172,276	1,922,293
53	ELECTROCARDIOLOGY	.223186	49,843	11,124
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.215810	181,420	39,152
56	DRUGS CHARGED TO PATIENTS	.213003	2,335,329	497,432
57	RENAL DIALYSIS	.313717		
58	ASC (NON-DISTINCT PART)	.365680		
58	01 CARDIAC CATHETERIZATION LABORATORY	.208067		
58	03 GASTROINTESTINAL SERVICES	.148741		
58	04 ELECTROCONVULSIVE THERAPY (ECT)	.271404		
59	OP PSYCH	.794801		
59	01 OP CHEM DEPEN	.492282		
60	OUTPAT SERVICE COST CNTRS CLINIC	3.206817		
60	01 MEACHAM PARK CLINIC			
60	02 URGENT CARE CENTER - ST. PETERS	.433620		
60	03 HYPERBARIC/OP WOUND CENTER	.597397		
60	04 URGENT CARE CENTER - O'FALLON	.562196		
61	EMERGENCY	.251104		
61	01 FAMILY PRACTICE			
61	02 NATURAL FAMILY PLANNING	8.888738		
61	03 PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.441488		
62	01 AMBULATORY CARE UNIT	.222361		
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		7,702,390	2,582,557
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		7,702,390	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		6,697,891
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		1,674,473
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		4,157,259
1.09	NET IPF PPS OUTLIER PAYMENTS		109,728
1.10	NET IPF PPS ECT PAYMENTS		110,527
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		.30
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		1.42
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		.30
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		43.500000
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		.003546
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		14,742
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		4,392,256
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		4,688,524
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		3,516,393
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		6,066,729
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		6,066,729
5	PRIMARY PAYER PAYMENTS		9,548
6	SUBTOTAL		6,057,181
7	DEDUCTIBLES		438,080
8	SUBTOTAL		5,619,101
9	COINSURANCE		168,592
10	SUBTOTAL		5,450,509
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		57,203
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		40,042
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		5,490,551
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		1,043
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,491,594
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,314,625
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	176,969
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,027,634
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	993,696
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	33,938
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
34	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
35	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			
38	COINSURANCE			
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
44	UTILIZATION REVIEW			
45	SUBTOTAL (SEE INSTRUCTIONS)			
46	INPATIENT ROUTINE SERVICE COST			
47	MEDICARE INPATIENT ROUTINE CHARGES			
48	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
49	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
50	RATIO OF LINE 43 TO 44			
51	TOTAL CUSTOMARY CHARGES			
52	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
53	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
54	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
55	OTHER ADJUSTMENTS (SPECIFY)			
56	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
57	SUBTOTAL			
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
60	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
61	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
62	INTERIM PAYMENTS			
63	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
64	BALANCE DUE PROVIDER/PROGRAM			
65	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial Systems MCRI F32 FOR ST. JOHN'S MERCY MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: | PERIOD: | PREPARED 12/ 2/2008
| 26-0020 | FROM 7/ 1/2007 | WORKSHEET E-3
| COMPONENT NO: | TO 6/30/2008 | PART III
| 26-5298 | | |

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		99.69
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)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	88.68	88.68
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		91.12
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		88.68
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		55.99
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		29.21
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		85.20
3.10	SEE INSTRUCTIONS		82.92
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		1.00
3.12	SEE INSTRUCTIONS		29.43
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		28.75
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		24.77
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	27.65
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		27.65
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		122,157.00
3.18	SEE INSTRUCTIONS		3,377,641
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		57.70
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		57.63
3.21	SEE INSTRUCTIONS	RES INIT YEARS	56.61
3.22	SEE INSTRUCTIONS		56.61
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		126,105.25
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,138,818
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		10,516,459

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		63,116
5	TOTAL INPATIENT DAYS		211,780
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.298026
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,134,178	3,134,178
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		20,886
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		211,780
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		890,596
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		10,091,097
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	119,710,454
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	314,178
16	TOTAL PART A REASONABLE COST	119,396,276

