

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/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 8/2009 TIME 11: 53

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/ 1/2008 AND ENDING 6/30/2009 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	-129,455	76,907	15,296,570
2	SUBPROVIDER	0	25,242	1	-2,136,422
5	HOSPITAL-BASED SNF	0	7,980	0	1,758,794
100	TOTAL	0	-96,233	76,908	14,918,942

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.

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? 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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

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
SALARIES							
1	TOTAL SALARY	288,319,249	1,295,440	289,614,689	10,884,403.00	26.61	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A	2,926,576	-59,734	2,866,842	22,298.00	128.57	
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	1,769,407		1,769,407	13,508.00	130.99	
5	PHYSICIAN - PART B	13,939,813	-988,702	12,951,111	128,076.00	101.12	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)	3,962,511	1,000	3,963,511	176,992.00	22.39	
6.01	CONTRACT SERVICES, I&R	860,026		860,026	27,988.00	30.73	
7	HOME OFFICE PERSONNEL						
8	SNF	6,810,010	-2,261,408	4,548,602	270,150.00	16.84	
8.01	EXCLUDED AREA SALARIES	32,380,124	817,646	33,197,770	1,046,400.00	31.73	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	2,679,822		2,679,822	34,608.00	77.43	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	155,015		155,015	3,666.00	42.28	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	16,441		16,441	121.00	135.88	
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	60,247,291		60,247,291	1,497,354.00	40.24	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	61,483,155		61,483,155			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	10,120,713		10,120,713			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A	426,483		426,483			CMS 339
18.01	PART A TEACHING PHYSICIANS	263,224		263,224			CMS 339
19	PHYSICIAN PART B	1,926,658		1,926,658			CMS 339
19.01	WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)	1,063,854		1,063,854			CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1,658,763	1,527	1,660,290	75,792.00	21.91	
22	ADMINISTRATIVE & GENERAL	22,343,811	-6,771,705	15,572,106	594,584.00	26.19	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS	2,735,693	500	2,736,193	121,768.00	22.47	
24	OPERATION OF PLANT	1,250,095	1,500	1,251,595	79,646.00	15.71	
25	LAUNDRY & LINEN SERVICE	260,078		260,078	22,048.00	11.80	
26	HOUSEKEEPING	5,268,298	5,500	5,273,798	436,112.00	12.09	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	5,698,485	-62,263	5,636,222	402,146.00	14.02	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	5,913,550	-874,039	5,039,511	150,332.00	33.52	
31	CENTRAL SERVICE AND SUPPLY	2,061,680	5,000	2,066,680	142,630.00	14.49	
32	PHARMACY	9,435,333	87,625	9,522,958	256,679.00	37.10	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,179,427	1,500	3,180,927	171,360.00	18.56	
34	SOCIAL SERVICE	4,022,934	1,000	4,023,934	141,384.00	28.46	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	267,787,492	2,283,142	270,070,634	10,537,839.00	25.63	
2	EXCLUDED AREA SALARIES	39,190,134	-1,443,762	37,746,372	1,316,550.00	28.67	
3	SUBTOTAL SALARIES	228,597,358	3,726,904	232,324,262	9,221,289.00	25.19	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	63,098,569		63,098,569	1,535,749.00	41.09	
5	SUBTOTAL WAGE-RELATED COSTS	61,909,638		61,909,638		26.65	
6	TOTAL	353,605,565	3,726,904	357,332,469	10,757,038.00	33.22	
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	63,828,147	-7,603,855	56,224,292	2,594,481.00	21.67	

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 26-0020
 SATELLITE NO:
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/8/2009
 WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----	----- HOME -----
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	73			
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	365			
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	1,466,392			
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM				
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT	6,696			
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 7/1/2008 TO 6/30/2009
PREPARED 12/8/2009
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	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		796				
3	RUA		68				
3.01	RUX		65				
3.02	RUL		187				
4	RVC		97				
5	RVB		2,533				
6	RVA		122				
6.01	RVX		117				
6.02	RVL		1,268				
7	RHC		1,653				
8	RHB		1,860				
9	RHA		231				
9.01	RHX						
9.02	RHL						
10	RMC		82				
11	RMB		391				
12	RMA		91				
12.01	RMX		724				
12.02	RML		2,112				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		70				
16	SE2		132				
17	SE1		2				
18	SSC		2				
19	SSB		1				
20	SSA		172				
21	CC2						
22	CC1						
23	CB2		2				
24	CB1		45				
25	CA2						
26	CA1		49				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		16				
39	PC2						
40	PC1		1				
41	PB2						
42	PB1						
43	PA2						
44	PA1		1				
45	Default						
46	TOTAL		12,890				

(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): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 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	73,334,314
17.01	GROSS MEDICAID REVENUES	218,651,604
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	291,985,918
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)	.274594
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	218,651,604

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	60,040,419
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	73,334,314
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	20,137,163
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	60,040,419

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

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				24,346,596	24,346,596
3.01	0301 OTHER BUILDING-MOB				2,121,284	2,121,284
3.02	0302 OTHER BUILDING-CANCER CENTER				2,293,802	2,293,802
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				20,195,405	20,195,405
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP-MOB				938,220	938,220
4.02	0402 NEW CAP REL COSTS-MVBLE EQUIP-CANCER				3,400,635	3,400,635
5	0500 EMPLOYEE BENEFITS	1,658,763	73,065,015	74,723,778	-9,069,837	65,653,941
6.01	0610 NONPATIENT TELEPHONES					
6.02	0611 PURCHASING	113,714	13,626	127,340	-3,662	123,678
6.03	0612 ADMITTING	3,696,332	446,100	4,142,432	-104,064	4,038,368
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	18,533,765	151,812,584	170,346,349	-3,415,352	166,930,997
7	0700 MAINTENANCE & REPAIRS	2,735,693	7,788,302	10,523,995	-4,434,114	6,089,881
8	0800 OPERATION OF PLANT	1,241,739	6,131,100	7,372,839	1,976,720	9,349,559
8.01	0801 OTHER BUILDING-MOB	8,139	5,543,343	5,551,482	-3,575,453	1,976,029
8.02	0802 OTHER BUILDING-CANCER CENTER	217	2,806,615	2,806,832	-2,151,868	654,964
8.03	0803 HEART HOSPITAL		6,798,336	6,798,336	-6,798,336	
9	0900 LAUNDRY & LINEN SERVICE	260,078	444,701	704,779	3,713,954	4,418,733
10	1000 HOUSEKEEPING	5,268,298	123,931	5,392,229	-37,433	5,354,796
10.01	1001 HOUSEKEEPING-MED CENTER					
10.02	1002 HOUSEKEEPING-MOB					
10.03	1003 HOUSEKEEPING-CANCER CENTER					
11	1100 DIETARY	5,698,485	5,902,540	11,601,025	-391,454	11,209,571
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	5,913,550	988,567	6,902,117	-1,469,310	5,432,807
15	1500 CENTRAL SERVICES & SUPPLY	2,061,680	9,074,127	11,135,807	-8,896,775	2,239,032
16	1600 PHARMACY	9,435,333	27,484,063	36,919,396	-25,824,965	11,094,431
17	1700 MEDICAL RECORDS & LIBRARY	3,179,427	3,043,973	6,223,400	-532,459	5,690,941
18	1800 SOCIAL SERVICE	4,022,934	1,126,628	5,149,562	-41,029	5,108,533
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	3,962,511	879,029	4,841,540	-73,318	4,768,222
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,497,214	3,865,154	8,362,368	-1,451,786	6,910,582
24	2400 PARAMED PRGM	181,323	8,845	190,168	-883	189,285
24.01	2401 RADIOLOGY SCHOOL	180,346	6,639	186,985	325	187,310
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	48,971,886	9,445,214	58,417,100	-2,373,720	56,043,380
26	2600 INTENSIVE CARE UNIT	8,786,093	1,109,050	9,895,143	-372,927	9,522,216
27	2700 CORONARY CARE UNIT	6,811,130	1,642,533	8,453,663	1,910,422	10,364,085
27.01	2701 NEONATAL INTENSIVE CARE UNIT	11,715,855	2,227,279	13,943,134	-1,019,110	12,924,024
31	3100 SUBPROVIDER	5,086,194	452,355	5,538,549	24,942	5,563,491
31.01	3101 SUBPROVIDER 2	3,966	11,680	15,646	-15,646	
33	3300 NURSERY	2,032,991	89,347	2,122,338	3,875,602	5,997,940
34	3400 SKILLED NURSING FACILITY	6,810,010	1,523,808	8,333,818	-3,236,450	5,097,368
36	3600 OTHER LONG TERM CARE				2,666,335	2,666,335
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	14,811,652	45,420,264	60,231,916	-2,277,818	57,954,098
38	3800 RECOVERY ROOM	2,075,319	100,549	2,175,868	-134,294	2,041,574
39	3900 DELIVERY ROOM & LABOR ROOM	8,489,192	2,157,727	10,646,919	-679,221	9,967,698
40	4000 ANESTHESIOLOGY	614,425	4,163,867	4,778,292	-702,258	4,076,034
41	4100 RADIOLOGY-DIAGNOSTIC	6,764,037	7,703,982	14,468,019	-3,962,995	10,505,024
41.01	4101 ULTRASOUND	1,548,126	2,608,012	4,156,138	-654,416	3,501,722
41.02	4102 CAT SCAN	1,096,213	1,192,949	2,289,162	-918,426	1,370,736
41.03	4103 MAGNETIC RESONANCE IMAGING (MRI)	525,552	1,109,567	1,635,119	-742,607	892,512
42	4200 RADIOLOGY-THERAPEUTIC	2,886,801	5,928,353	8,815,154	-3,367,599	5,447,555
43	4300 RADIO SOTOPE	1,034,236	2,349,474	3,383,710	-649,416	2,734,294
43.01	4301 ONCOLOGY	633,490	352,382	985,872	-100,112	885,760
44	4400 LABORATORY	7,589,181	7,917,346	15,506,527	-783,743	14,722,784
44.01	4401 LABORATORY-PATHOLOGICAL	981,995	807,656	1,789,651	-45,371	1,744,280
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,525,440	3,230,423	5,755,863	27,270	5,783,133
49	4900 RESPIRATORY THERAPY	6,605,297	2,298,297	8,903,594	-435,902	8,467,692
50	5000 PHYSICAL THERAPY	5,926,984	3,786,047	9,713,031	-789,381	8,923,650
53	5300 ELECTROCARDIOLOGY	5,325,073	12,840,846	18,165,919	-512,598	17,653,321
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				7,440,133	7,440,133
56	5600 DRUGS CHARGED TO PATIENTS				24,199,989	24,199,989
57	5700 RENAL DIALYSIS	777,238	377,075	1,154,313	1,432,843	2,587,156
58	5800 ASC (NON-DISTINCT PART)	2,503,434	687,036	3,190,470	-556,058	2,634,412
58.01	5801 CARDIAC CATHETERIZATION LABORATORY	3,044,681	5,429,555	8,474,236	-1,352,987	7,121,249
58.03	5803 GASTROINTESTINAL SERVICES	1,811,822	1,925,262	3,737,084	-782,128	2,954,956
58.04	5804 ELECTROCONVULSIVE THERAPY (ECT)	165,363	78,838	244,201	-23,949	220,252
59	3020 OP PSYCH	186,179	176,449	362,628	-48	362,580
59.01	3021 OP CHEM DEPN	340,072	493,124	833,196	-184,943	648,253
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,934,858	4,371,322	6,306,180	-25,319	6,280,861
60.01	6001 MEACHAM PARK CLINIC		787	787	-787	
60.02	6002 URGENT CARE CENTER - ST. PETERS	1,378,015	375,198	1,753,213	-30,140	1,723,073
60.03	6003 HYPERBARIC/OP WOUND CENTER	553,751	366,802	920,553	-68,006	852,547
60.04	6004 URGENT CARE CENTER - O'FALLON	1,068,605	284,867	1,353,472	-22,485	1,330,987
61	6100 EMERGENCY	13,584,139	2,448,414	16,032,553	903,982	16,936,535
61.01	6101 FAMILY PRACTICE		641,126	641,126	-641,126	
61.02	6102 NATURAL FAMILY PLANNING	207,226	99,362	306,588	-5,431	301,157
61.03	6103 PAIN THERAPY CENTER		108,810	108,810	-42,966	65,844
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201 AMBULATORY CARE UNIT	1,534,892	154,063	1,688,955	-617,462	1,071,493
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES		24,626	24,626		24,626
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	261,390,954	445,864,941	707,255,895	5,068,516	712,324,411
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		145	145		145

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0020
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 12/8/2009
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	296,766	695,665	992,431	-10,311	982,120
96.02 9602	VISITOR MEALS					
97 9700	RESEARCH	625,050	295,011	920,061	-242,541	677,520
98 9800	PHYSICIANS' PRIVATE OFFICES	16,419,419	14,089,826	30,509,245	-4,530,823	25,978,422
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	-111,582	695,996	584,414	-309,867	274,547
99.05 9905	HOSPICE	43,428	157,532	200,960	-13,474	187,486
99.06 9906	VACANT SPACE					
99.07 9907	SALES & SERVICE-PHYSICIAN PRACTICE					
99.08 9908	REHAB HOSPITAL	9,655,214	13,245,990	22,901,204	38,500	22,939,704
101	TOTAL	288,319,249	475,045,106	763,364,355	-0-	763,364,355

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2009
26-0020	FROM 7/ 1/2008	WORKSHEET A
	TO 6/30/2009	

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-346,308	24,000,288
3.01	0301 OTHER BUILDING-MOB		2,121,284
3.02	0302 OTHER BUILDING-CANCER CENTER		2,293,802
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-88,654	20,106,751
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP-MOB		938,220
4.02	0402 NEW CAP REL COSTS-MVBLE EQUIP-CANCER		3,400,635
5	0500 EMPLOYEE BENEFITS	7,248,014	72,901,955
6.01	0610 NONPATIENT TELEPHONES		
6.02	0611 PURCHASING	459,900	583,578
6.03	0612 ADMITTING	5,726,218	9,764,586
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	-7,099,448	159,831,549
7	0700 MAINTENANCE & REPAIRS	2,743	6,092,624
8	0800 OPERATION OF PLANT	-160,336	9,189,223
8.01	0801 OTHER BUILDING-MOB	-208,007	1,768,022
8.02	0802 OTHER BUILDING-CANCER CENTER	-654,963	1
8.03	0803 HEART HOSPITAL		
9	0900 LAUNDRY & LINEN SERVICE		4,418,733
10	1000 HOUSEKEEPING	-4,563	5,350,233
10.01	1001 HOUSEKEEPING-MED CENTER		
10.02	1002 HOUSEKEEPING-MOB		
10.03	1003 HOUSEKEEPING-CANCER CENTER		
11	1100 DIETARY	-3,669,566	7,540,005
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-90,609	5,342,198
15	1500 CENTRAL SERVICES & SUPPLY	169,284	2,408,316
16	1600 PHARMACY	-374,467	10,719,964
17	1700 MEDICAL RECORDS & LIBRARY	-375,352	5,315,589
18	1800 SOCIAL SERVICE	-40,369	5,068,164
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-3,446	4,764,776
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,522,959	4,387,623
24	2400 PARAMEDICAL PRGM	-41,056	148,229
24.01	2401 RADIOLOGY SCHOOL	-46,720	140,590
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-3,761,458	52,281,922
26	2600 INTENSIVE CARE UNIT	53,111	9,575,327
27	2700 CORONARY CARE UNIT	-1,645,511	8,718,574
27.01	2701 NEONATAL INTENSIVE CARE UNIT	-211,835	12,712,189
31	3100 SUBPROVIDER	-145,764	5,417,727
31.01	3101 SUBPROVIDER 2		
33	3300 NURSERY	-790,567	5,207,373
34	3400 SKILLED NURSING FACILITY	-8,086	5,089,282
36	3600 OTHER LONG TERM CARE		2,666,335
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	694,208	58,648,306
38	3800 RECOVERY ROOM	5,293	2,046,867
39	3900 DELIVERY ROOM & LABOR ROOM	52,508	10,020,206
40	4000 ANESTHESIOLOGY	229,380	4,305,414
41	4100 RADIOLOGY-DIAGNOSTIC	899,489	11,404,513
41.01	4101 ULTRASOUND	-1,579,812	1,921,910
41.02	4102 CAT SCAN	665,606	2,036,342
41.03	4103 MAGNETIC RESONANCE IMAGING (MRI)	464,133	1,356,645
42	4200 RADIOLOGY-THERAPEUTIC	760,805	6,208,360
43	4300 RADIOISOTOPE	420,950	3,155,244
43.01	4301 ONCOLOGY	-2,276	883,484
44	4400 LABORATORY	466,062	15,188,846
44.01	4401 LABORATORY-PATHOLOGICAL	61,054	1,805,334
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	38,105	5,821,238
49	4900 RESPIRATORY THERAPY	1,085	8,468,777
50	5000 PHYSICAL THERAPY	-1,557,045	7,366,605
53	5300 ELECTROCARDIOLOGY	-1,493,613	16,159,708
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,440,133
56	5600 DRUGS CHARGED TO PATIENTS		24,199,989
57	5700 RENAL DIALYSIS	118,015	2,705,171
58	5800 ASC (NON-DISTINCT PART)	5,434	2,639,846
58.01	5801 CARDIAC CATHETERIZATION LABORATORY	348,481	7,469,730
58.03	5803 GASTROINTESTINAL SERVICES	250,409	3,205,365
58.04	5804 ELECTROCONVULSIVE THERAPY (ECT)	1,044	221,296
59	3020 OP PSYCH	-92	362,488
59.01	3021 OP CHEM DEPEN	-108,856	539,397
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-2,552,005	3,728,856
60.01	6001 MEACHAM PARK CLINIC		
60.02	6002 URGENT CARE CENTER - ST. PETERS	-741,826	981,247
60.03	6003 HYPERBARIC/OP WOUND CENTER	-214,094	638,453
60.04	6004 URGENT CARE CENTER - O'FALLON	-480,338	850,649
61	6100 EMERGENCY	-9,261,681	7,674,854
61.01	6101 FAMILY PRACTICE		
61.02	6102 NATURAL FAMILY PLANNING	-44,171	256,986
61.03	6103 PAIN THERAPY CENTER	-65,844	
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
62.01	6201 AMBULATORY CARE UNIT	11,886	1,083,379
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		24,626
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-21,238,480	691,085,931
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	160,899	161,044

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0020
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 12/8/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	NONREIMBURS COST CENTERS		
96.01	9601 VENDING MACHINES		982,120
96.02	9602 VISITOR MEALS		
97	9700 RESEARCH	260	677,780
98	9800 PHYSICIANS' PRIVATE OFFICES	59,527	26,037,949
99	9900 NONPAID WORKERS		
99.01	9901 MEALS ON WHEELS		
99.02	9902 SJMH-SHARED SERVICES	95,963,688	95,963,688
99.03	9903 CONVENT		
99.04	9904 ST. JOHN'S MERCY HEALTH CARE	77,738	352,285
99.05	9905 HOSPICE		187,486
99.06	9906 VACANT SPACE		
99.07	9907 SALES & SERVICE-PHYSICIAN PRACTICE		
99.08	9908 REHAB HOSPITAL	264	22,939,968
101	TOTAL	75,023,896	838,388,251

COST CENTERS USED IN COST REPORT

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	
24.01	RADIOLOGY SCHOOL	2401	PARAMED ED PRGM
	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 DEPEN	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	

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 12/ 8/2009
 I 26-0020 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
96.01	VENDING MACHINES	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
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/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 NURSERY COSTS	A	NURSERY	33	2,718,958	1,160,868
2 INTERNS & RESIDENTS TEACHING	B	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	1,516,684	
3					
4					
5					
6 CONFIDENTIAL PAYROLL	C	ADULTS & PEDI ATRICS	25	1,354,247	
7		ADULTS & PEDI ATRICS	25	1,597,332	
8		ADULTS & PEDI ATRICS	25	1,004,532	
9		ADULTS & PEDI ATRICS	25	27,518	
10		CORONARY CARE UNIT	27	2,155,252	
11		SUBPROVIDER	31	113,215	
12		OPERATING ROOM	37	402,643	
13		EMERGENCY	61	2,215,750	
14		ELECTROCARDIOLOGY	53	308,656	
15		ADULTS & PEDI ATRICS	25		155,015
16 BUILDING DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		22,349,219
17		OTHER BUILDING-MOB	3.01		2,121,284
18		OTHER BUILDING-CANCER CENTER	3.02		2,293,802
19					
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1 BUILDING DEPRECIATION	D				
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RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 BUILDING DEPRECIATION	D				
2 HOUSEKEEPING SERVICES	E	OPERATION OF PLANT	8		1,995,193
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16 COST OF DRUGS & CENTRAL SUPPLY	F	DRUGS CHARGED TO PATIENTS	56		25,666,381
17		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		7,440,133
18 MAINTENANCE	G	MAINTENANCE & REPAIRS	7		287,437
19					
20 NONCERTIFIED SNF	H	OTHER LONG TERM CARE	36	2,280,408	385,927
21		MAINTENANCE & REPAIRS	7		91,594
22 PHYSICIANS BUILDINGS	I	PHYSICIANS' PRIVATE OFFICES	98		149,199
23 PROPERTY INSURANCE AND TAX	J	NEW CAP REL COSTS-BLDG & FIXT	3		1,743,542
24					
25					
26					
27					
28					
29					
30 PENSION EXPENSE	K	OTHER ADMINISTRATIVE AND GENERAL	6.04		11,844,367
31 LAB ADMINISTRATION	L	LABORATORY-PATHOLOGICAL	44.01	27,747	16,211
32		WHOLE BLOOD & PACKED RED BLOOD CELLS	46	89,239	52,140
33 COMMUNITY ONCOLOGY RECLASS	M	OTHER ADMINISTRATIVE AND GENERAL	6.04		58,851
34 INTEREST EXPENSE	N	NEW CAP REL COSTS-BLDG & FIXT	3		253,835
35 DIETARY TECH SALARY	O	CLINIC	60	35,027	
1 DIETARY TECH SALARY	O	SUBPROVIDER	31	34,736	
2 EQUIPMENT DEPRECIATION & RENTAL	P	NEW CAP REL COSTS-MVBLE EQUIP	4		20,195,405
3		NEW CAP REL COSTS-MVBLE EQUIP-MOB	4.01		938,220
4		NEW CAP REL COSTS-MVBLE EQUIP-CANCER	4.02		3,400,635
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RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
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	P				
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32 CRITICAL CARE FELLOWSHIP PROGRAM	Q	ADULTS & PEDIATRICS	25	549,236	3,746
33		INTENSIVE CARE UNIT	26	149,792	1,022
34		CORONARY CARE UNIT	27	399,444	2,725
35		EMERGENCY	61	199,722	1,362
1 UTILITIES - SNF ADMINISTRATION	R	OPERATION OF PLANT	8		159,629
2 STAFF BENEFITS	S	EMPLOYEE BENEFITS	5		1,337,577
3		ADMITTING	6.03		555
4		INTENSIVE CARE UNIT	26		621
5		OPERATING ROOM	37		566
6		ULTRASOUND	41.01		792
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RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 12/8/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 STAFF BENEFITS	S	2	3	4	5
2					
3					
4					
5					
6 PHYSICIANS' BENEFITS	T	EMPLOYEE BENEFITS	5		2,833,661
7		PHARMACY	16		95
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21					
22 LAUNDRY	U	LAUNDRY & LINEN SERVICE	9		3,732,440
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1 LAUNDRY	U				
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28					
29 WORKER'S COMP LIGHT DUTY RECLASS	W	OTHER ADMINISTRATIVE AND GENERAL	6.04	773	
30 EPOETIN COST RECLASS	X	RENAL DIALYSIS	57		1,466,392
31 PATIENT PLACEMENT	Y	NURSING ADMINISTRATION	14	357,655	9,210
32 INTERVENTIONAL CARE HH	Z	CORONARY CARE UNIT	27	379,216	12,128
33 PACU	AA	ADULTS & PEDIATRICS	25	87,394	2,208
34 EMERGENCY DEPARTMENT ROUTINE REVENUE	BB	ADULTS & PEDIATRICS	25	734,075	171,298
35 AMBULATORY CARE UNIT	CC	ADULTS & PEDIATRICS	25	503,737	19,072

RECLASSIFICATIONS

PROVIDER NO:
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PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1	MOB HEART HOSPITAL	EE	OPERATION OF PLANT	8		30,173
2	RECRUITMENT & SIGN-ON BONUS	GG	EMPLOYEE BENEFITS	5	2,300	
3			ADMINISTRATIVE	6.03	3,000	
4			OTHER ADMINISTRATIVE AND GENERAL	6.04	21,000	
5			MAINTENANCE & REPAIRS	7	500	
6			OPERATION OF PLANT	8	1,500	
7			HOUSEKEEPING	10	5,500	
8			DIETARY	11	7,500	
9			NURSING ADMINISTRATION	14	66,500	1,000
10			CENTRAL SERVICES & SUPPLY	15	5,000	
11			PHARMACY	16	87,625	500
12			MEDICAL RECORDS & LIBRARY	17	1,500	
13			SOCIAL SERVICE	18	1,000	
14			I&R SERVICES-SALARY & FRINGES APPRVD	22	1,000	
15			I&R SERVICES-OTHER PRGM COSTS APPRVD	23	2,000	
16			PARAMEDICAL PRGM	24	1,000	
17			RADIOLOGY SCHOOL	24.01	500	
18			ADULTS & PEDIATRICS	25	375,420	14,530
19			INTENSIVE CARE UNIT	26	81,360	3,640
20			CORONARY CARE UNIT	27	48,700	2,800
21			NEONATAL INTENSIVE CARE UNIT	27.01	75,720	1,000
22			SUBPROVIDER	31	15,820	1,180
23			NURSERY	33	2,000	
24			SKILLED NURSING FACILITY	34	19,000	
25			OPERATING ROOM	37	53,115	835
26			RECOVERY ROOM	38	5,000	
27			DELIVERY ROOM & LABOR ROOM	39	76,785	3,100
28			ANESTHESIOLOGY	40	1,000	
29			RADIOLOGY-DIAGNOSTIC	41	33,500	
30			ULTRASOUND	41.01	500	1,000
31			CAT SCAN	41.02	500	
32			MAGNETIC RESONANCE IMAGING (MRI)	41.03	11,500	
33			RADIOLOGY-THERAPEUTIC	42	6,550	450
34			RADIOISOTOPE	43	8,750	
35			LABORATORY	44	11,000	
1	RECRUITMENT & SIGN-ON BONUS	GG	LABORATORY-PATHOLOGICAL	44.01	500	
2			WHOLE BLOOD & PACKED RED BLOOD CELLS	46	2,000	
3			RESPIRATORY THERAPY	49	60,000	
4			PHYSICAL THERAPY	50	20,000	
5			ELECTROCARDIOLOGY	53	10,000	
6			RENAL DIALYSIS	57	14,500	
7			ASC (NON-DISTINCT PART)	58	1,000	
8			CARDIAC CATHETERIZATION LABORATORY	58.01	1,000	
9			GASTROINTESTINAL SERVICES	58.03	6,500	
10			CLINIC	60	2,000	
11			URGENT CARE CENTER - O'FALLON	60.04	2,000	
12			EMERGENCY	61	64,295	560
13			NATURAL FAMILY PLANNING	61.02	500	
14			AMBULATORY CARE UNIT	62.01	1,500	
15			PHYSICIANS' PRIVATE OFFICES	98	1,000	
16			ST. JOHN'S MERCY HEALTH CARE	99.04	34,500	1,500
17			REHAB HOSPITAL	99.08	40,500	
18	REHAB EXPENSES	HH	ADULTS & PEDIATRICS	25	3,966	5,477
19	BLDG-MEACHAM PARK	II	OTHER ADMINISTRATIVE AND GENERAL	6.04		478
36	TOTAL RECLASSIFICATIONS				20,542,394	112,422,580

(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/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	REF 10
1 NURSERY COSTS	A	ADULTS & PEDIATRICS	25	2,718,958	1,160,868	
2 INTERNS & RESIDENTS TEACHING	B	OTHER ADMINISTRATIVE AND GENERAL	6.04	1,315,860		
3		ELECTROCARDIOLOGY	53	1,128		
4		EMERGENCY	61	5,916		
5		PHYSICIANS' PRIVATE OFFICES	98	193,780		
6 CONFIDENTIAL PAYROLL	C	OTHER ADMINISTRATIVE AND GENERAL	6.04	5,480,618		
7		RESEARCH	97	111,774		
8		PHYSICIANS' PRIVATE OFFICES	98	1,394,513		
9		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	2,192,240	155,015	
10						
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15						
16 BUILDING DEPRECIATION	D	EMPLOYEE BENEFITS	5		52,388	9
17		ADMINISTRATIVE	6.03		92,105	9
18		OTHER ADMINISTRATIVE AND GENERAL	6.04		4,196,831	9
19		MAINTENANCE & REPAIRS	7		4,547,294	9
20		OPERATION OF PLANT	8		79,160	9
21		OTHER BUILDING-MOB	8.01		1,700,581	9
22		OTHER BUILDING-CANCER CENTER	8.02		1,559,679	9
23		HEART HOSPITAL	8.03		6,305,759	9
24		HOUSEKEEPING	10		400	9
25		DIETARY	11		113,788	9
26		NURSING ADMINISTRATION	14		143,008	9
27		CENTRAL SERVICES & SUPPLY	15		32,995	9
28		PHARMACY	16		87,458	9
29		MEDICAL RECORDS & LIBRARY	17		23,886	9
30		SOCIAL SERVICE	18		28,125	9
31		I&R SERVICES-SALARY & FRINGES APPRVD	22		4,999	9
32		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		46,979	9
33		ADULTS & PEDIATRICS	25		2,618,171	9
34		INTENSIVE CARE UNIT	26		64,265	9
35		CORONARY CARE UNIT	27		6,251	9
1 BUILDING DEPRECIATION	D	NEONATAL INTENSIVE CARE UNIT	27.01		503,269	9
2		SUBPROVIDER	31		27,619	9
3		SKILLED NURSING FACILITY	34		54,879	9
4		OPERATING ROOM	37		263,484	9
5		DELIVERY ROOM & LABOR ROOM	39		230,825	9
6		ANESTHESIOLOGY	40		24,076	9
7		RADIOLOGY-DIAGNOSTIC	41		807,276	9
8		ULTRASOUND	41.01		175,120	9
9		CAT SCAN	41.02		79,367	9
10		MAGNETIC RESONANCE IMAGING (MRI)	41.03		102,494	9
11		RADIOLOGY-THERAPEUTIC	42		444,085	9
12		RADIOISOTOPE	43		30,218	9
13		ONCOLOGY	43.01		63,870	9
14		LABORATORY	44		208,140	9
15		LABORATORY-PATHOLOGICAL	44.01		29,253	9
16		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		36,404	9
17		RESPIRATORY THERAPY	49		72,981	9
18		PHYSICAL THERAPY	50		381,799	9
19		ELECTROCARDIOLOGY	53		90,329	9
20		RENAL DIALYSIS	57		6,051	9
21		ASC (NON-DISTINCT PART)	58		224,317	9
22		CARDIAC CATHETERIZATION LABORATORY	58.01		50,737	9
23		GASTROINTESTINAL SERVICES	58.03		90,303	9
24		OP CHEM DEPEN	59.01		134,763	9
25		CLINIC	60		45,059	9
26		URGENT CARE CENTER - ST. PETERS	60.02		6,468	9
27		HYPERBARIC/OP WOUND CENTER	60.03		3,193	9
28		URGENT CARE CENTER - O'FALLON	60.04		428	9
29		EMERGENCY	61		13,418	9
30		FAMILY PRACTICE	61.01		376,205	9
31		NATURAL FAMILY PLANNING	61.02		4,547	9
32		PAIN THERAPY CENTER	61.03		21,326	9
33		AMBULATORY CARE UNIT	62.01		36,929	9
34		VENDING MACHINES	96.01		4,604	9
35		RESEARCH	97		6,029	9

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
WORKSHEET A-6
CONTD

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 BUILDING DEPRECIATION	D	PHYSICIANS' PRIVATE OFFICES	98		410,318	9
2 HOUSEKEEPING SERVICES	E	OTHER BUILDING-MOB	8.01		1,087,707	
3		OTHER BUILDING-CANCER CENTER	8.02		389,323	
4		HEART HOSPITAL	8.03		365,795	
5		DIETARY	11		405	
6		RADIOLOGY-DIAGNOSTIC	41		300	
7		LABORATORY	44		4,234	
8		PHYSICAL THERAPY	50		21,904	
9		OP CHEM DEPEN	59.01		38,775	
10		URGENT CARE CENTER - ST. PETERS	60.02		7,008	
11		URGENT CARE CENTER - O'FALLON	60.04		7,202	
12		FAMILY PRACTICE	61.01		50,568	
13		NATURAL FAMILY PLANNING	61.02		45	
14		PAIN THERAPY CENTER	61.03		21,640	
15		VENDING MACHINES	96.01		287	
16 COST OF DRUGS & CENTRAL SUPPLY	F	PHARMACY	16		25,666,381	
17		CENTRAL SERVICES & SUPPLY	15		7,440,133	
18 MAINTENANCE	G	OTHER BUILDING-MOB	8.01		213,463	
19		OTHER BUILDING-CANCER CENTER	8.02		73,974	
20 NONCERTIFIED SNF	H	SKILLED NURSING FACILITY	34	2,280,408	477,521	
21						
22 PHYSICIANS BUILDINGS	I	FAMILY PRACTICE	61.01		149,199	
23 PROPERTY INSURANCE AND TAX	J	OTHER ADMINISTRATIVE AND GENERAL	6.04		981,818	13
24		OTHER BUILDING-MOB	8.01		565,981	13
25		OTHER BUILDING-CANCER CENTER	8.02		92,609	13
26		HOUSEKEEPING	10		427	13
27		LABORATORY	44		9,840	13
28		PHYSICAL THERAPY	50		27,713	13
29		FAMILY PRACTICE	61.01		65,154	13
30 PENSION EXPENSE	K	EMPLOYEE BENEFITS	5		11,844,367	
31 LAB ADMINISTRATION	L	LABORATORY	44	27,747	16,211	
32		LABORATORY	44	89,239	52,140	
33 COMMUNITY ONCOLOGY RECLASS	M	RESEARCH	97		58,851	
34 INTEREST EXPENSE	N	OTHER ADMINISTRATIVE AND GENERAL	6.04		253,835	11
35 DIETARY TECH SALARY	O	DIETARY	11	35,027		
1 DIETARY TECH SALARY	O	DIETARY	11	34,736		
2 EQUIPMENT DEPRECIATION & RENTAL	P	EMPLOYEE BENEFITS	5		33,819	9
3		PURCHASING	6.02		3,662	9
4		ADMINISTRATIVE	6.03		15,514	9
5		OTHER ADMINISTRATIVE AND GENERAL	6.04		3,074,629	9
6		MAINTENANCE & REPAIRS	7		266,351	9
7		OPERATION OF PLANT	8		129,837	9
8		OTHER BUILDING-MOB	8.01		7,721	9
9		OTHER BUILDING-CANCER CENTER	8.02		36,283	9
10		HEART HOSPITAL	8.03		96,609	9
11		LAUNDRY & LINEN SERVICE	9		18,486	9
12		HOUSEKEEPING	10		40,593	9
13		DIETARY	11		214,079	9
14		NURSING ADMINISTRATION	14		344,373	9
15		CENTRAL SERVICES & SUPPLY	15		1,423,282	9
16		PHARMACY	16		142,874	9
17		MEDICAL RECORDS & LIBRARY	17		508,521	9
18		SOCIAL SERVICE	18		11,625	9
19		I&R SERVICES-SALARY & FRINGES APPRVD	22		624	9
20		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		49,765	9
21		PARAMEDICAL PRGM	24		1,883	9
22		RADIOLOGY SCHOOL	24.01		175	9
23		ADULTS & PEDIATRICS	25		597,677	9
24		INTENSIVE CARE UNIT	26		211,645	9
25		CORONARY CARE UNIT	27		859,006	9
26		NEONATAL INTENSIVE CARE UNIT	27.01		516,563	9
27		SUBPROVIDER	31		36,799	9
28		SUBPROVIDER 2	31.01		3,216	9
29		NURSERY	33		6,147	9
30		SKILLED NURSING FACILITY	34		153,219	9
31		OPERATING ROOM	37		2,233,896	9
32		RECOVERY ROOM	38		6,667	9
33		DELIVERY ROOM & LABOR ROOM	39		259,225	9
34		ANESTHESIOLOGY	40		674,648	9
35		RADIOLOGY-DIAGNOSTIC	41		3,101,179	9

RECLASSIFICATIONS

PROVIDER NO:
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PERIOD:
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PREPARED 12/ 8/2009
WORKSHEET A-6
CONTD

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 EQUIPMENT DEPRECIATION & RENTAL	P	ULTRASOUND	41.01		448,616	9
2		CAT SCAN	41.02		791,904	9
3		MAGNETIC RESONANCE IMAGING (MRI)	41.03		625,628	9
4		RADIOLOGY-THERAPEUTIC	42		2,897,974	9
5		RADIOISOTOPE	43		618,792	9
6		ONCOLOGY	43.01		31,301	9
7		LABORATORY	44		377,653	9
8		LABORATORY-PATHOLOGICAL	44.01		60,411	9
9		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		77,116	9
10		RESPIRATORY THERAPY	49		419,931	9
11		PHYSICAL THERAPY	50		173,225	9
12		ELECTROCARDIOLOGY	53		585,435	9
13		RENAL DIALYSIS	57		35,740	9
14		ASC (NON-DISTINCT PART)	58		221,395	9
15		CARDIAC CATHETERIZATION LABORATORY	58.01		852,236	9
16		GASTROINTESTINAL SERVICES	58.03		630,970	9
17		ELECTROCONVULSIVE THERAPY (ECT)	58.04		12,303	9
18		OP PSYCH	59		48	9
19		OP CHEM DEPEN	59.01		11,405	9
20		CLINIC	60		10,979	9
21		MEACHAM PARK CLINIC	60.01		309	9
22		URGENT CARE CENTER - ST. PETERS	60.02		10,857	9
23		HYPERBARIC/OP WOUND CENTER	60.03		37,032	9
24		URGENT CARE CENTER - O'FALLON	60.04		13,720	9
25		EMERGENCY	61		404,178	9
26		NATURAL FAMILY PLANNING	61.02		1,219	9
27		AMBULATORY CARE UNIT	62.01		10,447	9
28		RESEARCH	97		6,740	9
29		PHYSICIANS' PRIVATE OFFICES	98		79,072	9
30		ST. JOHN'S MERCY HEALTH CARE	99.04		1,644	9
31		VENDING MACHINES	96.01		5,388	9
32 CRITICAL CARE FELLOWSHIP PROGRAM	O	NURSING ADMINISTRATION	14	1,298,194	8,855	
33						
34						
35						
1 UTILITIES - SNF ADMINISTRATION	R	SKILLED NURSING FACILITY	34		159,629	
2 STAFF BENEFITS	S	OTHER ADMINISTRATIVE AND GENERAL	6.04		22,654	
3		OPERATION OF PLANT	8		693	
4		DIETARY	11		919	
5		NURSING ADMINISTRATION	14		106,353	
6		CENTRAL SERVICES & SUPPLY	15		500	
7		PHARMACY	16		8,357	
8		MEDICAL RECORDS & LIBRARY	17		1,152	
9		SOCIAL SERVICE	18		2,279	
10		I&R SERVICES-SALARY & FRINGES APPRVD	22		66,453	
11		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		197,393	
12		ADULTS & PEDIATRICS	25		27,684	
13		CORONARY CARE UNIT	27		4,705	
14		NEONATAL INTENSIVE CARE UNIT	27.01		11,056	
15		SUBPROVIDER	31		505	
16		NURSERY	33		77	
17		SKILLED NURSING FACILITY	34		897	
18		RECOVERY ROOM	38		1,575	
19		DELIVERY ROOM & LABOR ROOM	39		7,842	
20		RADIOLOGY-DIAGNOSTIC	41		1,368	
21		RADIOLOGY-THERAPEUTIC	42		102	
22		ONCOLOGY	43.01		400	
23		LABORATORY	44		919	
24		RESPIRATORY THERAPY	49		1,992	
25		PHYSICAL THERAPY	50		12,025	
26		ELECTROCARDIOLOGY	53		43,976	
27		ASC (NON-DISTINCT PART)	58		193	
28		GASTROINTESTINAL SERVICES	58.03		1,328	
29		CLINIC	60		1,915	
30		URGENT CARE CENTER - ST. PETERS	60.02		1,618	
31		HYPERBARIC/OP WOUND CENTER	60.03		33	
32		URGENT CARE CENTER - O'FALLON	60.04		1,346	
33		EMERGENCY	61		125	
34		NATURAL FAMILY PLANNING	61.02		120	
35		AMBULATORY CARE UNIT	62.01		205	

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
WORKSHEET A-6
CONTD

----- DECREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1 STAFF BENEFITS	S	VENDING MACHINES	96.01		32	
2		RESEARCH	97		59,147	
3		PHYSICIANS' PRIVATE OFFICES	98		701,533	
4		ST. JOHN'S MERCY HEALTH CARE	99.04		37,166	
5		HOSPICE	99.05		13,474	
6 PHYSICIANS' BENEFITS	T	OTHER ADMINISTRATIVE AND GENERAL	6.04		14,576	
7		OPERATION OF PLANT	8		85	
8		MEDICAL RECORDS & LIBRARY	17		400	
9		I&R SERVICES-SALARY & FRINGES APPRVD	22		2,242	
10		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		328,352	
11		INTENSIVE CARE UNIT	26		437	
12		SUBPROVIDER	31		1,901	
13		RADIOLOGY-THERAPEUTIC	42		975	
14		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		24	
15		PHYSICAL THERAPY	50		142,595	
16		ELECTROCARDIOLOGY	53		81,324	
17		URGENT CARE CENTER - ST. PETERS	60.02		1,923	
18		HYPERBARIC/OP WOUND CENTER	60.03		27,748	
19		EMERGENCY	61		29,075	
20		PHYSICIANS' PRIVATE OFFICES	98		1,898,753	
21		ST. JOHN'S MERCY HEALTH CARE	99.04		303,346	
22 LAUNDRY	U	EMPLOYEE BENEFITS	5		15,493	
23		HOUSEKEEPING	10		1,513	
24		NURSING ADMINISTRATION	14		392	
25		CENTRAL SERVICES & SUPPLY	15		4,365	
26		PHARMACY	16		1,115	
27		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		726	
28		ADULTS & PEDIATRICS	25		1,483,800	
29		INTENSIVE CARE UNIT	26		331,015	
30		CORONARY CARE UNIT	27		218,881	
31		NEONATAL INTENSIVE CARE UNIT	27.01		62,942	
32		SUBPROVIDER	31		73,185	
33		SUBPROVIDER 2	31.01		2,987	
34		SKI LLED NURSING FACILITY	34		128,897	
35		OPERATING ROOM	37		237,597	
1 LAUNDRY	U	RECOVERY ROOM	38		41,450	
2		DELIVERY ROOM & LABOR ROOM	39		256,714	
3		ANESTHESIOLOGY	40		4,534	
4		RADIOLOGY-DIAGNOSTIC	41		86,372	
5		ULTRASOUND	41.01		32,972	
6		CAT SCAN	41.02		47,655	
7		MAGNETIC RESONANCE IMAGING (MRI)	41.03		25,985	
8		RADIOLOGY-THERAPEUTIC	42		31,463	
9		RADIOISOTOPE	43		9,156	
10		ONCOLOGY	43.01		4,541	
11		LABORATORY	44		8,620	
12		LABORATORY-PATHOLOGICAL	44.01		165	
13		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		2,065	
14		RESPIRATORY THERAPY	49		998	
15		PHYSICAL THERAPY	50		50,120	
16		ELECTROCARDIOLOGY	53		29,062	
17		RENAL DIALYSIS	57		6,258	
18		ASC (NON-DISTINCT PART)	58		111,153	
19		CARDIAC CATHETERIZATION LABORATORY	58.01		59,670	
20		GASTRO INTESTINAL SERVICES	58.03		66,027	
21		ELECTROCONVULSIVE THERAPY (ECT)	58.04		11,646	
22		CLINIC	60		4,393	
23		URGENT CARE CENTER - ST. PETERS	60.02		2,266	
24		URGENT CARE CENTER - O'FALLON	60.04		1,789	
25		EMERGENCY	61		219,122	
26		AMBULATORY CARE UNIT	62.01		48,572	
27		PHYSICIANS' PRIVATE OFFICES	98		3,053	
28		ST. JOHN'S MERCY HEALTH CARE	99.04		3,711	
29 WORKER'S COMP LIGHT DUTY RECLASS	W	EMPLOYEE BENEFITS	5	773		
30 EPOETIN COST RECLASS	X	DRUGS CHARGED TO PATIENTS	56		1,466,392	
31 PATIENT PLACEMENT	Y	ADULTS & PEDIATRICS	25	357,655	9,210	
32 INTERVENTIONAL CARE HH	Z	CARDIAC CATHETERIZATION LABORATORY	58.01	379,216	12,128	
33 PACU	AA	RECOVERY ROOM	38	87,394	2,208	
34 EMERGENCY DEPARTMENT ROUTINE REVENUE	BB	EMERGENCY	61	734,075	171,298	
35 AMBULATORY CARE UNIT	CC	AMBULATORY CARE UNIT	62.01	503,737	19,072	

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	
1 MOB HEART HOSPITAL	EE	HEART HOSPITAL	8.03		30,173
2 RECRUITMENT & SIGN-ON BONUS	GG	EMPLOYEE BENEFITS	5		1,296,535
3		NURSING ADMINISTRATION	14		2,500
4		CENTRAL SERVICES & SUPPLY	15		500
5		PHARMACY	16		7,000
6		ADULTS & PEDIATRICS	25		8,500
7		INTENSIVE CARE UNIT	26		2,000
8		CORONARY CARE UNIT	27		1,000
9		NEONATAL INTENSIVE CARE UNIT	27.01		2,000
10		DELIVERY ROOM & LABOR ROOM	39		4,500
11		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		500
12		EMERGENCY	61		500
13		REHAB HOSPITAL	99.08		2,000
14					
15					
16					
17					
18					
19					
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21					
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31					
32					
33					
34					
35					
1 RECRUITMENT & SIGN-ON BONUS	GG				
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12					
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14					
15					
16					
17					
18 REHAB EXPENSES	HH	SUBPROVIDER 2	31.01	3,966	5,477
19 BLDG-MEACHAM PARK	II	MEACHAM PARK CLINIC	60.01		478
36 TOTAL RECLASSIFICATIONS				19,246,954	113,718,020

(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/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : NURSERY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	3,879,826
TOTAL RECLASSIFICATIONS FOR CODE A			3,879,826

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	3,879,826	
		3,879,826	

RECLASS CODE: B
EXPLANATION : INTERNS & RESIDENTS TEACHING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	1,516,684
2.00			0
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			1,516,684

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENERAL	6.04	1,315,860	
ELECTROCARDIOLOGY	53	1,128	
EMERGENCY	61	5,916	
PHYSICIANS' PRIVATE OFFICES	98	193,780	
		1,516,684	

RECLASS CODE: C
EXPLANATION : CONFIDENTIAL PAYROLL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	1,354,247
2.00	ADULTS & PEDIATRICS	25	1,597,332
3.00	ADULTS & PEDIATRICS	25	1,004,532
4.00	ADULTS & PEDIATRICS	25	27,518
5.00	CORONARY CARE UNIT	27	2,155,252
6.00	SUBPROVIDER	31	113,215
7.00	OPERATING ROOM	37	402,643
8.00	EMERGENCY	61	2,215,750
9.00	ELECTROCARDIOLOGY	53	308,656
10.00	ADULTS & PEDIATRICS	25	155,015
TOTAL RECLASSIFICATIONS FOR CODE C			9,334,160

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENERAL	6.04	5,480,618	
RESEARCH	97	111,774	
PHYSICIANS' PRIVATE OFFICES	98	1,394,513	
I&R SERVICES-OTHER PRGM COSTS	23	2,347,255	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		9,334,160	

RECLASS CODE: D
EXPLANATION : BUILDING DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	22,349,219
2.00	OTHER BUILDING-MOB	3.01	2,121,284
3.00	OTHER BUILDING-CANCER CENTER	3.02	2,293,802
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
34.00			0
35.00			0
36.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	52,388	
ADMITTING	6.03	92,105	
OTHER ADMINISTRATIVE AND GENERAL	6.04	4,196,831	
MAINTENANCE & REPAIRS	7	4,547,294	
OPERATION OF PLANT	8	79,160	
OTHER BUILDING-MOB	8.01	1,700,581	
OTHER BUILDING-CANCER CENTER	8.02	1,559,679	
HEART HOSPITAL	8.03	6,305,759	
HOUSEKEEPING	10	400	
DIETARY	11	113,788	
NURSING ADMINISTRATION	14	143,008	
CENTRAL SERVICES & SUPPLY	15	32,995	
PHARMACY	16	87,458	
MEDICAL RECORDS & LIBRARY	17	23,886	
SOCIAL SERVICE	18	28,125	
I&R SERVICES-SALARY & FRINGES	22	4,999	
I&R SERVICES-OTHER PRGM COSTS	23	46,979	
ADULTS & PEDIATRICS	25	2,618,171	
INTENSIVE CARE UNIT	26	64,265	
CORONARY CARE UNIT	27	6,251	
NEONATAL INTENSIVE CARE UNIT	27.01	503,269	
SUBPROVIDER	31	27,619	
SKILLED NURSING FACILITY	34	54,879	
OPERATING ROOM	37	263,484	
DELIVERY ROOM & LABOR ROOM	39	230,825	
ANESTHESIOLOGY	40	24,076	
RADIOLOGY-DIAGNOSTIC	41	807,276	
ULTRASOUND	41.01	175,120	
CAT SCAN	41.02	79,367	
MAGNETIC RESONANCE IMAGING (MR)	41.03	102,494	
RADIOLOGY-THERAPEUTIC	42	444,085	
RADIOISOTOPE	43	30,218	
ONCOLOGY	43.01	63,870	
LABORATORY	44	208,140	
LABORATORY-PATHOLOGICAL	44.01	29,253	
WHOLE BLOOD & PACKED RED BLOOD	46	36,404	

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : BUILDING DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
37.00			0	RESPIRATORY THERAPY	49	72,981	
38.00			0	PHYSICAL THERAPY	50	381,799	
39.00			0	ELECTROCARDIOLOGY	53	90,329	
40.00			0	RENAL DIALYSIS	57	6,051	
41.00			0	ASC (NON-DISTINCT PART)	58	224,317	
42.00			0	CARDIAC CATHETERIZATION LABORATO	58.01	50,737	
43.00			0	GASTRO INTESTINAL SERVICES	58.03	90,303	
44.00			0	OP CHEM DEPEN	59.01	134,763	
45.00			0	CLINIC	60	45,059	
46.00			0	URGENT CARE CENTER - ST. PETER	60.02	6,468	
47.00			0	HYPERBARIC/OP WOUND CENTER	60.03	3,193	
48.00			0	URGENT CARE CENTER - O' FALLON	60.04	428	
49.00			0	EMERGENCY	61	13,418	
50.00			0	FAMILY PRACTICE	61.01	376,205	
51.00			0	NATURAL FAMILY PLANNING	61.02	4,547	
52.00			0	PAIN THERAPY CENTER	61.03	21,326	
53.00			0	AMBULATORY CARE UNIT	62.01	36,929	
54.00			0	VENDING MACHINES	96.01	4,604	
55.00			0	RESEARCH	97	6,029	
56.00			0	PHYSICIANS' PRIVATE OFFICES	98	410,318	
TOTAL RECLASSIFICATIONS FOR CODE D			26,764,305	TOTAL RECLASSIFICATIONS FOR CODE D			26,764,305