PART B REASONABLE COST

17	REASONABLE COST	29,017,525
18	PRIMARY PAYER PAYMENTS	19,266
19	TOTAL PART B REASONABLE COST	28,998,259
20	TOTAL REASONABLE COST	148,394,535
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.804587
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.195413

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	4,024,774
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	3,238,281
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	786,493

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	88.68	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	99.69	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	88.68	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	90,046.17	
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.		
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	85.08
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	95.60
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	85.08

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	27,040,372			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,892,635			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	41,863,138			
36 TOTAL CURRENT LIABILITIES	70,796,145			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	13,603,985			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	11,296,093	3,893,381		
42 TOTAL LONG-TERM LIABILITIES	24,900,078	3,893,381		
43 TOTAL LIABILITIES	95,696,223	3,893,381		
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	482,767,608			
45 SPECIFIC PURPOSE FUND		2,960,059		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	482,767,608	2,960,059		
52 TOTAL LIABILITIES AND FUND BALANCES	578,463,831	6,853,440		

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		419,433,812		3,301,504
2 NET INCOME (LOSS)		79,896,422		
3 TOTAL		499,330,234		3,301,504
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 DONATIONS	1,856,383		1,310,490	
7				
8				
9				
10 TOTAL ADDITIONS		1,856,383		1,310,490
11 SUBTOTAL		501,186,617		4,611,994
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 INVESTMENT LOSS			297,017	
15 EXPENSES			1,321,600	
16 TRANSFERS	16,500,000			
17 FIXED ASSETS PURCHASED			33,318	
18 OTHER FUND BALANCE TRANSF	1,919,009			
19 TOTAL DEDUCTIONS		18,419,009		1,651,935
FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		482,767,608		2,960,059

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 DONATIONS				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 INVESTMENT LOSS				
15 EXPENSES				
16 TRANSFERS				
17 FIXED ASSETS PURCHASED				
18 OTHER FUND BALANCE TRANSF				
19 TOTAL DEDUCTIONS				
FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	208,524,533		208,524,533
2 00 SUBPROVIDER	12,522,878		12,522,878
2 01 SUBPROVIDER 2	1,537,513		1,537,513
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	15,406,386		15,406,386
8 00 OTHER LONG TERM CARE	4,339,504		4,339,504
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	242,330,814		242,330,814
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	53,618,452		53,618,452
11 00 CORONARY CARE UNIT	40,193,337		40,193,337
11 01 NEONATAL INTENSIVE CARE UNIT	81,842,979		81,842,979
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	175,654,768		175,654,768
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	417,985,582		417,985,582
17 00 ANCILLARY SERVICES	811,698,378		811,698,378
18 00 OUTPATIENT SERVICES		867,395,860	867,395,860
20 00 AMBULANCE SERVICES		3,555	3,555
24 00 ASC		10,345,311	10,345,311
25 00 TOTAL PATIENT REVENUES	1229,683,960	877,744,726	2107,428,686

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		684,447,021	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 REHAB HOSPITAL JOINT VENTURE	10,672,444		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		10,672,444	
40 00 TOTAL OPERATING EXPENSES		673,774,577	

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	616,625	HOURS OF SERVICE	17,537.00	8.43
2 LICENCED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS		HOURS OF SERVICE		
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	32,813	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	649,438			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES		REQUIREMENTS		
15 DRUGS		REQUIREMENTS		
16 OTHER	1,943,298	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	2,592,736			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	71,732	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	30,853	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	158,105	SALARY		
23 ADMINISTRATIVE AND GENERAL	753,377	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	116,252	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	7,987	REQUIREMENTS		
27 PHARMACY	-709,989	REQUIREMENTS		
28 OTHER ALLOCATED COST	144,700	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	3,165,753			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	3,165,753			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