RECLASS CODE: E
EXPLANATION : HOUSEKEEPING SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	1,995,193	OTHER BUILDING-MOB	8.01	1,087,707	
2.00			0	OTHER BUILDING-CANCER CENTER	8.02	389,323	
3.00			0	HEART HOSPITAL	8.03	365,795	
4.00			0	DIETARY	11	405	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	300	
6.00			0	LABORATORY	44	4,234	
7.00			0	PHYSICAL THERAPY	50	21,904	
8.00			0	OP CHEM DEPEN	59.01	38,775	
9.00			0	URGENT CARE CENTER - ST. PETER	60.02	7,008	
10.00			0	URGENT CARE CENTER - O' FALLON	60.04	7,202	
11.00			0	FAMILY PRACTICE	61.01	50,568	
12.00			0	NATURAL FAMILY PLANNING	61.02	45	
13.00			0	PAIN THERAPY CENTER	61.03	21,640	
14.00			0	VENDING MACHINES	96.01	287	
TOTAL RECLASSIFICATIONS FOR CODE E			1,995,193	TOTAL RECLASSIFICATIONS FOR CODE E			1,995,193

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	25,666,381	PHARMACY	16	25,666,381	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	7,440,133	CENTRAL SERVICES & SUPPLY	15	7,440,133	
TOTAL RECLASSIFICATIONS FOR CODE F			33,106,514	TOTAL RECLASSIFICATIONS FOR CODE F			33,106,514

RECLASS CODE: G
EXPLANATION : MAINTENANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MAINTENANCE & REPAIRS	7	287,437	OTHER BUILDING-MOB	8.01	213,463	
2.00			0	OTHER BUILDING-CANCER CENTER	8.02	73,974	
TOTAL RECLASSIFICATIONS FOR CODE G			287,437	TOTAL RECLASSIFICATIONS FOR CODE G			287,437

RECLASS CODE: H
EXPLANATION : NONCERTIFIED SNF

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER LONG TERM CARE	36	2,666,335	SKILLED NURSING FACILITY	34	2,757,929	
2.00	MAINTENANCE & REPAIRS	7	91,594			0	
TOTAL RECLASSIFICATIONS FOR CODE H			2,757,929	TOTAL RECLASSIFICATIONS FOR CODE H			2,757,929

RECLASS CODE: I
EXPLANATION : PHYSICIANS BUILDINGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	149,199	FAMILY PRACTICE	61.01	149,199	
TOTAL RECLASSIFICATIONS FOR CODE I			149,199	TOTAL RECLASSIFICATIONS FOR CODE I			149,199

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : PROPERTY INSURANCE AND TAX

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,743,542
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
TOTAL RECLASSIFICATIONS FOR CODE J			1,743,542

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.04	981,818	
OTHER BUILDING-MOB	8.01	565,981	
OTHER BUILDING-CANCER CENTER	8.02	92,609	
HOUSEKEEPING	10	427	
LABORATORY	44	9,840	
PHYSICAL THERAPY	50	27,713	
FAMILY PRACTICE	61.01	65,154	
		1,743,542	

RECLASS CODE: K
EXPLANATION : PENSION EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.04	11,844,367
TOTAL RECLASSIFICATIONS FOR CODE K			11,844,367

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	11,844,367	
		11,844,367	

RECLASS CODE: L
EXPLANATION : LAB ADMINISTRATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LABORATORY-PATHOLOGICAL	44.01	43,958
2.00	WHOLE BLOOD & PACKED RED BLOOD	46	141,379
TOTAL RECLASSIFICATIONS FOR CODE L			185,337

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
LABORATORY	44	43,958	
LABORATORY	44	141,379	
		185,337	

RECLASS CODE: M
EXPLANATION : COMMUNITY ONCOLOGY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.04	58,851
TOTAL RECLASSIFICATIONS FOR CODE M			58,851

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RESEARCH	97	58,851	
		58,851	

RECLASS CODE: N
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	253,835
TOTAL RECLASSIFICATIONS FOR CODE N			253,835

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.04	253,835	
		253,835	

RECLASS CODE: O
EXPLANATION : DIETARY TECH SALARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	35,027
2.00	SUBPROVIDER	31	34,736
TOTAL RECLASSIFICATIONS FOR CODE O			69,763

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	35,027	
DIETARY	11	34,736	
		69,763	

RECLASS CODE: P
EXPLANATION : EQUIPMENT DEPRECIATION & RENTAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	20,195,405
2.00	NEW CAP REL COSTS-MVBLE EQUIP-	4.01	938,220
3.00	NEW CAP REL COSTS-MVBLE EQUIP-	4.02	3,400,635
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

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	33,819	
PURCHASING	6.02	3,662	
ADMINISTRATIVE	6.03	15,514	
OTHER ADMINISTRATIVE AND GENER	6.04	3,074,629	
MAINTENANCE & REPAIRS	7	266,351	
OPERATION OF PLANT	8	129,837	
OTHER BUILDING-MOB	8.01	7,721	
OTHER BUILDING-CANCER CENTER	8.02	36,283	
HEART HOSPITAL	8.03	96,609	
LAUNDRY & LINEN SERVICE	9	18,486	
HOUSEKEEPING	10	40,593	
DIETARY	11	214,079	
NURSING ADMINISTRATION	14	344,373	

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: P
EXPLANATION : EQUIPMENT DEPRECIATION & RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
14.00	0		0	CENTRAL SERVICES & SUPPLY	15	1,423,282	
15.00	0		0	PHARMACY	16	142,874	
16.00	0		0	MEDICAL RECORDS & LIBRARY	17	508,521	
17.00	0		0	SOCIAL SERVICE	18	11,625	
18.00	0		0	I&R SERVICES-SALARY & FRINGES	22	624	
19.00	0		0	I&R SERVICES-OTHER PRGM COSTS	23	49,765	
20.00	0		0	PARAMED ED PRGM	24	1,883	
21.00	0		0	RADIOLOGY SCHOOL	24.01	175	
22.00	0		0	ADULTS & PEDIATRICS	25	597,677	
23.00	0		0	INTENSIVE CARE UNIT	26	211,645	
24.00	0		0	CORONARY CARE UNIT	27	859,006	
25.00	0		0	NEONATAL INTENSIVE CARE UNIT	27.01	516,563	
26.00	0		0	SUBPROVIDER	31	36,799	
27.00	0		0	SUBPROVIDER 2	31.01	3,216	
28.00	0		0	NURSERY	33	6,147	
29.00	0		0	SKILLED NURSING FACILITY	34	153,219	
30.00	0		0	OPERATING ROOM	37	2,233,896	
31.00	0		0	RECOVERY ROOM	38	6,667	
32.00	0		0	DELIVERY ROOM & LABOR ROOM	39	259,225	
33.00	0		0	ANESTHESIOLOGY	40	674,648	
34.00	0		0	RADIOLOGY-DIAGNOSTIC	41	3,101,179	
35.00	0		0	ULTRASOUND	41.01	448,616	
36.00	0		0	CAT SCAN	41.02	791,904	
37.00	0		0	MAGNETIC RESONANCE IMAGING (MR	41.03	625,628	
38.00	0		0	RADIOLOGY-THERAPEUTIC	42	2,897,974	
39.00	0		0	RADIOISOTOPE	43	618,792	
40.00	0		0	ONCOLOGY	43.01	31,301	
41.00	0		0	LABORATORY	44	377,653	
42.00	0		0	LABORATORY-PATHOLOGICAL	44.01	60,411	
43.00	0		0	WHOLE BLOOD & PACKED RED BLOOD	46	77,116	
44.00	0		0	RESPIRATORY THERAPY	49	419,931	
45.00	0		0	PHYSICAL THERAPY	50	173,225	
46.00	0		0	ELECTROCARDIOLOGY	53	585,435	
47.00	0		0	RENAL DIALYSIS	57	35,740	
48.00	0		0	ASC (NON-DISTINCT PART)	58	221,395	
49.00	0		0	CARDIAC CATHETERIZATION LABORATO	58.01	852,236	
50.00	0		0	GASTROINTESTINAL SERVICES	58.03	630,970	
51.00	0		0	ELECTROCONVULSIVE THERAPY (ECT	58.04	12,303	
52.00	0		0	OP PSYCH	59	48	
53.00	0		0	OP CHEM DEPEN	59.01	11,405	
54.00	0		0	CLINIC	60	10,979	
55.00	0		0	MEACHAM PARK CLINIC	60.01	309	
56.00	0		0	URGENT CARE CENTER - ST. PETER	60.02	10,857	
57.00	0		0	HYPERBARIC/OP WOUND CENTER	60.03	37,032	
58.00	0		0	URGENT CARE CENTER - O'FALLON	60.04	13,720	
59.00	0		0	EMERGENCY	61	404,178	
60.00	0		0	NATURAL FAMILY PLANNING	61.02	1,219	
61.00	0		0	AMBULATORY CARE UNIT	62.01	10,447	
62.00	0		0	RESEARCH	97	6,740	
63.00	0		0	PHYSICIANS' PRIVATE OFFICES	98	79,072	
64.00	0		0	ST. JOHN'S MERCY HEALTH CARE	99.04	1,644	
65.00	0		0	VENDING MACHINES	96.01	5,388	
TOTAL RECLASSIFICATIONS FOR CODE P			24,534,260	TOTAL RECLASSIFICATIONS FOR CODE P			24,534,260

RECLASS CODE: Q
EXPLANATION : CRITICAL CARE FELLOWSHIP PROGRAM

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	552,982	NURSING ADMINISTRATION	14	1,307,049	
2.00	INTENSIVE CARE UNIT	26	150,814			0	
3.00	CORONARY CARE UNIT	27	402,169			0	
4.00	EMERGENCY	61	201,084			0	
TOTAL RECLASSIFICATIONS FOR CODE Q			1,307,049	TOTAL RECLASSIFICATIONS FOR CODE Q			1,307,049

RECLASS CODE: R
EXPLANATION : UTILITIES - SNF ADMINISTRATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	159,629	SKILLED NURSING FACILITY	34	159,629	
TOTAL RECLASSIFICATIONS FOR CODE R			159,629	TOTAL RECLASSIFICATIONS FOR CODE R			159,629

RECLASS CODE: S
EXPLANATION : STAFF BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	1,337,577	OTHER ADMINISTRATIVE AND GENER	6.04	22,654	

RECLASSIFICATIONS

PROVIDER NO: 260020	PERIOD: FROM 7/ 1/2008 TO 6/30/2009	PREPARED 12/ 8/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: S
EXPLANATION : STAFF BENEFITS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	ADMINISTRATIVE	6.03	555	OPERATION OF PLANT	8	693	
3.00	INTENSIVE CARE UNIT	26	621	DIETARY	11	919	
4.00	OPERATING ROOM	37	566	NURSING ADMINISTRATION	14	106,353	
5.00	ULTRASOUND	41.01	792	CENTRAL SERVICES & SUPPLY	15	500	
6.00			0	PHARMACY	16	8,357	
7.00			0	MEDICAL RECORDS & LIBRARY	17	1,152	
8.00			0	SOCIAL SERVICE	18	2,279	
9.00			0	I&R SERVICES-SALARY & FRINGES	22	66,453	
10.00			0	I&R SERVICES-OTHER PRGM COSTS	23	197,393	
11.00			0	ADULTS & PEDIATRICS	25	27,684	
12.00			0	CORONARY CARE UNIT	27	4,705	
13.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	11,056	
14.00			0	SUBPROVIDER	31	505	
15.00			0	NURSERY	33	77	
16.00			0	SKILLED NURSING FACILITY	34	897	
17.00			0	RECOVERY ROOM	38	1,575	
18.00			0	DELIVERY ROOM & LABOR ROOM	39	7,842	
19.00			0	RADIOLOGY-DIAGNOSTIC	41	1,368	
20.00			0	RADIOLOGY-THERAPEUTIC	42	102	
21.00			0	ONCOLOGY	43.01	400	
22.00			0	LABORATORY	44	919	
23.00			0	RESPIRATORY THERAPY	49	1,992	
24.00			0	PHYSICAL THERAPY	50	12,025	
25.00			0	ELECTROCARDIOLOGY	53	43,976	
26.00			0	ASC (NON-DISTINCT PART)	58	193	
27.00			0	GASTROINTESTINAL SERVICES	58.03	1,328	
28.00			0	CLINIC	60	1,915	
29.00			0	URGENT CARE CENTER - ST. PETER	60.02	1,618	
30.00			0	HYPERBARIC/OP WOUND CENTER	60.03	33	
31.00			0	URGENT CARE CENTER - O'FALLON	60.04	1,346	
32.00			0	EMERGENCY	61	125	
33.00			0	NATURAL FAMILY PLANNING	61.02	120	
34.00			0	AMBULATORY CARE UNIT	62.01	205	
35.00			0	VENDING MACHINES	96.01	32	
36.00			0	RESEARCH	97	59,147	
37.00			0	PHYSICIANS' PRIVATE OFFICES	98	701,533	
38.00			0	ST. JOHN'S MERCY HEALTH CARE	99.04	37,166	
39.00			0	HOSPICE	99.05	13,474	
TOTAL RECLASSIFICATIONS FOR CODE S			1,340,111				1,340,111

RECLASS CODE: T
EXPLANATION : PHYSICIANS' BENEFITS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	2,833,661	OTHER ADMINISTRATIVE AND GENER	6.04	14,576	
2.00	PHARMACY	16	95	OPERATION OF PLANT	8	85	
3.00			0	MEDICAL RECORDS & LIBRARY	17	400	
4.00			0	I&R SERVICES-SALARY & FRINGES	22	2,242	
5.00			0	I&R SERVICES-OTHER PRGM COSTS	23	328,352	
6.00			0	INTENSIVE CARE UNIT	26	437	
7.00			0	SUBPROVIDER	31	1,901	
8.00			0	RADIOLOGY-THERAPEUTIC	42	975	
9.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	24	
10.00			0	PHYSICAL THERAPY	50	142,595	
11.00			0	ELECTROCARDIOLOGY	53	81,324	
12.00			0	URGENT CARE CENTER - ST. PETER	60.02	1,923	
13.00			0	HYPERBARIC/OP WOUND CENTER	60.03	27,748	
14.00			0	EMERGENCY	61	29,075	
15.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,898,753	
16.00			0	ST. JOHN'S MERCY HEALTH CARE	99.04	303,346	
TOTAL RECLASSIFICATIONS FOR CODE T			2,833,756				2,833,756

RECLASS CODE: U
EXPLANATION : LAUNDRY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	3,732,440	EMPLOYEE BENEFITS	5	15,493	
2.00			0	HOUSEKEEPING	10	1,513	
3.00			0	NURSING ADMINISTRATION	14	392	
4.00			0	CENTRAL SERVICES & SUPPLY	15	4,365	
5.00			0	PHARMACY	16	1,115	

RECLASSIFICATIONS

PROVIDER NO:
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PERIOD:
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TO 6/30/2009

PREPARED 12/ 8/2009
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NOT A CMS WORKSHEET

RECLASS CODE: U
EXPLANATION : LAUNDRY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
6.00			0	I & R SERVICES-OTHER PRGM COSTS	23	726	
7.00			0	ADULTS & PEDIATRICS	25	1,483,800	
8.00			0	INTENSIVE CARE UNIT	26	331,015	
9.00			0	CORONARY CARE UNIT	27	218,881	
10.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	62,942	
11.00			0	SUBPROVIDER	31	73,185	
12.00			0	SUBPROVIDER 2	31.01	2,987	
13.00			0	SKILLED NURSING FACILITY	34	128,897	
14.00			0	OPERATING ROOM	37	237,597	
15.00			0	RECOVERY ROOM	38	41,450	
16.00			0	DELIVERY ROOM & LABOR ROOM	39	256,714	
17.00			0	ANESTHESIOLOGY	40	4,534	
18.00			0	RADIOLOGY-DIAGNOSTIC	41	86,372	
19.00			0	ULTRASOUND	41.01	32,972	
20.00			0	CAT SCAN	41.02	47,655	
21.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	25,985	
22.00			0	RADIOLOGY-THERAPEUTIC	42	31,463	
23.00			0	RADIOISOTOPE	43	9,156	
24.00			0	ONCOLOGY	43.01	4,541	
25.00			0	LABORATORY	44	8,620	
26.00			0	LABORATORY-PATHOLOGICAL	44.01	165	
27.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	2,065	
28.00			0	RESPIRATORY THERAPY	49	998	
29.00			0	PHYSICAL THERAPY	50	50,120	
30.00			0	ELECTROCARDIOLOGY	53	29,062	
31.00			0	RENAL DIALYSIS	57	6,258	
32.00			0	ASC (NON-DISTINCT PART)	58	111,153	
33.00			0	CARDIAC CATHETERIZATION LABORATO	58.01	59,670	
34.00			0	GASTROINTESTINAL SERVICES	58.03	66,027	
35.00			0	ELECTROCONVULSIVE THERAPY (ECT	58.04	11,646	
36.00			0	CLINIC	60	4,393	
37.00			0	URGENT CARE CENTER - ST. PETER	60.02	2,266	
38.00			0	URGENT CARE CENTER - O'FALLON	60.04	1,789	
39.00			0	EMERGENCY	61	219,122	
40.00			0	AMBULATORY CARE UNIT	62.01	48,572	
41.00			0	PHYSICIANS' PRIVATE OFFICES	98	3,053	
42.00			0	ST. JOHN'S MERCY HEALTH CARE	99.04	3,711	
TOTAL RECLASSIFICATIONS FOR CODE U			3,732,440				3,732,440

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

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.04	773	EMPLOYEE BENEFITS	5	773	
TOTAL RECLASSIFICATIONS FOR CODE W			773				773

RECLASS CODE: X
EXPLANATION : EPOETIN COST RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	RENAL DIALYSIS	57	1,466,392	DRUGS CHARGED TO PATIENTS	56	1,466,392	
TOTAL RECLASSIFICATIONS FOR CODE X			1,466,392				1,466,392

RECLASS CODE: Y
EXPLANATION : PATIENT PLACEMENT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NURSING ADMINISTRATION	14	366,865	ADULTS & PEDIATRICS	25	366,865	
TOTAL RECLASSIFICATIONS FOR CODE Y			366,865				366,865

RECLASS CODE: Z
EXPLANATION : INTERVENTIONAL CARE HH

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	CORONARY CARE UNIT	27	391,344	CARDIAC CATHETERIZATION LABORATO	58.01	391,344	
TOTAL RECLASSIFICATIONS FOR CODE Z			391,344				391,344

RECLASS CODE: AA
EXPLANATION : PACU

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	ADULTS & PEDIATRICS	25	89,602	RECOVERY ROOM	38	89,602	
TOTAL RECLASSIFICATIONS FOR CODE AA			89,602				89,602

RECLASSIFICATIONS

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RECLASS CODE: BB
EXPLANATION : EMERGENCY DEPARTMENT ROUTINE REVENUE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	905,373	EMERGENCY	61	905,373
TOTAL RECLASSIFICATIONS FOR CODE BB		905,373			905,373

RECLASS CODE: CC
EXPLANATION : AMBULATORY CARE UNIT

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	522,809	AMBULATORY CARE UNIT	62.01	522,809
TOTAL RECLASSIFICATIONS FOR CODE CC		522,809			522,809

RECLASS CODE: EE
EXPLANATION : MOB HEART HOSPITAL

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	30,173	HEART HOSPITAL	8.03	30,173
TOTAL RECLASSIFICATIONS FOR CODE EE		30,173			30,173

RECLASS CODE: GG
EXPLANATION : RECRUITMENT & SIGN-ON BONUS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	2,300	EMPLOYEE BENEFITS	5	1,296,535
2.00	ADMINITTING	3,000	NURSING ADMINISTRATION	14	2,500
3.00	OTHER ADMINISTRATIVE AND GENER	21,000	CENTRAL SERVICES & SUPPLY	15	500
4.00	MAINTENANCE & REPAIRS	500	PHARMACY	16	7,000
5.00	OPERATION OF PLANT	1,500	ADULTS & PEDIATRICS	25	8,500
6.00	HOUSEKEEPING	5,500	INTENSIVE CARE UNIT	26	2,000
7.00	DIETARY	7,500	CORONARY CARE UNIT	27	1,000
8.00	NURSING ADMINISTRATION	67,500	NEONATAL INTENSIVE CARE UNIT	27.01	2,000
9.00	CENTRAL SERVICES & SUPPLY	5,000	DELIVERY ROOM & LABOR ROOM	39	4,500
10.00	PHARMACY	88,125	WHOLE BLOOD & PACKED RED BLOOD	46	500
11.00	MEDICAL RECORDS & LIBRARY	1,500	EMERGENCY	61	500
12.00	SOCIAL SERVICE	1,000	REHAB HOSPITAL	99.08	2,000
13.00	I&R SERVICES-SALARY & FRINGES	1,000			0
14.00	I&R SERVICES-OTHER PRGM COSTS	2,000			0
15.00	PARAMED PRGM	1,000			0
16.00	RADIOLOGY SCHOOL	500			0
17.00	ADULTS & PEDIATRICS	389,950			0
18.00	INTENSIVE CARE UNIT	85,000			0
19.00	CORONARY CARE UNIT	51,500			0
20.00	NEONATAL INTENSIVE CARE UNIT	76,720			0
21.00	SUBPROVIDER	17,000			0
22.00	NURSERY	2,000			0
23.00	SKILLED NURSING FACILITY	19,000			0
24.00	OPERATING ROOM	53,950			0
25.00	RECOVERY ROOM	5,000			0
26.00	DELIVERY ROOM & LABOR ROOM	79,885			0
27.00	ANESTHESIOLOGY	1,000			0
28.00	RADIOLOGY-DIAGNOSTIC	33,500			0
29.00	ULTRASOUND	1,500			0
30.00	CAT SCAN	500			0
31.00	MAGNETIC RESONANCE IMAGING (MR	11,500			0
32.00	RADIOLOGY-THERAPEUTIC	7,000			0
33.00	RADIOISOTOPE	8,750			0
34.00	LABORATORY	11,000			0
35.00	LABORATORY-PATHOLOGICAL	500			0
36.00	WHOLE BLOOD & PACKED RED BLOOD	2,000			0
37.00	RESPIRATORY THERAPY	60,000			0
38.00	PHYSICAL THERAPY	20,000			0
39.00	ELECTROCARDIOLOGY	10,000			0
40.00	RENAL DIALYSIS	14,500			0
41.00	ASC (NON-DISTINCT PART)	1,000			0
42.00	CARDIAC CATHETERIZATION LABORATO	1,000			0
43.00	GASTROINTESTINAL SERVICES	6,500			0
44.00	CLINIC	2,000			0
45.00	URGENT CARE CENTER - O'FALLON	2,000			0
46.00	EMERGENCY	64,855			0
47.00	NATURAL FAMILY PLANNING	500			0
48.00	AMBULATORY CARE UNIT	1,500			0

RECLASSIFICATIONS

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RECLASS CODE: GG
EXPLANATION: RECRUITMENT & SIGN-ON BONUS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
49.00	PHYSICIANS' PRIVATE OFFICES	98	1,000			0	
50.00	ST. JOHN'S MERCY HEALTH CARE	99.04	36,000			0	
51.00	REHAB HOSPITAL	99.08	40,500			0	
TOTAL RECLASSIFICATIONS FOR CODE GG			1,327,535			1,327,535	

RECLASS CODE: HH
EXPLANATION: REHAB EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	9,443	SUBPROVIDER 2	31.01	9,443	
TOTAL RECLASSIFICATIONS FOR CODE HH			9,443			9,443	

RECLASS CODE: II
EXPLANATION: BLDG-MEACHAM PARK

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.04	478	MEACHAM PARK CLINIC	60.01	478	
TOTAL RECLASSIFICATIONS FOR CODE II			478			478	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES 1	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	83,573,467
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							504,975
6	MOVABLE EQUIPMENT	41,902,549					41,902,549	822,711
7	SUBTOTAL	172,357,265					172,357,265	86,935,592
8	RECONCILING ITEMS							
9	TOTAL	172,357,265					172,357,265	86,935,592

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND	101,130	4,257,682		4,257,682		4,358,812	
2	LAND IMPROVEMENTS	7,993,334				364,347	7,628,987	1,959,021
3	BUILDINGS & FIXTURE	464,702,945	70,637,995		70,637,995	10,515,343	524,825,597	79,020,115
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	8,112,971	50,041		50,041	2,175,246	5,987,766	1,700,138
6	MOVABLE EQUIPMENT	138,793,402	23,661,220		23,661,220	2,676,783	159,777,839	64,795,043
7	SUBTOTAL	619,703,782	98,606,938		98,606,938	15,731,719	702,579,001	147,474,317
8	RECONCILING ITEMS							
9	TOTAL	619,703,782	98,606,938		98,606,938	15,731,719	702,579,001	147,474,317

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL								
3 01	OTHER BUILDING-MOB								
3 02	OTHER BUILDING-CANCE								
4	NEW CAP REL COSTS-MV								
4 01	NEW CAP REL COSTS-MV								
4 02	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
3	NEW CAP REL COSTS-BL	22,256,746				1,743,542	24,000,288	
3 01	OTHER BUILDING-MOB	2,121,284					2,121,284	
3 02	OTHER BUILDING-CANCE	2,293,802					2,293,802	
4	NEW CAP REL COSTS-MV	20,106,751					20,106,751	
4 01	NEW CAP REL COSTS-MV	938,220					938,220	
4 02	NEW CAP REL COSTS-MV	3,400,635					3,400,635	
5	TOTAL	51,117,438				1,743,542	52,860,980	

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
3	NEW CAP REL COSTS-BL							
3 01	OTHER BUILDING-MOB							
3 02	OTHER BUILDING-CANCE							
4	NEW CAP REL COSTS-MV							
4 01	NEW CAP REL COSTS-MV							
4 02	NEW CAP REL COSTS-MV							
5	TOTAL							

* All lines numbers except line 5 are to be consistent with Workshseet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4. Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF.	
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO		
	1	2	COST CENTER	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	-24,770,183				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	795,931				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-3,639,325	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						
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89		
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	1		
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2		
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3		
33 NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS-MVBLE E	4		
34 PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	20		
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 FRA ADJUSTMENT	A	39,728,578	OTHER ADMINISTRATIVE AND	6.04		
38 MI SC. INCOME - UNNECESSARY BORROWING	A	-37,362	NEW CAP REL COSTS-BLDG &	3	11	
39 MI SC INCOME - INTEREST INCOME OFFSET	B	-216,473	NEW CAP REL COSTS-BLDG &	3	11	
40 TELEVISION ELIMINATION	A	-162,836	OPERATION OF PLANT	8		
41 TELEVISION ELIMINATION	A	-3,596	EMPLOYEE BENEFITS	5		
42 TELEVISION ELIMINATION	A	-39,727	NEW CAP REL COSTS-MVBLE E	4	9	
43 TELEPHONE ADJUSTMENT	A	-44,684	OTHER ADMINISTRATIVE AND	6.04		
44 A&G NON-ALLOWABLE COSTS	A	-983,340	OTHER ADMINISTRATIVE AND	6.04		
45 A&G NON-ALLOWABLE COSTS	A	-115,701	EMPLOYEE BENEFITS	5		
46 AHA CARRYFORWARD SCHEDULE	A	-76,404	NEW CAP REL COSTS-MVBLE E	4	9	
47 PARKING GARAGE	A	-260,248	NEW CAP REL COSTS-BLDG &	3	9	
48 AHA ADJUSTMENT	A	-99,959	NEW CAP REL COSTS-MVBLE E	4	9	
49 BUILDING DEPRECIATION	A	167,775	NEW CAP REL COSTS-BLDG &	3	9	
49.01 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-63,647	OTHER ADMINISTRATIVE AND	6.04		
49.02 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-3,446	I & R SERVICES-SALARY & FRI	22		
49.03 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-31,943	ADULTS & PEDIATRICS	25		
49.04 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-1,223	NEONATAL INTENSIVE CARE U	27.01		
49.05 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-11,937	SUBPROVIDER	31		
49.06 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-11,703	SKILLED NURSING FACILITY	34		
49.07 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-107	RADIOLOGY-DIAGNOSTIC	41		
49.08 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-4,880	ULTRASOUND	41.01		
49.09 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-273	ULTRASOUND	41.01		
49.10 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-3,250	ONCOLOGY	43.01		
49.11 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-135	LABORATORY	44		
49.12 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-50,388	WHOLE BLOOD & PACKED RED	46		
49.13 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-16,004	PHYSICAL THERAPY	50		
49.14 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-1,709	URGENT CARE CENTER - ST.	60.02		
49.15 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-3,031	HYPERBARIC/OP WOUND CENTE	60.03		
49.16 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-1,250	URGENT CARE CENTER - O'FA	60.04		
49.17 AHA CARRYFORWARD/MEDICARE DEPREC.	A	127,436	NEW CAP REL COSTS-MVBLE E	4	9	
49.18 GIFT SHOP	A	160,899	GIFT, FLOWER, COFFEE SHOP	96		
49.19 ELIMINATE BAD DEBT EXPENSE	A	-22,722,252	OTHER ADMINISTRATIVE AND	6.04		
49.20 PHYSICAL THERAPY SERVICES	A	-3,358	PHYSICAL THERAPY	50		
49.21 SJMH SHARED SERVICES	A	95,963,676	SJMH-SHARED SERVICES	99.02		
49.22 AHA/MHA/CHA DUES	A	-57,261	OTHER ADMINISTRATIVE AND	6.04		
49.23 MOB RENTAL INCOME ELIMINATION	A	-220,133	OTHER BUILDING-MOB	8.01		
49.24 MOB RENTAL INCOME ELIMINATION	A	-654,963	OTHER BUILDING-CANCER CEN	8.02		
49.26 MOB RENTAL INCOME ELIMINATION	A	-45,842	PHYSICAL THERAPY	50		
49.27 MOB RENTAL INCOME ELIMINATION	A	-92,849	OP CHEM DEPEN	59.01		
49.28 MOB RENTAL INCOME ELIMINATION	A	-65,844	PAIN THERAPY CENTER	61.03		
49.29 MISCELLANEOUS INCOME	B	-32,469	EMPLOYEE BENEFITS	5		
49.30 MISCELLANEOUS INCOME	B	-1,877,090	OTHER ADMINISTRATIVE AND	6.04		
49.31 MISCELLANEOUS INCOME	B	-5,000	HOUSEKEEPING	10		
49.32 MISCELLANEOUS INCOME	B	-30,245	DIETARY	11		
49.33 MISCELLANEOUS INCOME	B	-101,992	NURSING ADMINISTRATIVE	14		
49.34 MISCELLANEOUS INCOME	B	-388,546	PHARMACY	16		
49.35 MISCELLANEOUS INCOME	B	-375,432	MEDICAL RECORDS & LIBRARY	17		
49.36 MISCELLANEOUS INCOME	B	-2,500	I & R SERVICES-OTHER PRGM C	23		
49.37 MISCELLANEOUS INCOME	B	-44,901	PARAMED ED PRGM	24		

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
26-0020

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
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
49.38 MI SCCELLANEOUS INCOME	B	-46,858	RADIOLOGY SCHOOL	24.01	
49.39 MI SCCELLANEOUS INCOME	B	-9,359	ADULTS & PEDIATRICS	25	
49.40 MI SCCELLANEOUS INCOME	B	-70,130	SUBPROVIDER	31	
49.41 MI SCCELLANEOUS INCOME	B	-790,830	NURSERY	33	
49.42 MI SCCELLANEOUS INCOME	B	-11,056	SKILLED NURSING FACILITY	34	
49.43 MI SCCELLANEOUS INCOME	B	-7,800	OPERATING ROOM	37	
49.44 MI SCCELLANEOUS INCOME	B	-8,259	RADIOLOGY-DIAGNOSTIC	41	
49.45 MI SCCELLANEOUS INCOME	B	-434	RADIOLOGY-THERAPEUTIC	42	
49.46 MI SCCELLANEOUS INCOME	B	-204,574	PHYSICAL THERAPY	50	
49.47 MI SCCELLANEOUS INCOME	B	-12,563	ELECTROCARDIOLOGY	53	
49.48 MI SCCELLANEOUS INCOME	B	-92	OP PSYCH	59	
49.49 MI SCCELLANEOUS INCOME	B	-16,007	OP CHEM DEPEN	59.01	
49.50 MI SCCELLANEOUS INCOME	B	-2,290,387	CLINIC	60	
49.51 MI SCCELLANEOUS INCOME	B	-17,302	URGENT CARE CENTER - ST.	60.02	
49.52 MI SCCELLANEOUS INCOME	B	-494	HYPERBARIC/OP WOUND CENTE	60.03	
49.53 MI SCCELLANEOUS INCOME	B	-5,614	URGENT CARE CENTER - O' FA	60.04	
49.54 MI SCCELLANEOUS INCOME	B	-32,012	EMERGENCY	61	
49.55 MI SCCELLANEOUS INCOME	B	-44,171	NATURAL FAMILY PLANNING	61.02	
49.56 PHYSICIAN TEACHING RCE ELIMINATION	A	-977,016	I&R SERVICES-OTHER PRGM C	23	
50 TOTAL (SUM OF LINES 1 THRU 49)		75,023,896			

(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		11,374,265	-11,374,265	
2	6 4	OTHER ADMINISTRATIVE AND		1,243,490	-1,243,490	
3	6 4	OTHER ADMINISTRATIVE AND		48,629,208	-48,629,208	
4	6 4	OTHER ADMINISTRATIVE AND		777,306	-777,306	
4.01	6 4	OTHER ADMINISTRATIVE AND		2,793,756	-2,793,756	
4.02	6 4	OTHER ADMINISTRATIVE AND		2,482,947	-2,482,947	
4.03	6 4	OTHER ADMINISTRATIVE AND		25,916,567	-25,916,567	
4.04	6 4	OTHER ADMINISTRATIVE AND		7,356,598	-7,356,598	
4.05	6 4	OTHER ADMINISTRATIVE AND		356,775	-356,775	
4.06	6 4	OTHER ADMINISTRATIVE AND		3,571,523	-3,571,523	
4.07	6 4	OTHER ADMINISTRATIVE AND		2,785,566	-2,785,566	
4.08	6 4	OTHER ADMINISTRATIVE AND		230,722	-230,722	
4.09	6 4	OTHER ADMINISTRATIVE AND		288,048	-288,048	
4.10	6 4	OTHER ADMINISTRATIVE AND	690,334		690,334	
4.11	5	EMPLOYEE BENEFITS	253		253	
4.12	6 2	PURCHASING	100		100	
4.13	6 3	ADMINISTRATIVE	221		221	
4.14	6 4	OTHER ADMINISTRATIVE AND	271,843		271,843	
4.15	7	MAINTENANCE & REPAIRS	2,743		2,743	
4.16	8	OPERATION OF PLANT	2,500		2,500	
4.17	8 1	OTHER BUILDING-MOB	12,126		12,126	
4.18	10	HOUSEKEEPING	437		437	
4.19	11	DIETARY	4		4	
4.20	14	NURSING ADMINISTRATION	11,383		11,383	
4.21	15	CENTRAL SERVICES & SUPPLY	169,284		169,284	
4.22	16	PHARMACY	14,079		14,079	
4.23	17	MEDICAL RECORDS & LIBRARY	80		80	
4.24	18	SOCIAL SERVICE	44		44	
4.25	23	I&R SERVICES-OTHER PRGM C	1,374		1,374	
4.26	24	PARAMEDICAL PRGM	3,845		3,845	
4.27	24 1	RADIOLOGY SCHOOL	138		138	
4.28	25	ADULTS & PEDIATRICS	212,185		212,185	
4.29	26	INTENSIVE CARE UNIT	53,111		53,111	
4.30	27	CORONARY CARE UNIT	158,124		158,124	
4.31	27 1	NEONATAL INTENSIVE CARE U	104,388		104,388	
4.32	31	SUBPROVIDER	6,532		6,532	
4.33	33	NURSERY	263		263	
4.34	34	SKILLED NURSING FACILITY	14,673		14,673	
4.35	37	OPERATING ROOM	1,099,951		1,099,951	
4.36	38	RECOVERY ROOM	5,293		5,293	
4.37	39	DELIVERY ROOM & LABOR ROOM	52,508		52,508	
4.38	40	ANESTHESIOLOGY	229,380		229,380	
4.39	41	RADIOLOGY-DIAGNOSTIC	1,208,524		1,208,524	
4.40	41 1	ULTRASOUND	222,924		222,924	
4.41	41 2	CAT SCAN	665,606		665,606	
4.42	41 3	MAGNETIC RESONANCE IMAGING	464,133		464,133	
4.43	42	RADIOLOGY-THERAPEUTIC	761,239		761,239	
4.44	43	RADIOISOTOPE	420,950		420,950	
4.45	43 1	ONCOLOGY	974		974	
4.46	44	LABORATORY	466,197		466,197	
4.47	44 1	LABORATORY-PATHOLOGICAL	61,054		61,054	
4.48	46	WHOLE BLOOD & PACKED RED	88,493		88,493	
4.49	49	RESPIRATORY THERAPY	166,434		166,434	
4.50	50	PHYSICAL THERAPY	21,823		21,823	
4.51	53	ELECTROCARDIOLOGY	463,647		463,647	
4.52	57	RENAL DIALYSIS	118,015		118,015	
4.53	58	ASC (NON-DISTINCT PART)	5,434		5,434	
4.54	58 1	CARDIAC CATHETERIZATION LAB	348,481		348,481	
4.55	58 3	GASTROINTESTINAL SERVICE	252,809		252,809	
4.56	58 4	ELECTROCONVULSIVE THERAPY	1,044		1,044	
4.57	60	CLINIC	4,722		4,722	
4.58	6 4	OTHER ADMINISTRATIVE AND	206		206	
4.59	60 2	URGENT CARE CENTER - ST.	14,931		14,931	
4.60	60 3	HYPERBARIC/OP WOUND CENTE	14,539		14,539	
4.61	60 4	URGENT CARE CENTER - O'FA	6,173		6,173	
4.62	61	EMERGENCY	107,936		107,936	
4.63	62 1	AMBULATORY CARE UNIT	11,886		11,886	
4.64	97	RESEARCH	260		260	
4.65	98	PHYSICIANS' PRIVATE OFFIC	59,527		59,527	
4.66	99 2	SJMH-SHARED SERVICES	12		12	
4.67	99 4	ST. JOHN'S MERCY HEALTH C	77,738		77,738	
4.68	99 8	REHAB HOSPITAL	264		264	
4.69	6 4	OTHER ADMINISTRATIVE AND	81,733,408		81,733,408	
4.70	60 4	URGENT CARE CENTER - O'FA	88,630	88,630		

4.71	60	2	URGENT CARE CENTER - ST.	102,157	102,157	
4.72	41	1	ULTRASOUND	686,949	686,949	
4.73	44		LABORATORY	157,680	157,680	
4.74	43		RADIOISOTOPE	38,434	38,434	
4.75	53		ELECTROCARDIOLOGY	64,041	64,041	
4.76	98		PHYSICIANS' PRIVATE OFFICE	30,897	30,897	
4.77	50		PHYSICAL THERAPY	238,207	238,207	
4.78	11		DIETARY	26,747	26,747	
4.79	49		RESPIRATORY THERAPY	61,257	61,257	
4.80	6	3	ADMITTING	5,725,997		5,725,997
4.81	6	2	PURCHASING	459,800		459,800
4.82	5		EMPLOYEE BENEFITS	7,399,527		7,399,527
4.83	6	4	OTHER ADMINISTRATIVE AND	56,277	56,277	
4.84	6	4	OTHER ADMINISTRATIVE AND	2,737,057		2,737,057
4.85	6	4	OTHER ADMINISTRATIVE AND	1,393,742		1,393,742
5			TOTALS	110,153,978	109,358,047	795,931

* 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		TYPE OF BUSINESS 6
			NAME 4	PERCENTAGE OF OWNERSHIP 5	
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 7/1/2008 TO 6/30/2009
 PREPARED 12/8/2009
 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	99,571	99,571		177,200			
2 18	SOCIAL SERVICES	40,320	40,320		177,200			
3 23	I&R SERVICES-OTHER PRGRM	1,544,817	1,544,817		177,200			
4 25	ADULTS & PEDIATRICS	157,065	2,050	155,015	196,400	1,144	108,020	5,401
5 27 1	NEONATAL INTENSIVE CARE U	315,000	315,000		177,200			
6 31	SUBPROVIDER	7,050	7,050		142,500			
7 41	RADIOLOGY - DIAGNOSTIC	12,955	12,955		231,100			
8 41 1	ULTRASOUND	1,797,583	1,797,583		231,100			
9 44	LABORATORY	133,376		133,376	219,500	2,522	266,144	13,307
10 49	RESPIRATORY THERAPY	165,349	165,349		177,200			
11 50	PHYSICAL THERAPY	1,309,090	1,309,090		177,200			
12 58 3	GASTRO INTESTINAL SERVICE	2,400	2,400		177,200			
13 60	CLINIC	266,340	266,340		177,200			
14 18	SOCIAL SERVICES	945		945	177,200	10	852	43
15 25	A&P MEDICINE	1,599,826	850,361	749,465	165,600	4,899	390,036	19,502
16 25	A&P PEDS	1,886,992	1,193,937	693,055	140,600	4,740	320,406	16,020
17 25	A&P OB/GYN	1,186,694	961,840	224,854	196,400	1,017	96,028	4,801
18 25	A&P FAM MED	32,508	16,254	16,254	138,700	281	18,738	937
19 27	CORONARY CARE UNIT	2,546,086	1,359,307	1,186,779	177,200	8,715	742,451	37,123
20 31	SUBPROVIDER	133,745	63,179	70,566	142,500	1,341	91,871	4,594
21 37	OPERATING ROOM	475,658	240,801	234,857	204,100	792	77,715	3,886
22 41	RADIOLOGY - DIAGNOSTIC	287,714	287,714		231,100			
23 53	ELECTROCARDIOLOGY	859,726	812,729	46,997	177,200	260	22,150	1,108
24 53	ELECTROCARDIOLOGY	1,107,121	1,107,121					
25 60 2	URGENT CARE CENTER - ST.	737,746	737,746		177,200			
26 60 3	HYPERBARIC/OP WOUND CENTE	247,258	212,917	34,341	177,200	260	22,150	1,108
27 60 4	URGENT CARE CENTER - O'FA	479,647	479,647		177,200			
28 61	EMERGENCY	9,450,400	9,251,231	199,169	177,200	1,324	112,795	5,640
29								
30								
101	TOTAL	26,882,982	23,137,309	3,745,673		27,305	2,269,356	113,470

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/8/2009
 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							99,571
2 18	SOCIAL SERVICES							40,320
3 23	I&R SERVICES-OTHER PRGRM							1,544,817
4 25	ADULTS & PEDIATRICS					108,020	46,995	49,045
5 27 1	NEONATAL INTENSIVE CARE U							315,000
6 31	SUBPROVIDER							7,050
7 41	RADIOLOGY - DIAGNOSTIC							12,955
8 41 1	ULTRASOUND							1,797,583
9 44	LABORATORY					266,144		
10 49	RESPIRATORY THERAPY							165,349
11 50	PHYSICAL THERAPY							1,309,090
12 58 3	GASTRO INTESTINAL SERVICE							2,400
13 60	CLINIC							266,340
14 18	SOCIAL SERVICES					852	93	93
15 25	A&P MEDICINE					390,036	359,429	1,209,790
16 25	A&P PEDS					320,406	372,649	1,566,586
17 25	A&P OB/GYN					96,028	128,826	1,090,666
18 25	A&P FAM MED					18,738		16,254
19 27	CORONARY CARE UNIT					742,451	444,328	1,803,635
20 31	SUBPROVIDER					91,871		63,179
21 37	OPERATING ROOM					77,715	157,142	397,943
22 41	RADIOLOGY - DIAGNOSTIC							287,714
23 53	ELECTROCARDIOLOGY					22,150	24,847	837,576
24 53	ELECTROCARDIOLOGY							1,107,121
25 60 2	URGENT CARE CENTER - ST.							737,746
26 60 3	HYPERBARIC/OP WOUND CENTE					22,150	12,191	225,108
27 60 4	URGENT CARE CENTER - O'FA							479,647
28 61	EMERGENCY					112,795	86,374	9,337,605
29								
30								
101	TOTAL					2,269,356	1,632,874	24,770,183

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/8/2009
 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
24.01	RADIOLOGY SCHOOL	35	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	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 &	24,000,288	24,000,288					
003 02 OTHER BUILDING-MOB	2,121,284		2,121,284				
004 01 OTHER BUILDING-CANCER CEN	2,293,802			2,293,802			
004 02 NEW CAP REL COSTS-MVBLE E	20,106,751				20,106,751		
005 01 NEW CAP REL COSTS-MVBLE E	938,220					938,220	
005 02 NEW CAP REL COSTS-MVBLE E	3,400,635						3,400,635
006 01 EMPLOYEE BENEFITS	72,901,955	166,430	2,698	40,468	13,595	12,637	7,277
006 02 NONPATIENT TELEPHONES							
006 03 PURCHASING	583,578	39,798			3,626		
006 04 ADMINITTING	9,764,586	84,676	687		15,106	253	
007 01 OTHER ADMINISTRATIVE AND	159,831,549	1,026,493	119,256	132,967	3,019,416	11,988	12,708
007 02 MAINTENANCE & REPAIRS	6,092,624	2,988,646	95,902	267,727	236,102	12,940	14,759
008 01 OPERATION OF PLANT	9,189,223	90,744		1,015	128,249		299
008 02 OTHER BUILDING-MOB	1,768,022					7,617	
008 03 OTHER BUILDING-CANCER CEN	1						36,283
009 01 HEART HOSPITAL							
009 02 LAUNDRY & LINEN SERVICE	4,418,733	79,326			18,302		
010 01 HOUSEKEEPING	5,350,233	190,344	14,754	13,143	33,368	5,339	1,478
010 02 HOUSEKEEPING-MED CENTER							
010 03 HOUSEKEEPING-MOB							
011 01 HOUSEKEEPING-CANCER CENTE							
012 01 DIETARY	7,540,005	556,888		29,779	209,208		2,768
012 02 CAFETERIA							
014 01 NURSING ADMINISTRATION	5,342,198	129,164			340,947		
015 01 CENTRAL SERVICES & SUPPLY	2,408,316	274,751			1,409,122		
016 01 PHARMACY	10,719,964	171,839		30,959	141,453		
017 01 MEDICAL RECORDS & LIBRARY	5,315,589	72,778		16,093	502,866		602
018 01 SOCIAL SERVICE	5,068,164	92,123			11,509		
022 01 I&R SERVICES-SALARY & FRI	4,764,776	54,258			618		
023 01 I&R SERVICES-OTHER PRGM C	4,387,623	55,546	54,200		9,493	39,636	
024 01 PARAMED ED PRGM	148,229	13,576			1,864		
024 02 RADIOLOGY SCHOOL	140,590	10,938			173		
025 01 INPAT ROUTINE SRVC CNTRS							
025 02 ADULTS & PEDIATRICS	52,281,922	3,988,231	7,298		594,915		
026 01 INTENSIVE CARE UNIT	9,575,327	432,849			209,539		
027 01 CORONARY CARE UNIT	8,718,574	618,758			850,460		
027 02 NEONATAL INTENSIVE CARE U	12,712,189	336,500			511,424		
031 01 SUBPROVIDER	5,417,727	442,589			36,433		
031 02 SUBPROVIDER 2							
033 01 NURSERY	5,207,373	62,739			6,086		
034 01 SKILLED NURSING FACILITY	5,089,282	265,565			124,924		
036 01 OTHER LONG TERM CARE	2,666,335	371,788			26,771		
037 01 ANCILLARY SRVC COST CNTRS							
037 02 OPERATING ROOM	58,648,306	1,353,659	18,718		2,211,671		
038 01 RECOVERY ROOM	2,046,867	84,945			6,601		
039 01 DELIVERY ROOM & LABOR ROO	10,020,206	689,229			256,646		
040 01 ANESTHESIOLOGY	4,305,414	33,205			667,936		
041 01 RADIOLOGY-DIAGNOSTIC	11,404,513	622,174	109,087	57,953	2,466,142	556,294	46,368
041 02 ULTRASOUND	1,921,910	192,532			444,133		20
041 03 CAT SCAN	2,036,342	69,392		73,527	468,674		318,520
041 04 MAGNETIC RESONANCE IMAGIN	1,356,645	130,468			619,404		
042 01 RADIOLOGY-THERAPEUTIC	6,208,360	4,540		459,898	300,756		2,594,195
043 01 RADIOISOTOPE	3,155,244	158,173		43,890	288,991		326,898
043 02 ONCOLOGY	883,484			123,929			31,301
044 01 LABORATORY	15,188,846	403,600	15,600		362,183	11,670	
044 02 LABORATORY-PATHOLOGICAL	1,805,334	134,918			59,810		
046 01 WHOLE BLOOD & PACKED RED	5,821,238	119,979			76,349		
049 01 RESPIRATORY THERAPY	8,468,777	118,600	13,445		317,408	97,995	
050 01 PHYSICAL THERAPY	7,366,605	430,631	51,336	34,852	103,236	67,610	419
053 01 ELECTROCARDIOLOGY	16,159,708	301,662	13,648		690,036	110,095	
055 01 MEDICAL SUPPLIES CHARGED	7,440,133						
056 01 DRUGS CHARGED TO PATIENTS	24,199,989						
057 01 RENAL DIALYSIS	2,705,171	49,718			35,384		
058 01 ASC (NON-DIAGNOSTIC PART)	2,639,846	357,209			219,192		
058 02 CARDIAC CATHETERIZATION LAB	7,469,730	399,539			843,757		
058 03 GASTRO INTESTINAL SERVICE	3,205,365	226,906			624,692		
058 04 ELECTROCONVULSIVE THERAPY	221,296	32,021			12,181		
059 01 OP PSYCH	362,488	126,392			48		
059 02 OP CHEM DEPEN	539,397	126,392			11,292		
060 01 OUTPAT SERVICE COST CNTRS							
060 02 CLINIC	3,728,856	154,757			10,870		
060 03 MEACHAM PARK CLINIC							
060 04 URGENT CARE CENTER - ST.	981,247	64,912			10,749		
060 05 HYPERBARIC/OP WOUND CENTE	638,453	62,514			36,664		
060 06 URGENT CARE CENTER - O'FA	850,649	44,278			13,583		
061 01 EMERGENCY	7,674,854	536,944			400,157		
061 02 FAMILY PRACTICE							
061 03 NATURAL FAMILY PLANNING	256,986				1,207		
062 01 PAIN THERAPY CENTER							
062 02 OBSERVATION BEDS (NON-DIS							
062 03 AMBULATORY CARE UNIT	1,083,379	254,926			10,343		
065 01 OTHER REIMBURS COST CNTRS							
065 02 AMBULANCE SERVICES	24,626						
095 01 SPEC PURPOSE COST CENTERS							
095 02 SUBTOTALS	691,085,931	19,901,552	516,629	1,326,200	20,025,664	934,074	3,393,895