CHECK ONE: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	187,984	30,853	616,625		158,105
2	HEMODIALYSIS	187,984	30,853	616,625		158,105
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS METHOD II HOME PATIENT					
14.01	EPO (INCLUDED IN RENAL DEPARTMENT)					
15	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
16	TOTAL (SUM OF LINES 2-15)	187,984	30,853	616,625		158,105
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	-709,989	7,987		291,565	2,874,188
2	HEMODIALYSIS	-709,989	7,987		291,565	2,874,188
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS METHOD II HOME PATIENT					
14.01	EPO (INCLUDED IN RENAL DEPARTMENT)	1,482,898				
15	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
16	TOTAL (SUM OF LINES 2-15)	-709,989	7,987		291,565	2,874,188
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)	
		11	
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	3,165,753	
2	HEMODIALYSIS	3,165,753	
3	INTERMITTENT PERITONEAL TRAINING		
4	HEMODIALYSIS		
5	INTERMITTENT PERITONEAL		
6	CAPD		
7	CCDP		
8	HOME		
9	HEMODIALYSIS		
10	INTERMITTENT PERITONEAL		
11	CAPD		
12	CCDP		
13	OTHER BILLABLE SERVICES		
14	INPATIENT DIALYSIS METHOD II HOME PATIENT		
14.01	EPO (INCLUDED IN RENAL DEPARTMENT)		
15	ARANESP (INCLUDED IN RENAL DEPARTMENT)		
16	TOTAL (SUM OF LINES 2-15)	3,165,753	
17	MEDICAL EDUCATION PROGRAM COSTS		
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	3,165,753	

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1	2	3	4	5
		(SQUARE FEET)	(% OF TIME)	(HOURS)	(HOURS)	(SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	187,984	30,853	616,625		158,105
2	HEMODIALYSIS	100	100.00	100.00	100.00	100
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS TREATMENTS					0
14	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	100	100.00	100.00	100.00	100
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	1879.840000	308.530000	6166.250000		1581.050000

COMPOSITE PAYMENT SERVICES		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
		(REQUI ST.)	(REQUI ST.)	(CHARGES)		(ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	-709,989	7,987		291,565	2,874,188
2	HEMODIALYSIS	100	100			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS TREATMENTS					0
14	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	100	100			291,565
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	-7099.890000	79.870000			9.857795

CHECK ONE: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS BUILDING EQUIPMENT	1	2	DI RECT PATIENT CARE SALARY RNs OTHER	3	4	EMPLOYEE BENEFITS	5
1	TOTAL RENAL DEPARTMENT COSTS								
	MAINTENANCE								
2	HEMODIALYSIS								
3	INTERMITTENT PERITONEAL TRAINING								
4	HEMODIALYSIS								
5	INTERMITTENT PERITONEAL								
6	CAPD								
7	CCDP HOME								
8	HEMODIALYSIS								
9	INTERMITTENT PERITONEAL								
10	CAPD								
11	CCDP								
	OTHER BILLABLE SERVICES								
12	INPATIENT DIALYSIS								
13	METHOD II HOME PATIENT								
14	EPO (INCLUDED IN RENAL DEPARTMENT)								
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)								
15	OTHER								
16	TOTAL (SUM OF LINES 2-15)								
17	MEDICAL EDUCATION PROGRAM COSTS								
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)								

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS					
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)					
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES
COMPOSITE PAYMENT RATE

TOTAL
(COL. 9 +
COL. 10)
11

1	TOTAL RENAL DEPARTMENT COSTS
	MAINTENANCE
2	HEMODIALYSIS
3	INTERMITTENT PERITONEAL TRAINING
4	HEMODIALYSIS
5	INTERMITTENT PERITONEAL
6	CAPD
7	CCDP HOME
8	HEMODIALYSIS
9	INTERMITTENT PERITONEAL
10	CAPD
11	CCDP
	OTHER BILLABLE SERVICES
12	INPATIENT DIALYSIS
13	METHOD II HOME PATIENT
14	EPO (INCLUDED IN RENAL DEPARTMENT)
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)
15	OTHER
16	TOTAL (SUM OF LINES 2-15)
17	MEDICAL EDUCATION PROGRAM COSTS
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0020	FROM 7/ 1/2007	
SATELLITE NO:	TO 6/30/2008	WORKSHEET 1-5
		RATE 0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	1,919,659
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	8,369
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	6,695
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	1,674
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	5,774,250
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	691,718
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	542.23
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	86.40
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	4.60
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	265,616
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.24
	MEDI CARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	17.58
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	20.82
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.31
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	248,870
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	6,980,454
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	