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & G-MOB	OTHER 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	
SPEC PURPOSE COST CENTERS								
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP	161,044	39,618					
096 01	VENDING MACHINES	982,120	26,058	14,233	3,087	2,239		
096 02	VISITOR MEALS							
097	RESEARCH	677,780		11,594	81,762		6,740	
098	PHYSICIANS' PRIVATE OFFICE	26,037,949	1,593,436	1,243,532	215,579	76,372	1,907	
099	NONPAID WORKERS							
099 01	MEALS ON WHEELS							
099 02	SJMH-SHARED SERVICES	95,963,688						
099 03	CONVENT							
099 04	ST. JOHN'S MERCY HEALTH C	352,285	1,279,217	212,619	549,376	1,628		
099 05	HOSPICE	187,486						
099 06	VACANT SPACE		1,160,407	122,677	120,885			
099 07	SALES & SERVICE-PHYSICIAN							
099 08	REHAB HOSPITAL	22,939,968						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	838,388,251	24,000,288	2,121,284	2,293,802	20,106,751	938,220	3,400,635

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	73,145,060						
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING			656,885				
006 03 ADMINISTRATIVE			1,480	10,838,950			
006 04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	3,090,210		5,689	291	167,250,567	167,250,567	13,027,804
007 OPERATION OF PLANT	719,055		1,121		10,428,876	2,598,928	60,028
008 01 OTHER BUILDING-MOB	326,716		65		9,736,311	2,426,337	
008 02 OTHER BUILDING-CANCER CEN	2,139		21		1,777,799	443,036	
008 03 HEART HOSPITAL	57				36,341	9,056	
009 LAUNDRY & LINEN SERVICE	68,347		4,582		4,589,290	1,143,674	52,475
010 HOUSEKEEPING	1,385,922		4,127		6,998,708	1,744,113	125,913
010 01 HOUSEKEEPING-MED CENTER							
010 02 HOUSEKEEPING-MOB							
010 03 HOUSEKEEPING-CANCER CENTE							
011 DIETARY	1,481,165		25,443	14,846	9,860,102	2,457,187	368,383
012 CAFETERIA							
014 NURSING ADMINISTRATION	1,324,353		440		7,137,102	1,778,602	85,442
015 CENTRAL SERVICES & SUPPLY	543,111				4,635,300	1,155,140	181,748
016 PHARMACY	2,502,576				13,566,791	3,380,912	113,672
017 MEDICAL RECORDS & LIBRARY	835,929		720		6,744,577	1,680,782	48,143
018 SOCIAL SERVICE	1,057,466		268		6,229,530	1,552,430	60,940
022 I&R SERVICES-SALARY & FRI	1,041,587		43		5,861,282	1,460,661	35,892
023 I&R SERVICES-OTHER PRGMC	1,004,834		370	37,762	5,589,464	1,392,922	36,744
024 PARAMED ED PRGM	47,913		10		211,592	52,730	8,980
024 01 RADIOLOGY SCHOOL	47,525		12		199,238	49,651	7,236
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	13,700,259		11,718	1,124,931	71,709,274	17,870,310	2,638,228
026 INTENSIVE CARE UNIT	2,369,678		2,280	284,860	12,874,533	3,208,398	286,331
027 CORONARY CARE UNIT	2,573,737		1,737	231,710	12,994,976	3,238,413	409,310
027 01 NEONATAL INTENSIVE CARE U	3,098,755		3,613	371,681	17,034,162	4,244,998	222,596
031 SUBPROVIDER	1,379,659		388	60,584	7,337,380	1,828,512	292,774
031 01 SUBPROVIDER 2							
033 NURSERY	1,249,309		2,471	61,273	6,589,251	1,642,074	41,502
034 SKILLED NURSING FACILITY	1,195,345			89,749	6,764,865	1,685,838	175,672
036 OTHER LONG TERM CARE	599,278			19,233	3,683,405	917,923	245,939
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,012,184		197,913	996,607	67,439,058	16,806,150	895,449
038 RECOVERY ROOM	523,729		225	141,512	2,803,879	698,741	56,192
039 DELIVERY ROOM & LABOR ROO	2,251,087		5,634	204,782	13,427,584	3,346,221	455,927
040 ANESTHESIOLOGY	161,730		16,083	168,425	5,352,793	1,333,943	21,965
041 RADIOLOGY-DIAGNOSTIC	1,786,352		10,508	518,293	17,577,684	4,380,447	411,570
041 01 ULTRASOUND	406,970		360	151,443	3,117,368	776,864	127,361
041 02 CAT SCAN	288,210		985	525,689	3,781,339	942,329	45,903
041 03 MAGNETIC RESONANCE IMAGIN	141,134		1,627	176,592	2,425,870	604,539	86,305
042 RADIOLOGY-THERAPEUTIC	760,355		1,806	287,587	10,617,497	2,645,933	3,003
043 RADIOISOTOPE	274,090		7,381	185,265	4,439,932	1,106,453	104,632
043 01 ONCOLOGY	166,477		235	22,955	1,228,381	306,119	
044 LABORATORY	1,966,539		15,821	1,198,771	19,163,030	4,775,523	266,982
044 01 LABORATORY-PATHOLOGICAL	265,486		2,559	96,312	2,364,419	589,225	89,249
046 WHOLE BLOOD & PACKED RED	687,648		11,272	115,371	6,831,857	1,702,533	79,366
049 RESPIRATORY THERAPY	1,751,600		7,192	374,918	11,149,935	2,778,620	78,454
050 PHYSICAL THERAPY	1,562,832		2,423	157,371	9,777,315	2,436,556	284,864
053 ELECTROCARDIOLOGY	1,482,842		48,303	636,903	19,443,197	4,845,342	199,550
055 MEDICAL SUPPLIES CHARGED			35,735	156,280	7,632,148	1,901,969	
056 DRUGS CHARGED TO PATIENTS			124,667	836,995	25,161,651	6,270,409	
057 RENAL DIALYSIS	208,064		694	46,097	3,045,128	758,861	32,888
058 ASC (NON-DISTINCT PART)	658,150		579	74,432	3,949,408	984,212	236,295
058 01 CARDIAC CATHETERIZATION LAB	700,731		20,827	340,338	9,774,922	2,435,959	264,296
058 03 GASTROINTESTINAL SERVICE	477,844		5,289	191,751	4,731,847	1,179,200	150,099
058 04 ELECTROCONVULSIVE THERAPY	43,456		258	9,443	318,655	79,410	21,182
059 OP PSYCH	48,927		14	5,856	543,725	135,499	83,609
059 01 OP CHEM DEPEND	89,369		153	11,702	778,305	193,957	83,609
060 OUTPAT SERVICE COST CNTRS							
060 01 MEACHAM PARK CLINIC	518,200		18,192	29,703	4,460,578	1,111,598	102,372
060 02 URGENT CARE CENTER - ST.	362,134		576	31,735	1,451,353	361,684	42,939
060 03 HYPERBARIC/OP WOUND CENTE	145,522		777	12,444	896,374	223,381	41,353
060 04 URGENT CARE CENTER - O'FA	281,349		379	20,893	1,211,131	301,820	29,290
061 EMERGENCY	4,027,033		6,440	566,604	13,212,032	3,292,504	355,190
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING	54,589		101	206	313,089	78,023	
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT	271,376		185	55,817	1,676,026	417,674	168,635
065 OTHER REIMBURSE COST CNTRS							
065 AMBULANCE SERVICES				131	24,757	6,170	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	69,022,979		611,791	10,646,143	679,962,983	127,770,495	10,316,477

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
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				1	200,663	50,006	26,208
096 01 VENDING MACHINES	77,988		2,973		1,108,698	276,293	17,237
096 02 VISITOR MEALS							
097 RESEARCH	134,886		92		912,854	227,488	
098 PHYSICIANS' PRIVATE OFFICE	3,897,794		41,501	192,807	33,300,877	8,298,745	1,054,063
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES					95,963,688	23,914,335	
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH C			491		2,395,616	596,999	846,206
099 05 HOSPICE	11,413		33		198,932	49,575	
099 06 VACANT SPACE					1,403,969	349,876	767,613
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL			3		22,939,971	5,716,755	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	73,145,060		656,885	10,838,950	838,388,251	167,250,567	13,027,804

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
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	24,702						15,320
096 01 VENDING MACHINES	16,247	16,613					10,076
096 02 VISITOR MEALS							
097 RESEARCH		13,532	2,005				
098 PHYSICIANS' PRIVATE OFFICE	993,499	1,451,422	5,285		4,796		616,157
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES							
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH C	797,585	248,164	13,470		5,830		494,653
099 05 HOSPICE							
099 06 VACANT SPACE	723,508	143,185	2,964				448,711
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	12,222,676	2,220,835	45,397		5,834,899	9,007,333	7,476,091

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	1,206,986						
010 03 HOUSEKEEPING-CANCER CENTE		324,256					
011 DIETARY		5,252	13,254,211				
012 CAFETERIA			6,935,882	6,935,882			
014 NURSING ADMINISTRATION				94,670	9,226,911		
015 CENTRAL SERVICES & SUPPLY				126,696		6,383,289	
016 PHARMACY		5,460		225,334		59,399	17,527,667
017 MEDICAL RECORDS & LIBRARY		2,838		151,127			
018 SOCIAL SERVICE				123,046		1,619	1,664
022 I&R SERVICES-SALARY & FRI				153,853			
023 I&R SERVICES-OTHER PRGM C	34,650			82,302		5	
024 PARAMED ED PRGM				4,512		106	
024 01 RADIOLOGY SCHOOL				4,165			
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,665		3,421,756	1,778,178	3,751,019	127,783	26,500
026 INTENSIVE CARE UNIT			401,568	294,004	667,693	32,184	2,388
027 CORONARY CARE UNIT			423,616	271,772	617,202	20,875	4,345
027 01 NEONATAL INTENSIVE CARE U				334,849	722,929	48,816	2,851
031 SUBPROVIDER			386,437	181,126		1,570	892
031 01 SUBPROVIDER 2							
033 NURSERY				144,397	327,929	13,961	1,127
034 SKILLED NURSING FACILITY					274,319		
036 OTHER LONG TERM CARE					115,076		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,966			445,588	957,318	3,232,712	86,256
038 RECOVERY ROOM				58,398		2,314	165
039 DELIVERY ROOM & LABOR ROO				275,211	625,012	75,759	4,663
040 ANESTHESIOLOGY				34,618		150,050	609,011
041 RADIOLOGY-DIAGNOSTIC	69,739	10,221		188,856		147,082	39,663
041 01 ULTRASOUND				40,735	80,633	2,412	2,279
041 02 CAT SCAN		12,968		33,490		12,709	17,444
041 03 MAGNETIC RESONANCE IMAGIN				16,162		9,446	84,977
042 RADIOLOGY-THERAPEUTIC		81,113		69,028		25,162	
043 RADIOISOTOPE		7,741		27,194		2,751	618,148
043 01 ONCOLOGY		21,858		19,239		2,585	477
044 LABORATORY	9,973			295,172		257,801	585
044 01 LABORATORY-PATHOLOGICAL				38,916		39,288	76
046 WHOLE BLOOD & PACKED RED				80,002		52,412	676,596
049 RESPIRATORY THERAPY	8,595			218,899		80,458	180,232
050 PHYSICAL THERAPY	32,819	6,147		139,354	5,887	29,577	402
053 ELECTROCARDIOLOGY	8,725			100,645	159,887	803,493	1,320
055 MEDICAL SUPPLIES CHARGED						588,128	
056 DRUGS CHARGED TO PATIENTS							9,865,932
057 RENAL DIALYSIS				22,201	50,419	9,626	606,193
058 ASC (NON-DISTINCT PART)				74,488		3,360	369
058 01 CARDIAC CATHETERIZATION LAB				73,917	130,198	345,195	2,908
058 03 GASTROINTESTINAL SERVICE				57,867	131,418	79,415	440
058 04 ELECTROCONVULSIVE THERAPY				6,677		865	16,642
059 OP PSYCH				6,520		18	
059 01 OP CHEM DEPEN				10,803		19	
060 OUTPAT SERVICE COST CNTRS CLINIC				76,616		1,612	1,553,396
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.						4,298	16,011
060 03 HYPERBARIC/OP WOUND CENTE						11,539	539
060 04 URGENT CARE CENTER - O'FA						3,380	7,667
061 EMERGENCY				310,746	544,237	89,620	14,686
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING				8,543			
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT				28,945	65,735	1,268	256
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	181,132	153,598	11,569,259	6,728,861	9,226,911	6,370,672	14,447,100

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
SPEC PURPOSE COST CENTERS								
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP				10,150			11	
096 01 VENDING MACHINES	9,099			18,760			320	
096 02 VISITOR MEALS			1,622,380					
097 RESEARCH	7,412	14,421		20,616			34	
098 PHYSICIANS' PRIVATE OFFICE	794,989	38,022		118,199			11,128	3,080,188
099 NONPAID WORKERS								
099 01 MEALS ON WHEELS			62,572					
099 02 SJMH-SHARED SERVICES								
099 03 CONVENT								
099 04 ST. JOHN'S MERCY HEALTH C	135,927	96,894		39,296			1,124	379
099 05 HOSPICE								
099 06 VACANT SPACE	78,427	21,321						
099 07 SALES & SERVICE-PHYSICIAN								
099 08 REHAB HOSPITAL								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	1,206,986	324,256	13,254,211	6,935,882	9,226,911	6,383,289	17,527,667	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM	RADIOLOGY SCH OOL	SUBTOTAL
	17	18	22	23	24	24.01	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	8,701,381						
018 SOCIAL SERVICE		8,062,290					
022 I&R SERVICES-SALARY & FRI			7,566,498				
023 I&R SERVICES-OTHER PRGM C	30,911			7,287,512			
024 PARAMED ED PRGM					291,634		
024 01 RADIOLOGY SCHOOL						271,340	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	920,837	4,176,722	3,935,412	3,790,308			120,555,884
026 INTENSIVE CARE UNIT	233,179	858,276	880,355	847,895			21,544,107
027 CORONARY CARE UNIT	189,671	522,115	289,491	278,817			20,232,292
027 01 NEONATAL INTENSIVE CARE U	304,248	546,689					23,900,949
031 SUBPROVIDER	49,592	820,034	130,048	125,253			11,715,691
031 01 SUBPROVIDER 2							
033 NURSERY	50,156	148,960	47,297	45,554			9,115,585
034 SKILLED NURSING FACILITY	73,466						9,340,758
036 OTHER LONG TERM CARE	15,744						5,457,836
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	815,794		1,366,709	1,316,317			95,135,884
038 RECOVERY ROOM	115,838						3,885,028
039 DELIVERY ROOM & LABOR ROO	167,629	32,788	374,484	360,677			20,245,515
040 ANESTHESIOLOGY	137,868		108,997	104,978			7,894,889
041 RADIOLOGY-DIAGNOSTIC	424,260		47,101	45,364		271,340	24,506,276
041 01 ULTRASOUND	123,967						4,517,912
041 02 CAT SCAN	430,314						5,423,266
041 03 MAGNETIC RESONANCE IMAGIN	144,553						3,544,472
042 RADIOLOGY-THERAPEUTIC	235,411						13,742,440
043 RADIOISOTOPE	151,653						6,633,748
043 01 ONCOLOGY	18,790						1,607,621
044 LABORATORY	980,419				291,634		26,480,578
044 01 LABORATORY-PATHOLOGICAL	78,838						3,336,562
046 WHOLE BLOOD & PACKED RED	94,440						9,641,650
049 RESPIRATORY THERAPY	306,897		61,227	58,970			15,059,355
050 PHYSICAL THERAPY	128,819						13,416,268
053 ELECTROCARDIOLOGY	521,351						26,449,830
055 MEDICAL SUPPLIES CHARGED	127,926						10,250,171
056 DRUGS CHARGED TO PATIENTS	685,140						41,983,132
057 RENAL DIALYSIS	37,734	136,672					4,759,778
058 ASC (NON-DISTINCT PART)	60,928	136,672					5,981,206
058 01 CARDIAC CATHETERIZATION LAB	278,591	68,336					13,868,918
058 03 GASTROINTESTINAL SERVICE	156,962		55,167	53,133			6,928,497
058 04 ELECTROCONVULSIVE THERAPY	7,730						501,805
059 OP PSYCH	4,794	273,345					1,175,189
059 01 OP CHEM DEPEN	9,579						1,203,951
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	24,314		107,620	103,651			7,704,991
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.	25,978						1,971,395
060 03 HYPERBARIC/OP WOUND CENTE	10,187						1,246,523
060 04 URGENT CARE CENTER - O'FA	17,102						1,617,930
061 EMERGENCY	463,806	341,681	162,590	156,595			19,804,839
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING	168						399,823
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT	45,690						2,728,613
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	107						31,034
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	8,701,381	8,062,290	7,566,498	7,287,512	291,634	271,340	625,542,191

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	RADIOLOGY	SCH	SUBTOTAL
	17	18	22	23	24		24.01	25
SPEC PURPOSE COST CENTERS								
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								327,060
096 01 VENDING MACHINES								1,473,343
096 02 VISITOR MEALS								1,622,380
097 RESEARCH								1,198,362
098 PHYSICIANS' PRIVATE OFFICE								49,767,370
099 NONPAID WORKERS								
099 01 MEALS ON WHEELS								62,572
099 02 SJMH-SHARED SERVICES								119,878,023
099 03 CONVENT								
099 04 ST. JOHN'S MERCY HEALTH C								5,672,143
099 05 HOSPICE								248,507
099 06 VACANT SPACE								3,939,574
099 07 SALES & SERVICE-PHYSICIAN								
099 08 REHAB HOSPITAL								28,656,726
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	8,701,381	8,062,290	7,566,498	7,287,512	291,634		271,340	838,388,251

COST CENTER DESCRIPTION	I & R COST POST STEP-DOWN ADJ 26	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		
008 01 OPERATION OF PLANT		
008 02 OTHER BUILDING-MOB		
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		
024 01 RADIOLOGY SCHOOL		
025 INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS	-7,725,720	112,830,164
026 INTENSIVE CARE UNIT	-1,728,250	19,815,857
027 CORONARY CARE UNIT	-568,308	19,663,984
027 01 NEONATAL INTENSIVE CARE U		23,900,949
031 SUBPROVIDER	-255,301	11,460,390
031 01 SUBPROVIDER 2		
033 NURSERY	-92,851	9,022,734
034 SKILLED NURSING FACILITY		9,340,758
036 OTHER LONG TERM CARE		5,457,836
037 ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM	-2,683,026	92,452,858
038 RECOVERY ROOM		3,885,028
039 DELIVERY ROOM & LABOR ROO	-735,161	19,510,354
040 ANESTHESIOLOGY	-213,975	7,680,914
041 RADIOLOGY-DIAGNOSTIC	-92,465	24,413,811
041 01 ULTRASOUND		4,517,912
041 02 CAT SCAN		5,423,266
041 03 MAGNETIC RESONANCE IMAGIN		3,544,472
042 RADIOLOGY-THERAPEUTIC		13,742,440
043 RADIOISOTOPE		6,633,748
043 01 ONCOLOGY		1,607,621
044 LABORATORY		26,480,578
044 01 LABORATORY-PATHOLOGICAL		3,336,562
046 WHOLE BLOOD & PACKED RED		9,641,650
049 RESPIRATORY THERAPY	-120,197	14,939,158
050 PHYSICAL THERAPY		13,416,268
053 ELECTROCARDIOLOGY		26,449,830
055 MEDICAL SUPPLIES CHARGED		10,250,171
056 DRUGS CHARGED TO PATIENTS		41,983,132
057 RENAL DIALYSIS	-1,466,392	3,293,386
058 ASC (NON-DISTINCT PART)		5,981,206
058 01 CARDIAC CATHETERIZATION LAB		13,868,918
058 03 GASTRO INTESTINAL SERVICE	-108,300	6,820,197
058 04 ELECTROCONVULSIVE THERAPY		501,805
059 OP PSYCH		1,175,189
059 01 OP CHEM DEPEN		1,203,951
060 OUTPAT SERVICE COST CNTRS		
060 01 CLINIC	-211,271	7,493,720
060 01 MEACHAM PARK CLINIC		
060 02 URGENT CARE CENTER - ST.		1,971,395
060 03 HYPERBARIC/OP WOUND CENTE		1,246,523
060 04 URGENT CARE CENTER - O'FA		1,617,930
061 EMERGENCY	-319,185	19,485,654
061 01 FAMILY PRACTICE		
061 02 NATURAL FAMILY PLANNING		399,823
061 03 PAIN THERAPY CENTER		
062 OBSERVATION BEDS (NON-DIS		
062 01 AMBULATORY CARE UNIT		2,728,613
065 OTHER REIMBURS COST CNTRS		
065 AMBULANCE SERVICES		31,034
095 SPEC PURPOSE COST CENTERS		
095 SUBTOTALS	-16,320,402	609,221,789

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
SPEC PURPOSE COST CENTERS		
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		327,060
096 01 VENDING MACHINES		1,473,343
096 02 VISITOR MEALS		1,622,380
097 RESEARCH		1,198,362
098 PHYSICIANS' PRIVATE OFFICE		49,767,370
099 NONPAID WORKERS		
099 01 MEALS ON WHEELS		62,572
099 02 SJMH-SHARED SERVICES		119,878,023
099 03 CONVENT		
099 04 ST. JOHN'S MERCY HEALTH C		5,672,143
099 05 HOSPICE		248,507
099 06 VACANT SPACE		3,939,574
099 07 SALES & SERVICE-PHYSICIAN		
099 08 REHAB HOSPITAL		28,656,726
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL	-16,320,402	822,067,849

ALLOCATION OF NEW CAPITAL RELATED COSTS

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		166,430	2,698	40,468	13,595	12,637	7,277
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING		39,798			3,626		
006 03 ADMITTING		84,676	687		15,106	253	
006 04 OTHER ADMINISTRATION AND MAINTENANCE & REPAIRS	12,876,592	1,026,493	119,256	132,967	3,019,416	11,988	12,708
007 OPERATION OF PLANT		2,988,646	95,902	267,727	236,102	12,940	14,759
008 01 OTHER BUILDING-MOB		90,744		1,015	128,249		299
008 02 OTHER BUILDING-CANCER CEN						7,617	
008 03 HEART HOSPITAL							36,283
009 LAUNDRY & LINEN SERVICE		79,326			18,302		
010 HOUSEKEEPING		190,344	14,754	13,143	33,368	5,339	1,478
010 01 HOUSEKEEPING-MED CENTER							
010 02 HOUSEKEEPING-MOB							
010 03 HOUSEKEEPING-CANCER CENTER							
011 DIETARY		556,888		29,779	209,208		2,768
012 CAFETERIA							
014 NURSING ADMINISTRATION		129,164			340,947		
015 CENTRAL SERVICES & SUPPLY		274,751			1,409,122		
016 PHARMACY		171,839		30,959	141,453		
017 MEDICAL RECORDS & LIBRARY		72,778		16,093	502,866		602
018 SOCIAL SERVICE		92,123			11,509		
022 I&R SERVICES-SALARY & FRI		54,258			618		
023 I&R SERVICES-OTHER PRGM C		55,546	54,200		9,493	39,636	
024 PARAMED ED PRGM		13,576			1,864		
024 01 RADIOLOGY SCHOOL		10,938			173		
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,988,231	7,298		594,915		
026 INTENSIVE CARE UNIT		432,849			209,539		
027 CORONARY CARE UNIT		618,758			850,460		
027 01 NEONATAL INTENSIVE CARE U		336,500			511,424		
031 SUBPROVIDER		442,589			36,433		
031 01 SUBPROVIDER 2							
033 NURSERY		62,739			6,086		
034 SKILLED NURSING FACILITY		265,565			124,924		
036 OTHER LONG TERM CARE		371,788			26,771		
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		1,353,659	18,718		2,211,671		
038 RECOVERY ROOM		84,945			6,601		
039 DELIVERY ROOM & LABOR ROO		689,229			256,646		
040 ANESTHESIOLOGY		33,205			667,936		
041 RADIOLOGY-DIAGNOSTIC		622,174	109,087	57,953	2,466,142	556,294	46,368
041 01 ULTRASOUND		192,532			444,133		20
041 02 CAT SCAN		69,392		73,527	468,674		318,520
041 03 MAGNETIC RESONANCE IMAGIN		130,468			619,404		
042 RADIOLOGY-THERAPEUTIC		4,540		459,898	300,756		2,594,195
043 RADIOISOTOPE		158,173		43,890	288,991		326,898
043 01 ONCOLOGY				123,929			31,301
044 LABORATORY		403,600	15,600		362,183	11,670	
044 01 LABORATORY-PATHOLOGICAL		134,918			59,810		
046 WHOLE BLOOD & PACKED RED		119,979			76,349		
049 RESPIRATORY THERAPY		118,600	13,445		317,408	97,995	
050 PHYSICAL THERAPY		430,631	51,336	34,852	103,236	67,610	419
053 ELECTROCARDIOLOGY		301,662	13,648		690,036	110,095	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		49,718			35,384		
058 ASC (NON-DIAGNOSTIC PART)		357,209			219,192		
058 01 CARDIAC CATHETERIZATION LAB		399,539			843,757		
058 03 GASTROINTESTINAL SERVICE		226,906			624,692		
058 04 ELECTROCONVULSIVE THERAPY		32,021			12,181		
059 OP PSYCH		126,392			48		
059 01 OP CHEM DEPN		126,392			11,292		
060 OUTPAT SERVICE COST CNTRS CLINIC		154,757			10,870		
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.		64,912			10,749		
060 03 HYPERBARIC/OP WOUND CENTE		62,514			36,664		
060 04 URGENT CARE CENTER - O'FA		44,278			13,583		
061 EMERGENCY		536,944			400,157		
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING					1,207		
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT		254,926			10,343		
065 OTHER REIMBURS COST CNTRS AMBULANCE SERVICES							
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	12,876,592	19,901,552	516,629	1,326,200	20,025,664	934,074	3,393,895

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
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	39,618					5,146	7,817
096 01 VENDING MACHINES	45,617	259		197		28,430	5,142
096 02 VISITOR MEALS							
097 RESEARCH	100,096	448		6		23,408	
098 PHYSICIANS' PRIVATE OFFICE	3,130,826	12,948		2,746	1,861	853,934	314,409
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES						2,460,875	
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH C	2,042,840			32		61,431	252,409
099 05 HOSPICE		38		2		5,101	
099 06 VACANT SPACE	1,403,969					36,002	228,966
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL						588,250	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	65,737,572	243,105		43,523	104,050	17,210,065	3,885,967

	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	RADIOLOGY SCH OOL	SUBTOTAL	
	17	18	22	23	24	24.01	25	
	SPEC PURPOSE COST CENTERS							
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							55,313
096 01	VENDING MACHINES							83,513
096 02	VISITOR MEALS							146,213
097	RESEARCH							128,971
098	PHYSICIANS' PRIVATE OFFICE							4,625,130
099	NONPAID WORKERS							
099 01	MEALS ON WHEELS							5,639
099 02	SJMHS-SHARED SERVICES							2,460,875
099 03	CONVENT							
099 04	ST. JOHN'S MERCY HEALTH C							2,448,969
099 05	HOSPICE							5,141
099 06	VACANT SPACE							1,733,325
099 07	SALES & SERVICE-PHYSICIAN							
099 08	REHAB HOSPITAL							588,250
101	CROSS FOOT ADJUSTMENTS							235,697
102	NEGATIVE COST CENTER							333,129
103	799,904	300,944	235,697	333,129	24,765	19,413	65,737,572	

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003	GENERAL SERVICE COST CNTR	
003	NEW CAP REL COSTS-BLDG &	
003 01	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	ADMINISTRATIVE	
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	PARAMEDICAL PRGM	
024 01	RADIOLOGY SCHOOL	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	8,582,986
026	INTENSIVE CARE UNIT	1,285,585
027	CORONARY CARE UNIT	2,130,260
027 01	NEONATAL INTENSIVE CARE U	1,532,357
031	SUBPROVIDER	871,392
031 01	SUBPROVIDER 2	
033	NURSERY	310,094
034	SKILLED NURSING FACILITY	664,787
036	OTHER LONG TERM CARE	599,892
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	6,839,693
038	RECOVERY ROOM	206,372
039	DELIVERY ROOM & LABOR ROO	1,594,973
040	ANESTHESIOLOGY	937,187
041	RADIOLOGY-DIAGNOSTIC	4,586,803
041 01	ULTRASOUND	790,321
041 02	CAT SCAN	1,102,330
041 03	MAGNETIC RESONANCE IMAGIN	869,035
042	RADIOLOGY-THERAPEUTIC	3,689,065
043	RADIOISOTOPE	1,020,077
043 01	ONCOLOGY	195,721
044	LABORATORY	1,595,272
044 01	LABORATORY-PATHOLOGICAL	312,499
046	WHOLE BLOOD & PACKED RED	466,464
049	RESPIRATORY THERAPY	952,731
050	PHYSICAL THERAPY	1,091,350
053	ELECTROCARDIOLOGY	2,010,496
055	MEDICAL SUPPLIES CHARGED	384,843
056	DRUGS CHARGED TO PATIENTS	1,164,181
057	RENAL DIALYSIS	221,087
058	ASC (NON-DISTINCT PART)	792,873
058 01	CARDIAC CATHETERIZATION LAB	1,748,354
058 03	GASTROINTESTINAL SERVICE	1,089,071
058 04	ELECTROCONVULSIVE THERAPY	63,452
059	OP PSYCH	182,569
059 01	OP CHEM DEPEND	190,651
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	399,959
060 01	MEACHAM PARK CLINIC	
060 02	URGENT CARE CENTER - ST.	134,718
060 03	HYPERBARIC/OP WOUND CENTE	142,381
060 04	URGENT CARE CENTER - O'FA	103,869
061	EMERGENCY	1,590,105
061 01	FAMILY PRACTICE	
061 02	NATURAL FAMILY PLANNING	10,211
061 03	PAIN THERAPY CENTER	
062	OBSERVATION BEDS (NON-DIS	
062 01	AMBULATORY CARE UNIT	386,517
065	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	646
095	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	52,843,229

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
	SPEC PURPOSE COST CENTERS		
	NONREIMBURS COST CENTERS		
096	GIFT, FLOWER, COFFEE SHOP		55,313
096 01	VENDING MACHINES		83,513
096 02	VISITOR MEALS		146,213
097	RESEARCH		128,971
098	PHYSICIANS' PRIVATE OFFICE		4,625,130
099	NONPAID WORKERS		
099 01	MEALS ON WHEELS		5,639
099 02	SJMH-SHARED SERVICES		2,460,875
099 03	CONVENT		
099 04	ST. JOHN'S MERCY HEALTH C		2,448,969
099 05	HOSPICE		5,141
099 06	VACANT SPACE		1,733,325
099 07	SALES & SERVICE-PHYSICIAN		
099 08	REHAB HOSPITAL		588,250
101	CROSS FOOT ADJUSTMENTS		613,004
102	NEGATIVE COST CENTER		
103	TOTAL		65,737,572

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)
065 OUTPAT SERVICE COST C OTHER REIMBURS COST C AMBULANCE SERVICES SPEC PURPOSE COST CEN	3	3.01	3.02	4	4.01	4.02
095 SUBTOTALS	1,328,168	71,432	56,203	20,226,909	946,825	3,393,896
096 NONREIMBURS COST CENT GIFT, FLOWER, COFFEE	2,644					
096 01 VENDING MACHINES	1,739	1,968		3,118	2,270	
096 02 VISITOR MEALS						
097 RESEARCH		1,603	3,465			6,740
098 PHYSICIANS' PRIVATE O NONPAID WORKERS	106,341	171,938	9,136	77,139	1,933	
099 01 MEALS ON WHEELS						
099 02 SJMH-SHARED SERVICES						
099 03 CONVENT						
099 04 ST. JOHN'S MERCY HEAL	85,371	29,398	23,282	1,644		
099 05 HOSPICE						
099 06 VACANT SPACE	77,442	16,962	5,123			
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)	24,000,288	2,121,284	2,293,802	20,106,751	938,220	3,400,635
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	14.984212	7.232447	23.596601	.990051	.986532	1.000000
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	ADMIN	OTHER ADMIN	MAINTENANCE & REPAIRS
(GROSS SALARIES)	(TELEPHONE)	(PURCHASING)	(GROSS REVENUE)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)
5	6.01	6.02	6.03	6a.04	6.04	7
GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD						
003 02 OTHER BUILDING-MOB						
004 01 NEW CAP REL COSTS-MVB						
004 02 NEW CAP REL COSTS-MVB						
005 01 EMPLOYEE BENEFITS	278,335,765					
006 02 NONPATIENT TELEPHONES						
006 03 PURCHASING	113,714		139,727,533			
006 04 ADMIN	3,699,332		314,916	2324,439,523		
007 01 OTHER ADMIN STRATIVE	11,759,060		1,210,123	62,352	-167,250,567	671,137,684
008 02 MAINTENANCE & REPAIRS	2,736,193		238,428			10,428,876
008 03 OPERATION OF PLANT	1,243,239		13,744			9,736,311
008 01 OTHER BUILDING-MOB	8,139		4,449			1,777,799
008 02 OTHER BUILDING-CANCER	217					36,341
008 03 HEART HOSPITAL						
009 01 LAUNDRY & LINEN SERVI	260,078		974,765			4,589,290
010 02 HOUSEKEEPING	5,273,798		877,844			6,998,708
010 01 HOUSEKEEPING-MED CENT						
010 02 HOUSEKEEPING-MOB						
010 03 HOUSEKEEPING-CANCER C						
011 01 DIETARY	5,636,222		5,412,328	3,183,699		9,860,102
012 02 CAFETERIA						37,165
014 01 NURSING ADMIN STRATIO	5,039,511		93,614			7,137,102
015 02 CENTRAL SERVICES & SU	2,066,680					4,635,300
016 01 PHARMACY	9,522,958					13,566,791
017 02 MEDICAL RECORDS & LIB	3,180,927		153,199			6,744,577
018 01 SOCIAL SERVICE	4,023,934		56,924			6,229,530
022 01 I&R SERVICES-SALARY &	3,963,511		9,088			5,861,282
023 02 I&R SERVICES-OTHER PR	3,823,658		78,809	8,098,185		5,589,464
024 01 PARAMED ED PRGM	182,323		2,098			211,592
024 02 RADIOLOGY SCHOOL	180,846		2,532			199,238
025 01 INPAT ROUTINE SRVC CN						
026 02 ADULTS & PEDIATRCS	52,132,728		2,492,657	241,246,149		71,709,274
027 01 INTENSIVE CARE UNIT	9,017,245		485,003	61,089,478		12,874,533
027 02 CORONARY CARE UNIT	9,793,742		369,475	49,691,205		12,994,976
031 01 NEONATAL INTENSIVE CA	11,791,575		768,525	79,708,579		17,034,162
031 02 SUBPROVIDER	5,249,965		82,544	12,992,448		7,337,380
031 03 SUBPROVIDER 2						
033 01 NURSERY	4,753,949		525,612	13,140,210		6,589,251
034 02 SKILLED NURSING FACIL	4,548,602			19,247,132		6,764,865
036 01 OTHER LONG TERM CARE	2,280,408			4,124,638		3,683,405
037 02 ANCILLARY SRVC COST C						
038 01 OPERATING ROOM	15,267,410		42,094,665	213,726,488		67,439,058
038 02 RECOVERY ROOM	1,992,925		47,929	30,347,856		2,803,879
039 01 DELIVERY ROOM & LABOR	8,565,977		1,198,502	43,916,417		13,427,584
040 02 ANESTHESIOLOGY	615,425		3,421,086	36,119,384		5,352,793
041 01 RADIOLOGY-DIAGNOSTIC	6,797,537		2,235,165	111,150,098		17,577,684
041 02 ULTRASOUND	1,548,626		76,533	32,477,511		3,117,368
041 03 CAT SCAN	1,096,713		209,483	112,736,247		3,781,339
042 01 MAGNETIC RESONANCE IM	537,052		346,100	37,870,835		2,425,870
042 02 RADIOLOGY-THERAPEUTIC	2,893,351		384,129	61,674,242		10,617,497
043 01 RADIOISOTOPE	1,042,986		1,569,995	39,730,813		4,439,932
043 02 ONCOLOGY	633,490		50,067	4,922,699		1,228,381
044 01 LABORATORY	7,483,195		3,365,528	257,063,092		19,163,030
044 02 LABORATORY-PATHOLOGIC	1,010,242		544,356	20,654,455		2,364,419
046 01 WHOLE BLOOD & PACKED	2,616,679		2,397,733	24,741,852		6,831,857
049 01 RESPIRATORY THERAPY	6,665,297		1,529,845	80,402,780		11,149,935
050 01 PHYSICAL THERAPY	5,946,984		515,352	33,748,827		9,777,315
053 01 ELECTROCARDIOLOGY	5,642,601		10,275,145	136,586,479		19,443,197
055 01 MEDICAL SUPPLIES CHAR			7,601,651	33,514,911		7,632,148
056 01 DRUGS CHARGED TO PATI			26,519,250	179,497,053		25,161,651
057 01 RENAL DIALYSIS	791,738		147,685	9,885,776		3,045,128
058 01 ASC (NON-DISTINCT PAR	2,504,434		123,217	15,962,231		3,949,408
058 02 CARDIAC CATHETERIZATI	2,666,465		4,430,259	72,986,916		9,774,922
058 03 GASTRO INTESTINAL SER	1,818,322		1,125,144	41,121,865		4,731,847
058 04 ELECTROCONVULSIVE THE	165,363		54,889	2,025,066		318,655
059 01 OP PSYCH	186,179		3,066	1,255,940		543,725
059 02 OP CHEM DEPEN	340,072		32,580	2,509,570		778,305
060 01 OUTPAT SERVICE COST C						
060 02 CLINIC	1,971,885		3,869,762	6,369,847		4,460,578
060 01 MEACHAM PARK CLINIC						
060 02 URGENT CARE CENTER -	1,378,015		122,584	6,805,789		1,451,353
060 03 HYPERBARI C/OP WOUND C	553,751		165,320	2,668,743		896,374
060 04 URGENT CARE CENTER -	1,070,605		80,587	4,480,578		1,211,131
061 01 EMERGENCY	15,323,915		1,369,934	121,510,566		13,212,032
061 02 FAMILY PRACTICE			5			
061 03 NATURAL FAMILY PLANNI	207,726		21,543	44,140		313,089
061 04 PAIN THERAPY CENTER						
062 01 OBSERVATION BEDS (NON						
062 02 AMBULATORY CARE UNIT	1,032,655		39,381	11,970,131		1,676,026

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	
	(GROSS SALARIES)	(TELEPHONE)	(PURCHASING)	(GROSS REVENUE)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)
OUTPAT SERVICE COST C	5	6.01	6.02	6.03	6a.04	6.04	7
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES				28,031		24,757	
SPEC PURPOSE COST CEN							
095 SUBTOTALS	262,650,169		130,135,147	2283,091,303	-167,250,567	512,712,416	1,040,796
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			145			200,663	2,644
096 01 VENDING MACHINES	296,766		632,354			1,108,698	1,739
096 02 VISITOR MEALS							
097 RESEARCH	513,276		19,614			912,854	
098 PHYSICIANS' PRIVATE O	14,832,126		8,828,116	41,348,220		33,300,877	106,341
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES						95,963,688	
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEAL			104,363			2,395,616	85,371
099 05 HOSPICE	43,428		7,120			198,932	
099 06 VACANT SPACE						1,403,969	77,442
099 07 SALES & SERVICE-PHYSI							
099 08 REHAB HOSPITAL			674			22,939,971	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	73,145,060		656,885	10,838,950		167,250,567	13,027,804
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.262794		.004701	.004663		.249205	9.912103
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	243,105		43,523	104,050		17,210,065	3,885,967
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.000873		.000311	.000045		.025643	2.956608
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

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	1,308,277						
008 01 OTHER BUILDING-MOB		263,084					
008 02 OTHER BUILDING-CANCER			78,470				
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE	5,294				3,713,960		
010 HOUSEKEEPING	12,703	2,040	557		1,513	436,872	
010 01 HOUSEKEEPING-MED CENTER						362,604	1,290,280
010 02 HOUSEKEEPING-MOB						58,541	
010 03 HOUSEKEEPING-CANCER						15,727	
011 DIETARY	37,165		1,262				37,165
012 CAFETERIA							
014 NURSING ADMINISTRATION	8,620				392		8,620
015 CENTRAL SERVICES & SUPPLIES	18,336				4,365		18,336
016 PHARMACY	11,468		1,312		1,115		11,468
017 MEDICAL RECORDS & LIBRARY	4,857		682				4,857
018 SOCIAL SERVICE	6,148						6,148
022 I&R SERVICES-SALARY & BENEFITS	3,621						3,621
023 I&R SERVICES-OTHER PERSONNEL	3,707	7,494			726		3,707
024 PARAMEDICAL PROGRAM	906						906
024 01 RADIOLOGY SCHOOL	730						730
025 INPATIENT ROUTINE SERVICES							
025 ADULTS & PEDIATRICS	266,162	1,009			1,506,963		266,162
026 INTENSIVE CARE UNIT	28,887				331,015		28,887
027 CORONARY CARE UNIT	41,294				220,635		41,294
027 01 NEONATAL INTENSIVE CARE	22,457				62,942		22,457
031 SUBPROVIDER	29,537				73,185		29,537
031 01 SUBPROVIDER 2							
033 NURSERY	4,187						4,187
034 SKILLED NURSING FACILITY	17,723				62,588		17,723
036 OTHER LONG TERM CARE	24,812				66,309		24,812
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	90,339	2,588			237,597		90,339
038 RECOVERY ROOM	5,669				40,540		5,669
039 DELIVERY ROOM & LABOR	45,997				256,714		45,997
040 ANESTHESIOLOGY	2,216				4,534		2,216
041 RADIOLOGY-DIAGNOSTIC	41,522	15,083	2,456		86,372		41,522
041 01 ULTRASOUND	12,849				32,972		12,849
041 02 CAT SCAN	4,631		3,116		47,655		4,631
041 03 MAGNETIC RESONANCE IMAGING	8,707				25,985		8,707
042 RADIOLOGY-THERAPEUTIC	303		19,490		31,463		303
043 RADIOISOTOPE	10,556		1,860		9,156		10,556
043 01 ONCOLOGY			5,252		4,541		
044 LABORATORY	26,935	2,157			8,620		26,935
044 01 LABORATORY-PATHOLOGIC	9,004				165		9,004
046 WHOLE BLOOD & PACKED	8,007				2,065		8,007
049 RESPIRATORY THERAPY	7,915	1,859			998		7,915
050 PHYSICAL THERAPY	28,739	7,098	1,477		50,120		28,739
053 ELECTROCARDIOLOGY	20,132	1,887			29,062		20,132
055 MEDICAL SUPPLIES CHARACTERIZED							
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS	3,318				6,258		3,318
058 ASC (NON-DISTINCT PATIENTS)	23,839				111,153		23,839
058 01 CARDIAC CATHETERIZATION	26,664				57,916		26,664
058 03 GASTROINTESTINAL SERVICES	15,143				66,027		15,143
058 04 ELECTROCONVULSIVE THERAPY	2,137				11,646		2,137
059 OP PSYCH	8,435						8,435
059 01 OP CHEM DEPENDENT	8,435						8,435
060 OUTPAT SERVICE COST CENTER							
060 CLINIC	10,328				4,393		10,328
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER -	4,332				2,266		4,332
060 03 HYPERBARIC/OP WOUND CARE	4,172						4,172
060 04 URGENT CARE CENTER -	2,955				1,789		2,955
061 EMERGENCY	35,834				202,882		35,834
061 01 FAMILY PRACTICE							
061 02 NATURAL FAMILY PLANNING							
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-PAYING)							
062 01 AMBULATORY CARE UNIT	17,013				42,559		17,013

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)
	8	8.01	8.02	8.03	9	10	10.01
065 OUTPAT SERVICE COST CENTER							
095 OTHER REIMBURS COST CENTER							
095 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTER							
095 SUBTOTALS	1,034,740	41,215	37,464		3,707,196	436,872	1,016,743
096 NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE	2,644						2,644
096 01 VENDING MACHINES	1,739	1,968					1,739
096 02 VISITOR MEALS							
097 RESEARCH		1,603	3,465				
098 PHYSICIANS' PRIVATE OFFICE	106,341	171,938	9,136		3,053		106,341
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES							
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH	85,371	29,398	23,282		3,711		85,371
099 05 HOSPICE							
099 06 VACANT SPACE	77,442	16,962	5,123				77,442
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	12,222,676	2,220,835	45,397		5,834,899	9,007,333	7,476,091
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	9.342575	8.441543	.578527		1.571072	20.617785	5.794162
105 (WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	488,969	53,213	37,215		233,472	485,849	403,255
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.373750	.202266	.474258		.062863	1.112108	.312533
108 (WRKSHT B, PT III)							

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)	(MEALS SERVED)	(MEALS SERVED)	(DI RECT)NRSING HRS	(COSTED)REQUIS.	(COSTED)REQUIS.
GENERAL SERVICE COST	10.02	10.03	11	12	14	15	16
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	261,044						
010 03 HOUSEKEEPING-CANCER CENTE		77,913					
011 DIETARY		1,262	2,385,355				
012 CAFETERIA			1,248,248	7,979,000			
014 NURSING ADMINISTRATION				108,908	4,673,908		
015 CENTRAL SERVICES & SUPPLY				145,750		80,752,279	
016 PHARMACY		1,312		259,223		751,428	42,993,302
017 MEDICAL RECORDS & LIBRARY		682		173,856			
018 SOCIAL SERVICE				141,551		20,483	4,081
022 I&R SERVICES-SALARY & BENEFITS				176,992			
023 I&R SERVICES-OTHER PERSONNEL	7,494			94,680		66	
024 PARAMEDICAL PROGRAM				5,191		1,344	
024 01 RADIOLOGY SCHOOL				4,791			
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	1,009		615,812	2,045,604	1,900,085	1,616,522	65,002
026 INTENSIVE CARE UNIT			72,270	338,221	338,221	407,149	5,858
027 CORONARY CARE UNIT			76,238	312,645	312,645	264,076	10,657
027 01 NEONATAL INTENSIVE CARE				385,208	366,201	617,552	6,993
031 SUBPROVIDER			69,547	208,366		19,867	2,188
031 01 SUBPROVIDER 2							
033 NURSERY				166,113	166,113	176,617	2,764
034 SKILLED NURSING FACILITY					138,957		
036 OTHER LONG TERM CARE					58,292		
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	2,588			512,602	484,931	40,895,730	211,576
038 RECOVERY ROOM				67,181		29,269	405
039 DELIVERY ROOM & LABOR				316,601	316,601	958,388	11,438
040 ANESTHESIOLOGY				39,824		1,898,216	1,493,831
041 RADIOLOGY-DIAGNOSTIC	15,083	2,456		217,259		1,860,669	97,289
041 01 ULTRASOUND				46,861	40,845	30,507	5,590
041 02 CAT SCAN		3,116		38,527		160,782	42,787
041 03 MAGNETIC RESONANCE IMAGING				18,593		119,499	208,438
042 RADIOLOGY-THERAPEUTIC		19,490		79,409		318,319	
043 RADIOISOTOPE		1,860		31,284		34,804	1,516,244
043 01 ONCOLOGY		5,252		22,133		32,700	1,171
044 LABORATORY	2,157			339,564		3,261,325	1,434
044 01 LABORATORY-PATHOLOGIC				44,769		497,010	186
046 WHOLE BLOOD & PACKED				92,034		663,040	1,659,608
049 RESPIRATORY THERAPY	1,859			251,820		1,017,835	442,087
050 PHYSICAL THERAPY	7,098	1,477		160,312	2,982	374,167	987
053 ELECTROCARDIOLOGY	1,887			115,782	80,991	10,164,617	3,237
055 MEDICAL SUPPLIES CHARACTERIZED						7,440,133	
056 DRUGS CHARGED TO PATIENT							24,199,989
057 RENAL DIALYSIS				25,540	25,540	121,772	1,486,919
058 ASC (NON-DISTINCT PAR)				85,691		42,511	904
058 01 CARDIAC CATHETERIZATION				85,034	65,952	4,366,898	7,132
058 03 GASTROINTESTINAL SER				66,570	66,570	1,004,649	1,080
058 04 ELECTROCONVULSIVE THER				7,681		10,944	40,822
059 OP PSYCH				7,501		228	
059 01 OP CHEM DEPENDENT				12,428		241	
060 OUTPAT SERVICE COST CENTER							
060 CLINIC				88,139		20,391	3,810,294
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER -						54,373	39,272
060 03 HYPERBARIC/OP WOUND C						145,976	1,323
060 04 URGENT CARE CENTER -						42,757	18,806
061 EMERGENCY				357,481	275,684	1,133,744	36,022
061 01 FAMILY PRACTICE						5	
061 02 NATURAL FAMILY PLANNI				9,828			
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON)							
062 01 AMBULATORY CARE UNIT				33,298	33,298	16,045	627

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.
065 OUTPAT SERVICE COST C	10.02	10.03	11	12	14	15	16
065 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CEN							
095 SUBTOTALS	39,175	36,907	2,082,115	7,740,845	4,673,908	80,592,648	35,437,041
095 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				11,676		145	
096 01 VENDING MACHINES	1,968			21,581		4,053	
096 02 VISITOR MEALS			291,979				
097 RESEARCH	1,603	3,465		23,717		430	
098 PHYSICIANS' PRIVATE O	171,938	9,136		135,975		140,780	7,555,331
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS			11,261				
099 02 SJMH-SHARED SERVICES							
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEAL	29,398	23,282		45,206		14,223	930
099 05 HOSPICE							
099 06 VACANT SPACE	16,962	5,123					
099 07 SALES & SERVICE-PHYSI							
099 08 REHAB HOSPITAL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,206,986	324,256	13,254,211	6,935,882	9,226,911	6,383,289	17,527,667
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	4.623688	4.161770	5.556494	.869267	1.974132	.079048	.407684
105 (WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	65,104	17,490	1,194,501	625,079	697,515	1,883,028	781,052
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.249399	.224481	.500764	.078341	.149236	.023319	.018167
108 (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	RADIOLOGY SCH OOL
	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
OUTPAT SERVICE COST C	17	18	22	23	24	24.01
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	28,031					
SPEC PURPOSE COST CEN						
095 SUBTOTALS	2279,845,252	122,699	192,292	192,292	100	100
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
096 01 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	8,701,381	8,062,290	7,566,498	7,287,512	291,634	271,340
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		65.707870		37.898155		2,713.400000
(WRKSHT B, PT I)	.003817		39.349000		2,916.340000	
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	799,904	300,944	235,697	333,129	24,765	19,413
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		2.452701		1.732412		194.130000
(WRKSHT B, PT III)	.000351		1.225724		247.650000	

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
26-0020

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 8/2009
WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	-1,466,392
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 DI SALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	112,830,164		112,830,164	907,899	113,738,063
26	INTENSIVE CARE UNIT	19,815,857		19,815,857		19,815,857
27	CORONARY CARE UNIT	19,663,984		19,663,984	444,328	20,108,312
27 01	NEONATAL INTENSIVE CARE U	23,900,949		23,900,949		23,900,949
31	SUBPROVIDER	11,460,390		11,460,390		11,460,390
31 01	SUBPROVIDER 2					
33	NURSERY	9,022,734		9,022,734		9,022,734
34	SKILLED NURSING FACILITY	9,340,758		9,340,758		9,340,758
36	OTHER LONG TERM CARE	5,457,836		5,457,836		5,457,836
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	92,452,858		92,452,858	157,142	92,610,000
38	RECOVERY ROOM	3,885,028		3,885,028		3,885,028
39	DELIVERY ROOM & LABOR ROO	19,510,354		19,510,354		19,510,354
40	ANESTHESIOLOGY	7,680,914		7,680,914		7,680,914
41	RADIOLOGY-DIAGNOSTIC	24,413,811		24,413,811		24,413,811
41 01	ULTRASOUND	4,517,912		4,517,912		4,517,912
41 02	CAT SCAN	5,423,266		5,423,266		5,423,266
41 03	MAGNETIC RESONANCE IMAGIN	3,544,472		3,544,472		3,544,472
42	RADIOLOGY-THERAPEUTIC	13,742,440		13,742,440		13,742,440
43	RADIOISOTOPE	6,633,748		6,633,748		6,633,748
43 01	ONCOLOGY	1,607,621		1,607,621		1,607,621
44	LABORATORY	26,480,578		26,480,578		26,480,578
44 01	LABORATORY-PATHOLOGICAL	3,336,562		3,336,562		3,336,562
46	WHOLE BLOOD & PACKED RED	9,641,650		9,641,650		9,641,650
49	RESPIRATORY THERAPY	14,939,158		14,939,158		14,939,158
50	PHYSICAL THERAPY	13,416,268		13,416,268		13,416,268
53	ELECTROCARDIOLOGY	26,449,830		26,449,830	24,847	26,474,677
55	MEDICAL SUPPLIES CHARGED	10,250,171		10,250,171		10,250,171
56	DRUGS CHARGED TO PATIENTS	41,983,132		41,983,132		41,983,132
57	RENAL DIALYSIS	3,293,386		3,293,386		3,293,386
58	ASC (NON-DISTINCT PART)	5,981,206		5,981,206		5,981,206
58 01	CARDIAC CATHERIZATION LAB	13,868,918		13,868,918		13,868,918
58 03	GASTRO INTESTINAL SERVICE	6,820,197		6,820,197		6,820,197
58 04	ELECTROCONVULSIVE THERAPY	501,805		501,805		501,805
59	OP PSYCH	1,175,189		1,175,189		1,175,189
59 01	OP CHEM DEPEN	1,203,951		1,203,951		1,203,951
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	7,493,720		7,493,720		7,493,720
60 01	MEACHAM PARK CLINIC					
60 02	URGENT CARE CENTER - ST.	1,971,395		1,971,395		1,971,395
60 03	HYPERBARIC/OP WOUND CENTE	1,246,523		1,246,523	12,191	1,258,714
60 04	URGENT CARE CENTER - O' FA	1,617,930		1,617,930		1,617,930
61	EMERGENCY	19,485,654		19,485,654	86,374	19,572,028
61 01	FAMILY PRACTICE					
61 02	NATURAL FAMILY PLANNING	399,823		399,823		399,823
61 03	PAIN THERAPY CENTER					
62	OBSERVATION BEDS (NON-DIS	4,325,563		4,325,563		4,325,563
62 01	AMBULATORY CARE UNIT	2,728,613		2,728,613		2,728,613
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	31,034		31,034		31,034
101	SUBTOTAL	613,547,352		613,547,352	1,632,781	615,180,133
102	LESS OBSERVATION BEDS	4,325,563		4,325,563		4,325,563
103	TOTAL	609,221,789		609,221,789	1,632,781	610,854,570

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	232,167,941		232,167,941			
26	INTENSIVE CARE UNIT	61,067,678		61,067,678			
27	CORONARY CARE UNIT	48,041,605		48,041,605			
27	01 NEONATAL INTENSIVE CARE U	79,708,579		79,708,579			
31	SUBPROVIDER	12,992,448		12,992,448			
31	01 SUBPROVIDER 2						
33	NURSERY	12,436,557		12,436,557			
34	SKILLED NURSING FACILITY	19,015,940		19,015,940			
36	OTHER LONG TERM CARE	4,124,638		4,124,638			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	128,258,824	85,467,663	213,726,487	.432576	.432576	.433311
38	RECOVERY ROOM	15,434,973	14,912,883	30,347,856	.128017	.128017	.128017
39	DELIVERY ROOM & LABOR ROO	35,841,765	8,074,651	43,916,416	.444261	.444261	.444261
40	ANESTHESIOLOGY	18,554,823	17,564,561	36,119,384	.212654	.212654	.212654
41	RADIOLOGY-DIAGNOSTIC	21,720,685	89,429,414	111,150,099	.219647	.219647	.219647
41	01 ULTRASOUND	5,412,392	22,881,474	28,293,866	.159678	.159678	.159678
41	02 CAT SCAN	37,779,464	74,947,613	112,727,077	.048110	.048110	.048110
41	03 MAGNETIC RESONANCE IMAGIN	12,058,789	25,812,046	37,870,835	.093594	.093594	.093594
42	RADIOLOGY-THERAPEUTIC	3,866,043	57,808,200	61,674,243	.222823	.222823	.222823
43	RADIOISOTOPE	7,485,620	32,245,193	39,730,813	.166967	.166967	.166967
43	01 ONCOLOGY	25,308	5,583,199	5,608,507	.286640	.286640	.286640
44	LABORATORY	121,987,667	135,075,424	257,063,091	.103012	.103012	.103012
44	01 LABORATORY-PATHOLOGICAL	6,705,860	13,948,595	20,654,455	.161542	.161542	.161542
46	WHOLE BLOOD & PACKED RED	17,523,502	7,218,350	24,741,852	.389690	.389690	.389690
49	RESPIRATORY THERAPY	72,135,085	7,897,435	80,032,520	.186664	.186664	.186664
50	PHYSICAL THERAPY	16,886,893	14,163,002	31,049,895	.432087	.432087	.432087
53	ELECTROCARDIOLOGY	48,499,663	77,811,210	126,310,873	.209403	.209403	.209599
55	MEDICAL SUPPLIES CHARGED	28,501,112	5,013,799	33,514,911	.305839	.305839	.305839
56	DRUGS CHARGED TO PATIENTS	133,472,348	46,024,705	179,497,053	.233893	.233893	.233893
57	RENAL DIALYSIS	8,762,225	1,123,551	9,885,776	.333144	.333144	.333144
58	ASC (NON-DISTINCT PART)	3,142,015	12,820,216	15,962,231	.374710	.374710	.374710
58	01 CARDIAC CATHETERIZATION LAB	41,181,879	31,805,037	72,986,916	.190019	.190019	.190019
58	03 GASTRO INTESTINAL SERVICE	6,656,203	34,465,662	41,121,865	.165853	.165853	.165853
58	04 ELECTROCONVULSIVE THERAPY	581,919	1,443,147	2,025,066	.247797	.247797	.247797
59	OP PSYCH	30,000	1,225,940	1,255,940	.935705	.935705	.935705
59	01 OP CHEM DEPEN	1,340	2,508,230	2,509,570	.479744	.479744	.479744
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	5,000	2,476,191	2,481,191	3.020211	3.020211	3.020211
60	01 MEACHAM PARK CLINIC						
60	02 URGENT CARE CENTER - ST.	14,000	4,910,785	4,924,785	.400301	.400301	.400301
60	03 HYPERBARI C/OP WOUND CENTE	57,539	2,200,703	2,258,242	.551988	.551988	.557387
60	04 URGENT CARE CENTER - O' FA	15,000	2,955,981	2,970,981	.544578	.544578	.544578
61	EMERGENCY	33,792,345	60,756,868	94,549,213	.206090	.206090	.207004
61	01 FAMILY PRACTICE						
61	02 NATURAL FAMILY PLANNING		44,140	44,140	9.058065	9.058065	9.058065
61	03 PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS		10,063,800	10,063,800	.429814	.429814	.429814
62	01 AMBULATORY CARE UNIT	2,404,771	9,565,360	11,970,131	.227952	.227952	.227952
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	22,585	5,447	28,032	1.107092	1.107092	1.107092
101	SUBTOTAL	1298,373,023	920,250,475	2218,623,498			
102	LESS OBSERVATION BEDS						
103	TOTAL	1298,373,023	920,250,475	2218,623,498			

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	92,452,858	6,839,693	85,613,165			92,452,858
38	RECOVERY ROOM	3,885,028	206,372	3,678,656			3,885,028
39	DELIVERY ROOM & LABOR ROO	19,510,354	1,594,973	17,915,381			19,510,354
40	ANESTHESIOLOGY	7,680,914	937,187	6,743,727			7,680,914
41	RADIOLOGY-DIAGNOSTIC	24,413,811	4,586,803	19,827,008			24,413,811
41 01	ULTRASOUND	4,517,912	790,321	3,727,591			4,517,912
41 02	CAT SCAN	5,423,266	1,102,330	4,320,936			5,423,266
41 03	MAGNETIC RESONANCE IMAGIN	3,544,472	869,035	2,675,437			3,544,472
42	RADIOLOGY-THERAPEUTIC	13,742,440	3,689,065	10,053,375			13,742,440
43	RADIOISOTOPE	6,633,748	1,020,077	5,613,671			6,633,748
43 01	ONCOLOGY	1,607,621	195,721	1,411,900			1,607,621
44	LABORATORY	26,480,578	1,595,272	24,885,306			26,480,578
44 01	LABORATORY-PATHOLOGICAL	3,336,562	312,499	3,024,063			3,336,562
46	WHOLE BLOOD & PACKED RED	9,641,650	466,464	9,175,186			9,641,650
49	RESPIRATORY THERAPY	14,939,158	952,731	13,986,427			14,939,158
50	PHYSICAL THERAPY	13,416,268	1,091,350	12,324,918			13,416,268
53	ELECTROCARDIOLOGY	26,449,830	2,010,496	24,439,334			26,449,830
55	MEDICAL SUPPLIES CHARGED	10,250,171	384,843	9,865,328			10,250,171
56	DRUGS CHARGED TO PATIENTS	41,983,132	1,164,181	40,818,951			41,983,132
57	RENAL DIALYSIS	3,293,386	221,087	3,072,299			3,293,386
58	ASC (NON-DISTINCT PART)	5,981,206	792,873	5,188,333			5,981,206
58 01	CARDIAC CATHETERIZATION LAB	13,868,918	1,748,354	12,120,564			13,868,918
58 03	GASTROINTESTINAL SERVICE	6,820,197	1,089,071	5,731,126			6,820,197
58 04	ELECTROCONVULSIVE THERAPY	501,805	63,452	438,353			501,805
59	OP PSYCH	1,175,189	182,569	992,620			1,175,189
59 01	OP CHEM DEPEN	1,203,951	190,651	1,013,300			1,203,951
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	7,493,720	399,959	7,093,761			7,493,720
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.	1,971,395	134,718	1,836,677			1,971,395
60 03	HYPERBARIC/OP WOUND CENTE	1,246,523	142,381	1,104,142			1,246,523
60 04	URGENT CARE CENTER - O'FA	1,617,930	103,869	1,514,061			1,617,930
61	EMERGENCY	19,485,654	1,590,105	17,895,549			19,485,654
61 01	FAMILY PRACTICE						
61 02	NATURAL FAMILY PLANNING	399,823	10,211	389,612			399,823
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS	4,325,563	326,420	3,999,143			4,325,563
62 01	AMBULATORY CARE UNIT	2,728,613	386,517	2,342,096			2,728,613
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	31,034	646	30,388			31,034
101	SUBTOTAL	402,054,680	37,192,296	364,862,384			402,054,680
102	LESS OBSERVATION BEDS	4,325,563	326,420	3,999,143			4,325,563
103	TOTAL	397,729,117	36,865,876	360,863,241			397,729,117

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	213,726,487	.432576	.432576
38	RECOVERY ROOM	30,347,856	.128017	.128017
39	DELIVERY ROOM & LABOR ROO	43,916,416	.444261	.444261
40	ANESTHESIOLOGY	36,119,384	.212654	.212654
41	RADIOLOGY-DIAGNOSTIC	111,150,099	.219647	.219647
41 01	ULTRASOUND	28,293,866	.159678	.159678
41 02	CAT SCAN	112,727,077	.048110	.048110
41 03	MAGNETIC RESONANCE IMAGIN	37,870,835	.093594	.093594
42	RADIOLOGY-THERAPEUTIC	61,674,243	.222823	.222823
43	RADIOISOTOPE	39,730,813	.166967	.166967
43 01	ONCOLOGY	5,608,507	.286640	.286640
44	LABORATORY	257,063,091	.103012	.103012
44 01	LABORATORY-PATHOLOGICAL	20,654,455	.161542	.161542
46	WHOLE BLOOD & PACKED RED	24,741,852	.389690	.389690
49	RESPIRATORY THERAPY	80,032,520	.186664	.186664
50	PHYSICAL THERAPY	31,049,895	.432087	.432087
53	ELECTROCARDIOLOGY	126,310,873	.209403	.209403
55	MEDICAL SUPPLIES CHARGED	33,514,911	.305839	.305839
56	DRUGS CHARGED TO PATIENTS	179,497,053	.233893	.233893
57	RENAL DIALYSIS	9,885,776	.333144	.333144
58	ASC (NON-DISTINCT PART)	15,962,231	.374710	.374710
58 01	CARDIAC CATHETERIZATION LAB	72,986,916	.190019	.190019
58 03	GASTROINTESTINAL SERVICE	41,121,865	.165853	.165853
58 04	ELECTROCONVULSIVE THERAPY	2,025,066	.247797	.247797
59	OP PSYCH	1,255,940	.935705	.935705
59 01	OP CHEM DEPEN	2,509,570	.479744	.479744
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	2,481,191	3.020211	3.020211
60 01	MEACHAM PARK CLINIC			
60 02	URGENT CARE CENTER - ST.	4,924,785	.400301	.400301
60 03	HYPERBARIC/OP WOUND CENTE	2,258,242	.551988	.551988
60 04	URGENT CARE CENTER - O'FA	2,970,981	.544578	.544578
61	EMERGENCY	94,549,213	.206090	.206090
61 01	FAMILY PRACTICE			
61 02	NATURAL FAMILY PLANNING	44,140	9.058065	9.058065
61 03	PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DIS	10,063,800	.429814	.429814
62 01	AMBULATORY CARE UNIT	11,970,131	.227952	.227952
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	28,032	1.107092	1.107092
101	SUBTOTAL	1749,068,112		
102	LESS OBSERVATION BEDS	10,063,800		
103	TOTAL	1739,004,312		

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	92,452,858	6,839,693	85,613,165	683,969	4,965,564	86,803,325
38	RECOVERY ROOM	3,885,028	206,372	3,678,656	20,637	213,362	3,651,029
39	DELIVERY ROOM & LABOR ROO	19,510,354	1,594,973	17,915,381	159,497	1,039,092	18,311,765
40	ANESTHESIOLOGY	7,680,914	937,187	6,743,727	93,719	391,136	7,196,059
41	RADIOLOGY-DIAGNOSTIC	24,413,811	4,586,803	19,827,008	458,680	1,149,966	22,805,165
41 01	ULTRASOUND	4,517,912	790,321	3,727,591	79,032	216,200	4,222,680
41 02	CAT SCAN	5,423,266	1,102,330	4,320,936	110,233	250,614	5,062,419
41 03	MAGNETIC RESONANCE IMAGIN	3,544,472	869,035	2,675,437	86,904	155,175	3,302,393
42	RADIOLOGY-THERAPEUTIC	13,742,440	3,689,065	10,053,375	368,907	583,096	12,790,437
43	RADIOISOTOPE	6,633,748	1,020,077	5,613,671	102,008	325,593	6,206,147
43 01	ONCOLOGY	1,607,621	195,721	1,411,900	19,572	81,890	1,506,159
44	LABORATORY	26,480,578	1,595,272	24,885,306	159,527	1,443,348	24,877,703
44 01	LABORATORY-PATHOLOGICAL	3,336,562	312,499	3,024,063	31,250	175,396	3,129,916
46	WHOLE BLOOD & PACKED RED	9,641,650	466,464	9,175,186	46,646	532,161	9,062,843
49	RESPIRATORY THERAPY	14,939,158	952,731	13,986,427	95,273	811,213	14,032,672
50	PHYSICAL THERAPY	13,416,268	1,091,350	12,324,918	109,135	714,845	12,592,288
53	ELECTROCARDIOLOGY	26,449,830	2,010,496	24,439,334	201,050	1,417,481	24,831,299
55	MEDICAL SUPPLIES CHARGED	10,250,171	384,843	9,865,328	38,484	572,189	9,639,498
56	DRUGS CHARGED TO PATIENTS	41,983,132	1,164,181	40,818,951	116,418	2,367,499	39,499,215
57	RENAL DIALYSIS	3,293,386	221,087	3,072,299	22,109	178,193	3,093,084
58	ASC (NON-DISTINCT PART)	5,981,206	792,873	5,188,333	79,287	300,923	5,600,996
58 01	CARDIAC CATHETERIZATION LAB	13,868,918	1,748,354	12,120,564	174,835	702,993	12,991,090
58 03	GASTROINTESTINAL SERVICE	6,820,197	1,089,071	5,731,126	108,907	332,405	6,378,885
58 04	ELECTROCONVULSIVE THERAPY	501,805	63,452	438,353	6,345	25,424	470,036
59	OP PSYCH	1,175,189	182,569	992,620	18,257	57,572	1,099,360
59 01	OP CHEM DEPEN	1,203,951	190,651	1,013,300	19,065	58,771	1,126,115
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	7,493,720	399,959	7,093,761	39,996	411,438	7,042,286
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.	1,971,395	134,718	1,836,677	13,472	106,527	1,851,396
60 03	HYPERBARIC/OP WOUND CENTE	1,246,523	142,381	1,104,142	14,238	64,040	1,168,245
60 04	URGENT CARE CENTER - O'FA	1,617,930	103,869	1,514,061	10,387	87,816	1,519,727
61	EMERGENCY	19,485,654	1,590,105	17,895,549	159,011	1,037,942	18,288,701
61 01	FAMILY PRACTICE						
61 02	NATURAL FAMILY PLANNING	399,823	10,211	389,612	1,021	22,597	376,205
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS	4,325,563	326,420	3,999,143	32,642	231,950	4,060,971
62 01	AMBULATORY CARE UNIT	2,728,613	386,517	2,342,096	38,652	135,842	2,554,119
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	31,034	646	30,388	65	1,763	29,206
101	SUBTOTAL	402,054,680	37,192,296	364,862,384	3,719,230	21,162,016	377,173,434
102	LESS OBSERVATION BEDS	4,325,563	326,420	3,999,143	32,642	231,950	4,060,971
103	TOTAL	397,729,117	36,865,876	360,863,241	3,686,588	20,930,066	373,112,463

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	213,726,487	.406142	.429375
38	RECOVERY ROOM	30,347,856	.120306	.127337
39	DELIVERY ROOM & LABOR ROO	43,916,416	.416969	.440629
40	ANESTHESIOLOGY	36,119,384	.199230	.210059
41	RADIOLOGY-DIAGNOSTIC	111,150,099	.205174	.215521
41 01	ULTRASOUND	28,293,866	.149244	.156885
41 02	CAT SCAN	112,727,077	.044909	.047132
41 03	MAGNETIC RESONANCE IMAGIN	37,870,835	.087201	.091299
42	RADIOLOGY-THERAPEUTIC	61,674,243	.207387	.216841
43	RADIOISOTOPE	39,730,813	.156205	.164400
43 01	ONCOLOGY	5,608,507	.268549	.283150
44	LABORATORY	257,063,091	.096777	.102391
44 01	LABORATORY-PATHOLOGICAL	20,654,455	.151537	.160029
46	WHOLE BLOOD & PACKED RED	24,741,852	.366296	.387805
49	RESPIRATORY THERAPY	80,032,520	.175337	.185473
50	PHYSICAL THERAPY	31,049,895	.405550	.428573
53	ELECTROCARDIOLOGY	126,310,873	.196589	.207811
55	MEDICAL SUPPLIES CHARGED	33,514,911	.287618	.304691
56	DRUGS CHARGED TO PATIENTS	179,497,053	.220055	.233245
57	RENAL DIALYSIS	9,885,776	.312882	.330907
58	ASC (NON-DISTINCT PART)	15,962,231	.350891	.369743
58 01	CARDIAC CATHETERIZATION LAB	72,986,916	.177992	.187624
58 03	GASTROINTESTINAL SERVICE	41,121,865	.155121	.163205
58 04	ELECTROCONVULSIVE THERAPY	2,025,066	.232109	.244664
59	OP PSYCH	1,255,940	.875328	.921168
59 01	OP CHEM DEPEN	2,509,570	.448728	.472147
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	2,481,191	2.838268	3.004091
60 01	MEACHAM PARK CLINIC			
60 02	URGENT CARE CENTER - ST.	4,924,785	.375934	.397565
60 03	HYPERBARIC/OP WOUND CENTE	2,258,242	.517325	.545683
60 04	URGENT CARE CENTER - O'FA	2,970,981	.511524	.541082
61	EMERGENCY	94,549,213	.193430	.204408
61 01	FAMILY PRACTICE			
61 02	NATURAL FAMILY PLANNING	44,140	8.522995	9.034934
61 03	PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DIS	10,063,800	.403523	.426571
62 01	AMBULATORY CARE UNIT	11,970,131	.213374	.224723
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	28,032	1.041881	1.104773
101	SUBTOTAL	1749,068,112		
102	LESS OBSERVATION BEDS	10,063,800		
103	TOTAL	1739,004,312		

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				8,582,986		8,582,986
26	INTENSIVE CARE UNIT				1,285,585		1,285,585
27	CORONARY CARE UNIT				2,130,260		2,130,260
27 01	NEONATAL INTENSIVE CARE U				1,532,357		1,532,357
31	SUBPROVIDER				871,392		871,392
31 01	SUBPROVIDER 2						
33	NURSERY				310,094		310,094
101	TOTAL				14,712,674		14,712,674

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		6,839,693	213,726,487	47,145,406		
38	RECOVERY ROOM		206,372	30,347,856	4,317,728		
39	DELIVERY ROOM & LABOR ROO		1,594,973	43,916,416	341,608		
40	ANESTHESIOLOGY		937,187	36,119,384	5,289,352		
41	RADIOLOGY-DIAGNOSTIC		4,586,803	111,150,099	7,867,237		
41 01	ULTRASOUND		790,321	28,293,866	736,183		
41 02	CAT SCAN		1,102,330	112,727,077	13,221,003		
41 03	MAGNETIC RESONANCE IMAGIN		869,035	37,870,835	3,626,703		
42	RADIOLOGY-THERAPEUTIC		3,689,065	61,674,243	1,613,507		
43	RADIOISOTOPE		1,020,077	39,730,813	3,240,840		
43 01	ONCOLOGY		195,721	5,608,507	23,439		
44	LABORATORY		1,595,272	257,063,091	43,438,423		
44 01	LABORATORY-PATHOLOGICAL		312,499	20,654,455	1,695,878		
46	WHOLE BLOOD & PACKED RED		466,464	24,741,852	8,374,886		
49	RESPIRATORY THERAPY		952,731	80,032,520	23,965,825		
50	PHYSICAL THERAPY		1,091,350	31,049,895	6,827,698		
53	ELECTROCARDIOLOGY		2,010,496	126,310,873	27,237,032		
55	MEDICAL SUPPLIES CHARGED		384,843	33,514,911	11,514,508		
56	DRUGS CHARGED TO PATIENTS		1,164,181	179,497,053	41,577,201		
57	RENAL DIALYSIS		221,087	9,885,776	3,293,479		
58	ASC (NON-DISTINCT PART)		792,873	15,962,231	553,141		
58 01	CARDIAC CATHETERIZATION LAB		1,748,354	72,986,916	18,005,047		
58 03	GASTROINTESTINAL SERVICE		1,089,071	41,121,865	2,807,139		
58 04	ELECTROCONVULSIVE THERAPY		63,452	2,025,066	7,601		
59	OP PSYCH		182,569	1,255,940			
59 01	OP CHEM DEPEN		190,651	2,509,570	442		
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		399,959	2,481,191	4,891		
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.		134,718	4,924,785	13,972		
60 03	HYPERBARIC/OP WOUND CENTE		142,381	2,258,242	57,066		
60 04	URGENT CARE CENTER - O'FA		103,869	2,970,981	14,513		
61	EMERGENCY		1,590,105	94,549,213	10,265,815		
61 01	FAMILY PRACTICE						
61 02	NATURAL FAMILY PLANNING		10,211	44,140			
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS		326,420	10,063,800			
62 01	AMBULATORY CARE UNIT		386,517	11,970,131	2,364,567		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		37,191,650	1749,040,080	289,442,130		

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

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/8/2009
 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/ 8/2009
26-0020	FROM 7/ 1/2008	WORKSHEET D
	TO 6/30/2009	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	145,987		39,366	
26	INTENSIVE CARE UNIT	16,481		7,389	
27	CORONARY CARE UNIT	17,386		8,164	
27 01	NEONATAL INTENSIVE CARE U	24,813			
31	SUBPROVIDER	15,860		8,416	
31 01	SUBPROVIDER 2				
33	NURSERY	19,893			
34	SKILLED NURSING FACILITY	19,307		12,890	
101	TOTAL	259,727		76,225	

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
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										
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										

562,974

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							
	OPERATING ROOM			213,726,487			47,145,406	
38	RECOVERY ROOM			30,347,856			4,317,728	
39	DELIVERY ROOM & LABOR ROO			43,916,416			341,608	
40	ANESTHESIOLOGY			36,119,384			5,289,352	
41	RADIOLOGY-DIAGNOSTIC	271,340	271,340	111,150,099	.002441	.002441	7,867,237	19,204
41	01 ULTRASOUND			28,293,866			736,183	
41	02 CAT SCAN			112,727,077			13,221,003	
41	03 MAGNETIC RESONANCE IMAGIN			37,870,835			3,626,703	
42	RADIOLOGY-THERAPEUTIC			61,674,243			1,613,507	
43	RADIOISOTOPE			39,730,813			3,240,840	
43	01 ONCOLOGY			5,608,507			23,439	
44	LABORATORY	291,634	291,634	257,063,091	.001134	.001134	43,438,423	49,259
44	01 LABORATORY-PATHOLOGICAL			20,654,455			1,695,878	
46	WHOLE BLOOD & PACKED RED			24,741,852			8,374,886	
49	RESPIRATORY THERAPY			80,032,520			23,965,825	
50	PHYSICAL THERAPY			31,049,895			6,827,698	
53	ELECTROCARDIOLOGY			126,310,873			27,237,032	
55	MEDICAL SUPPLIES CHARGED			33,514,911			11,514,508	
56	DRUGS CHARGED TO PATIENTS			179,497,053			41,577,201	
57	RENAL DIALYSIS			9,885,776			3,293,479	
58	ASC (NON-DISTINCT PART)			15,962,231			553,141	
58	01 CARDIAC CATHETERIZATION LAB			72,986,916			18,005,047	
58	03 GASTROINTESTINAL SERVICE			41,121,865			2,807,139	
58	04 ELECTROCONVULSIVE THERAPY			2,025,066			7,601	
59	OP PSYCH			1,255,940				
59	01 OP CHEM DEPEN			2,509,570			442	
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			2,481,191			4,891	
60	01 MEACHAM PARK CLINIC							
60	02 URGENT CARE CENTER - ST.			4,924,785			13,972	
60	03 HYPERBARIC/OP WOUND CENTE			2,258,242			57,066	
60	04 URGENT CARE CENTER - O'FA			2,970,981			14,513	
61	EMERGENCY			94,549,213			10,265,815	
61	01 FAMILY PRACTICE							
61	02 NATURAL FAMILY PLANNING			44,140				
61	03 PAIN THERAPY CENTER							
62	OBSERVATION BEDS (NON-DIS			10,063,800				
62	01 AMBULATORY CARE UNIT			11,970,131			2,364,567	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	562,974	562,974	1749,040,080			289,442,130	68,463

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,734,471	6,616,506				
38	RECOVERY ROOM	1,010,794	992,331				
39	DELIVERY ROOM & LABOR ROO	19,961	21,669				
40	ANESTHESIOLOGY	1,035,537	1,064,383				
41	RADIOLOGY-DIAGNOSTIC	5,771,423	6,031,192		14,088	14,722	
41 01	ULTRASOUND	443,049	469,486				
41 02	CAT SCAN	5,840,107	5,995,878				
41 03	MAGNETIC RESONANCE IMAGIN	1,925,585	1,926,677				
42	RADIOLOGY-THERAPEUTIC	7,014,656	10,010,657				
43	RADIOISOTOPE	4,574,940	5,259,184				
43 01	ONCOLOGY	677,197	617,167				
44	LABORATORY	283,457	262,886		321	298	
44 01	LABORATORY-PATHOLOGICAL	1,319,845	1,362,106				
46	WHOLE BLOOD & PACKED RED	300,621	300,628				
49	RESPIRATORY THERAPY	427,367	470,750				
50	PHYSICAL THERAPY	197,186	216,952				
53	ELECTROCARDIOLOGY	8,137,708	8,235,723				
55	MEDICAL SUPPLIES CHARGED	513,068	512,526				
56	DRUGS CHARGED TO PATIENTS	5,388,988	4,872,010				
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	700,562	694,750				
58 01	CARDIAC CATHETERIZATION LAB	3,747,172	3,188,402				
58 03	GASTROINTESTINAL SERVICE	3,216,155	3,274,225				
58 04	ELECTROCONVULSIVE THERAPY	199,703	242,475				
59	OP PSYCH						
59 01	OP CHEM DEPEN	418,200	411,740				
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	184,362	171,344				
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.	89,704	102,484				
60 03	HYPERBARIC/OP WOUND CENTE	332,252	450,348				
60 04	URGENT CARE CENTER - O'FA	52,580	60,925				
61	EMERGENCY	2,838,870	2,856,323				
61 01	FAMILY PRACTICE						
61 02	NATURAL FAMILY PLANNING						
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS						
62 01	AMBULATORY CARE UNIT	2,126,403	1,886,068				
65	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES						
	TOTAL	65,521,923	68,577,795		14,409	15,020	

Cost Center Description	All Other (1)	PPS Services	Non-PPS	PPS Services	Outpatient Ambulatory Surgical Ctr
		FYB to 12/31	Services	1/1 to FYE	
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		6,734,471		6,616,506	
38 RECOVERY ROOM		1,010,794		992,331	
39 DELIVERY ROOM & LABOR ROOM		19,961		21,669	
40 ANESTHESIOLOGY		1,035,537		1,064,383	
41 RADIOLOGY-DIAGNOSTIC		5,771,423	1	6,031,192	
41 01 ULTRASOUND		443,049		469,486	
41 02 CAT SCAN		5,840,107		5,995,878	
41 03 MAGNETIC RESONANCE IMAGING (MRI)		1,925,585	1	1,926,677	
42 RADIOLOGY-THERAPEUTIC		7,014,656	76	10,010,657	
43 RADIOISOTOPE		4,574,940	19	5,259,184	
43 01 ONCOLOGY		677,197	123	617,167	
44 LABORATORY		283,457	67	262,886	
44 01 LABORATORY-PATHOLOGICAL		1,319,845		1,362,106	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		300,621	141	300,628	
49 RESPIRATORY THERAPY		427,367	10	470,750	
50 PHYSICAL THERAPY		197,186	91	216,952	
53 ELECTROCARDIOLOGY		8,137,708	15	8,235,723	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		513,068	1	512,526	
56 DRUGS CHARGED TO PATIENTS		5,388,988	89	4,872,010	
57 RENAL DIALYSIS			14,050		
58 ASC (NON-DISTINCT PART)		700,562		694,750	
58 01 CARDIAC CATHETERIZATION LABORATORY		3,747,172	23	3,188,402	
58 03 GASTROINTESTINAL SERVICES		3,216,155		3,274,225	
58 04 ELECTROCONVULSIVE THERAPY (ECT)		199,703		242,475	
59 OP PSYCH					
59 01 OP CHEM DEPEN		418,200		411,740	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		184,362		171,344	
60 01 MEACHAM PARK CLINIC					
60 02 URGENT CARE CENTER - ST. PETERS		89,704		102,484	
60 03 HYPERBARIC/OP WOUND CENTER		332,252	67	450,348	
60 04 URGENT CARE CENTER - O'FALLON		52,580		60,925	
61 EMERGENCY		2,838,870		2,856,323	
61 01 FAMILY PRACTICE					
61 02 NATURAL FAMILY PLANNING					
61 03 PAIN THERAPY CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)			55		
62 01 AMBULATORY CARE UNIT		2,126,403		1,886,068	
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		65,521,923	14,829	68,577,795	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		65,521,923	14,829	68,577,795	

TITLE XVIII, PART A SUBPROVIDER 1 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						271,340				
41	02 CAT SCAN										
41	03 MAGNETIC RESONANCE IMAGIN										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43	01 ONCOLOGY										
44	LABORATORY										
44	01 LABORATORY-PATHOLOGICAL						291,634				
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						562,974				

TITLE XVIII, PART A

SUBPROVIDER 1

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			213,726,487				10
38	RECOVERY ROOM			30,347,856				
39	DELIVERY ROOM & LABOR ROO			43,916,416			4,054	
40	ANESTHESIOLOGY			36,119,384			715	
41	RADIOLOGY-DIAGNOSTIC	271,340	271,340	111,150,099	.002441	.002441	77,449	189
41	01 ULTRASOUND			28,293,866			8,818	
41	02 CAT SCAN			112,727,077			216,399	
41	03 MAGNETIC RESONANCE IMAGIN			37,870,835			54,769	
42	RADIOLOGY-THERAPEUTIC			61,674,243			9,816	
43	RADIOISOTOPE			39,730,813			19,818	
43	01 ONCOLOGY			5,608,507				
44	LABORATORY	291,634	291,634	257,063,091	.001134	.001134	1,317,199	1,494
44	01 LABORATORY-PATHOLOGICAL			20,654,455			3,221	
46	WHOLE BLOOD & PACKED RED			24,741,852			1,464	
49	RESPIRATORY THERAPY			80,032,520			112,844	
50	PHYSICAL THERAPY			31,049,895			190,745	
53	ELECTROCARDIOLOGY			126,310,873			123,329	
55	MEDICAL SUPPLIES CHARGED			33,514,911			104,272	
56	DRUGS CHARGED TO PATIENTS			179,497,053			1,833,599	
57	RENAL DIALYSIS			9,885,776			19,299	
58	ASC (NON-DISTINCT PART)			15,962,231				
58	01 CARDIAC CATHETERIZATION LAB			72,986,916				
58	03 GASTROINTESTINAL SERVICE			41,121,865			12,758	
58	04 ELECTROCONVULSIVE THERAPY			2,025,066			242,732	
59	OP PSYCH			1,255,940			18,341	
59	01 OP CHEM DEPEN			2,509,570				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			2,481,191				
60	01 MEACHAM PARK CLINIC							
60	02 URGENT CARE CENTER - ST.			4,924,785				
60	03 HYPERBARIC/OP WOUND CENTE			2,258,242				
60	04 URGENT CARE CENTER - O'FA			2,970,981				
61	EMERGENCY			94,549,213			599,140	
61	01 FAMILY PRACTICE							
61	02 NATURAL FAMILY PLANNING			44,140				
61	03 PAIN THERAPY CENTER							
62	OBSERVATION BEDS (NON-DIS			10,063,800				
62	01 AMBULATORY CARE UNIT			11,970,131			29,458	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	562,974	562,974	1749,040,080			5,000,249	1,683

TITLE XVIII, PART A SUBPROVIDER 1 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						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	1					
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	421			1		
41	01 ULTRASOUND						
41	02 CAT SCAN						
41	03 MAGNETIC RESONANCE IMAGIN	1					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1					
43	01 ONCOLOGY						
44	LABORATORY						
44	01 LABORATORY-PATHOLOGICAL						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	194					
55	MEDICAL SUPPLIES CHARGED	1,132					
56	DRUGS CHARGED TO PATIENTS	527					
57	RENAL DIALYSIS	33					
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION LAB						
58	03 GASTROINTESTINAL SERVICE	13					
58	04 ELECTROCONVULSIVE THERAPY	9,904					
59	OP PSYCH	6,460					
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	2,474					
61	01 FAMILY PRACTICE						
61	02 NATURAL FAMILY PLANNING						
61	03 PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS						
62	01 AMBULATORY CARE UNIT						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	21,161			1		

TITLE XVIII, PART B

SUBPROVIDER 1

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center	Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					1
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		421			
41 01	ULTRASOUND					
41 02	CAT SCAN					
41 03	MAGNETIC RESONANCE IMAGING (MRI)					1
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					1
43 01	ONCOLOGY					
44	LABORATORY					
44 01	LABORATORY-PATHOLOGICAL					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					194
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					1,132
56	DRUGS CHARGED TO PATIENTS					527
57	RENAL DIALYSIS					33
58	ASC (NON-DISTINCT PART)					
58 01	CARDIAC CATHETERIZATION LABORATORY					
58 03	GASTROINTESTINAL SERVICES					13
58 04	ELECTROCONVULSIVE THERAPY (ECT)					9,904
59	OP PSYCH					6,460
59 01	OP CHEM DEPEN					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	MEACHAM PARK CLINIC					
60 02	URGENT CARE CENTER - ST. PETERS					
60 03	HYPERBARI C/OP WOUND CENTER					
60 04	URGENT CARE CENTER - O' FALLON					
61	EMERGENCY					2,474
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					
65	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		21,161			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		21,161			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

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							271,340				
41	02 CAT SCAN											
41	03 MAGNETIC RESONANCE IMAGIN											
42	RADIOLOGY-THERAPEUTIC											
43	RADIOISOTOPE											
43	01 ONCOLOGY											
44	LABORATORY											
44	01 LABORATORY-PATHOLOGICAL							291,634				
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							562,974				

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			213,726,487			60	
38	RECOVERY ROOM			30,347,856				
39	DELIVERY ROOM & LABOR ROO			43,916,416				
40	ANESTHESIOLOGY			36,119,384				
41	RADIOLOGY-DIAGNOSTIC	271,340	271,340	111,150,099	.002441	.002441	77,526	189
41	01 ULTRASOUND			28,293,866			3,626	
41	02 CAT SCAN			112,727,077				
41	03 MAGNETIC RESONANCE IMAGIN			37,870,835				
42	RADIOLOGY-THERAPEUTIC			61,674,243			81	
43	RADIOISOTOPE			39,730,813			8,404	
43	01 ONCOLOGY			5,608,507			881	
44	LABORATORY	291,634	291,634	257,063,091	.001134	.001134	1,022,301	1,159
44	01 LABORATORY-PATHOLOGICAL			20,654,455				
46	WHOLE BLOOD & PACKED RED			24,741,852			49,673	
49	RESPIRATORY THERAPY			80,032,520			6,977	
50	PHYSICAL THERAPY			31,049,895			5,640,438	
53	ELECTROCARDIOLOGY			126,310,873			55,707	
55	MEDICAL SUPPLIES CHARGED			33,514,911			267,694	
56	DRUGS CHARGED TO PATIENTS			179,497,053			2,929,761	
57	RENAL DIALYSIS			9,885,776				
58	ASC (NON-DISTINCT PART)			15,962,231				
58	01 CARDIAC CATHETERIZATION LAB			72,986,916				
58	03 GASTROINTESTINAL SERVICE			41,121,865				
58	04 ELECTROCONVULSIVE THERAPY			2,025,066				
59	OP PSYCH			1,255,940				
59	01 OP CHEM DEPEN			2,509,570				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			2,481,191				
60	01 MEACHAM PARK CLINIC							
60	02 URGENT CARE CENTER - ST.			4,924,785				
60	03 HYPERBARIC/OP WOUND CENTE			2,258,242				
60	04 URGENT CARE CENTER - O'FA			2,970,981				
61	EMERGENCY			94,549,213				
61	01 FAMILY PRACTICE							
61	02 NATURAL FAMILY PLANNING			44,140				
61	03 PAIN THERAPY CENTER							
62	OBSERVATION BEDS (NON-DIS			10,063,800				
62	01 AMBULATORY CARE UNIT			11,970,131				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	562,974	562,974	1749,040,080			10,063,129	1,348

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
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		51,654,369	
27	INTENSIVE CARE UNIT		20,746,695	
27	CORONARY CARE UNIT		16,871,854	
31	01 NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.433311	47,145,406	20,428,623
38	RECOVERY ROOM	.128017	4,317,728	552,743
39	DELIVERY ROOM & LABOR ROOM	.444261	341,608	151,763
40	ANESTHESIOLOGY	.212654	5,289,352	1,124,802
41	RADIOLOGY-DIAGNOSTIC	.219647	7,867,237	1,728,015
41	01 ULTRASOUND	.159678	736,183	117,552
41	02 CAT SCAN	.048110	13,221,003	636,062
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.093594	3,626,703	339,438
42	RADIOLOGY-THERAPEUTIC	.222823	1,613,507	359,526
43	RADIOISOTOPE	.166967	3,240,840	541,113
43	01 ONCOLOGY	.286640	23,439	6,719
44	LABORATORY	.103012	43,438,423	4,474,679
44	01 LABORATORY-PATHOLOGICAL	.161542	1,695,878	273,956
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.389690	8,374,886	3,263,609
49	RESPIRATORY THERAPY	.186664	23,965,825	4,473,557
50	PHYSICAL THERAPY	.432087	6,827,698	2,950,160
53	ELECTROCARDIOLOGY	.209599	27,237,032	5,708,855
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.305839	11,514,508	3,521,586
56	DRUGS CHARGED TO PATIENTS	.233893	41,577,201	9,724,616
57	RENAL DIALYSIS	.333144	3,293,479	1,097,203
58	ASC (NON-DISTINCT PART)	.374710	553,141	207,267
58	01 CARDIAC CATHETERIZATION LABORATORY	.190019	18,005,047	3,421,301
58	03 GASTROINTESTINAL SERVICES	.165853	2,807,139	465,572
58	04 ELECTROCONVULSIVE THERAPY (ECT)	.247797	7,601	1,884
59	OP PSYCH	.935705		
59	01 OP CHEM DEPEN	.479744	442	212
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3.020211	4,891	14,772
60	01 MEACHAM PARK CLINIC			
60	02 URGENT CARE CENTER - ST. PETERS	.400301	13,972	5,593
60	03 HYPERBARIC/OP WOUND CENTER	.557387	57,066	31,808
60	04 URGENT CARE CENTER - O'FALLON	.544578	14,513	7,903
61	EMERGENCY	.207004	10,265,815	2,125,065
61	01 FAMILY PRACTICE			
61	02 NATURAL FAMILY PLANNING	9.058065		
61	03 PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.429814		
62	01 AMBULATORY CARE UNIT	.227952	2,364,567	539,008
65	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		289,442,130	68,294,962
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		289,442,130	

TITLE XVIII, PART A SUBPROVIDER 1 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		6,870,441	
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.433311	10	4
38	RECOVERY ROOM	.128017		
39	DELIVERY ROOM & LABOR ROOM	.444261	4,054	1,801
40	ANESTHESIOLOGY	.212654	715	152
41	RADIOLOGY-DIAGNOSTIC	.219647	77,449	17,011
41	01 ULTRASOUND	.159678	8,818	1,408
41	02 CAT SCAN	.048110	216,399	10,411
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.093594	54,769	5,126
42	RADIOLOGY-THERAPEUTIC	.222823	9,816	2,187
43	RADIOISOTOPE	.166967	19,818	3,309
43	01 ONCOLOGY	.286640		
44	LABORATORY	.103012	1,317,199	135,687
44	01 LABORATORY-PATHOLOGICAL	.161542	3,221	520
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.389690	1,464	571
49	RESPIRATORY THERAPY	.186664	112,844	21,064
50	PHYSICAL THERAPY	.432087	190,745	82,418
53	ELECTROCARDIOLOGY	.209599	123,329	25,850
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.305839	104,272	31,890
56	DRUGS CHARGED TO PATIENTS	.233893	1,833,599	428,866
57	RENAL DIALYSIS	.333144	19,299	6,429
58	ASC (NON-DISTINCT PART)	.374710		
58	01 CARDIAC CATHETERIZATION LABORATORY	.190019		
58	03 GASTROINTESTINAL SERVICES	.165853	12,758	2,116
58	04 ELECTROCONVULSIVE THERAPY (ECT)	.247797	242,732	60,148
59	OP PSYCH	.935705	18,341	17,162
59	01 OP CHEM DEPEN	.479744		
60	OUTPAT SERVICE COST CNTRS CLINIC	3.020211		
60	01 MEACHAM PARK CLINIC			
60	02 URGENT CARE CENTER - ST. PETERS	.400301		
60	03 HYPERBARIC/OP WOUND CENTER	.557387		
60	04 URGENT CARE CENTER - O'FALLON	.544578		
61	EMERGENCY	.207004	599,140	124,024
61	01 FAMILY PRACTICE			
61	02 NATURAL FAMILY PLANNING	9.058065		
61	03 PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.429814		
62	01 AMBULATORY CARE UNIT	.227952	29,458	6,715
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		5,000,249	984,869
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,000,249	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	401.43	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	91,339,540	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	91,339,540	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	7,328,206	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	3,425,134	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	36,318	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	68,463	
16 TOTAL	102,197,661	
17 PRIMARY PAYER PAYMENTS	118,547	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	102,079,114	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,211,276	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,226,532	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	699,758	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	489,831	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	95,131,137	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	95,131,137	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	95,260,592	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-129,455	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	3,102,915	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	19,590	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	14,856,413	15,456,702
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	25,902,414	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		
1.04	LINE 1.01 TIMES LINE 1.03.		
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	29,429	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	19,590	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	77,516	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	77,516	
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	77,516	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	57,926	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	19,590	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	25,931,843	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,918	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	6,169,815	
19	SUBTOTAL (SEE INSTRUCTIONS)	19,778,700	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	796,942	
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	20,575,642	
24	PRIMARY PAYER PAYMENTS	15,231	
25	SUBTOTAL	20,560,411	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	342,922	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	240,045	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL	20,800,456	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	387	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	20,800,069	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	20,723,162	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	76,907	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,623
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,603
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	1
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,604

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,615
19	SUBTOTAL (SEE INSTRUCTIONS)	5,989
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	5,989
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	5,989

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	5,989
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	5,989
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,988
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	1
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

- COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES

- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

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)	5,449,509
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,424,267
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	25,242
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 1	TITLE XVIII SNF PPS 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				3,276
8	INPATIENT PRIMARY PAYER PAYMENTS			
9				-3,276
	OUTPATIENT PRIMARY PAYER PAYMENTS			
9				-3,276
	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			
18	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				3,276
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23				-3,276
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23				-3,276
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24				4,774,573
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				1,348
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
32				4,772,645
33	SUBTOTAL			
34	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
35				4,772,645
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38				4,772,645
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35				4,772,645
36	SUBTOTAL			
37				687,549
38	COINSURANCE			
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40				33,617
41	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
42	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
43	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
44	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
45				23,532
46	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
47	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
48				23,532
49	UTILIZATION REVIEW			
50				4,108,628
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67				4,108,628
68	SUBTOTAL			
69	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
70				4,108,628
71	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
72	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
73				4,108,628
74	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
75				4,100,648
76	INTERIM PAYMENTS			
77				4,100,648
78	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
79				7,980
80	BALANCE DUE PROVIDER/PROGRAM			
81				7,980
82	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

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.		57.25
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.		28.49
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		85.74
3.10	SEE INSTRUCTIONS		83.45
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.		1.83
3.12	SEE INSTRUCTIONS		29.56
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		29.43
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		28.69
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	29.23
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)		29.23
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		129,859.07
3.18	SEE INSTRUCTIONS		3,795,781
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		54.50
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		57.70
3.21	SEE INSTRUCTIONS	RES INIT YEARS	55.97
3.22	SEE INSTRUCTIONS		55.97
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		131,389.06
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,353,846
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		11,149,627

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		63,335
5	TOTAL INPATIENT DAYS		214,975
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.294616
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,284,859	3,284,859
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		21,044
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		214,975
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.		937,217
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		9,885,776
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)	130,593,949
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	126,379
16	TOTAL PART A REASONABLE COST	130,467,570

PART B REASONABLE COST

17	REASONABLE COST	30,371,758
18	PRIMARY PAYER PAYMENTS	15,231
19	TOTAL PART B REASONABLE COST	30,356,527
20	TOTAL REASONABLE COST	160,824,097
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.811244
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.188756

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)	4,222,076
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	3,425,134
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	796,942

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 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	90,340.97	
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	38,886,641			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,301,304			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	50,651,202			
36 TOTAL CURRENT LIABILITIES	91,839,147			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	22,047,048			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	3,985,896	4,667,484		
42 TOTAL LONG-TERM LIABILITIES	26,032,944	4,667,484		
43 TOTAL LIABILITIES	117,872,091	4,667,484		
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	516,037,845			
45 SPECIFIC PURPOSE FUND		2,123,222		
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	516,037,845	2,123,222		
52 TOTAL LIABILITIES AND FUND BALANCES	633,909,936	6,790,706		

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		482,767,608		2,960,059
2 NET INCOME (LOSS)		66,607,681		
3 TOTAL		549,375,289		2,960,059
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 DONATIONS	7,515,021		1,220,413	
7				
8				
9				
10 TOTAL ADDITIONS		7,515,021		1,220,413
11 SUBTOTAL		556,890,310		4,180,472
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 INVESTMENT LOSS			438,225	
15 EXPENSES			1,619,025	
16 TRANSFERS	34,000,000			
17 ROUNDING		4		
18 OTHER FUND BALANCE TRANSF	6,852,461			
19 TOTAL DEDUCTIONS		40,852,465		2,057,250
FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		516,037,845		2,123,222

	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 ROUNDING				
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	232,167,941		232,167,941
2 00 SUBPROVIDER	12,992,448		12,992,448
2 01 SUBPROVIDER 2			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	19,015,940		19,015,940
8 00 OTHER LONG TERM CARE	4,124,638		4,124,638
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	268,300,967		268,300,967
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	61,067,678		61,067,678
11 00 CORONARY CARE UNIT	48,041,605		48,041,605
11 01 NEONATAL INTENSIVE CARE UNIT	79,708,579		79,708,579
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	188,817,862		188,817,862
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	457,118,829		457,118,829
17 00 ANCILLARY SERVICES	852,710,140		852,710,140
18 00 OUTPATIENT SERVICES		981,590,685	981,590,685
20 00 AMBULANCE SERVICES		1,447	1,447
24 00 ASC		9,690,360	9,690,360
25 00 TOTAL PATIENT REVENUES	1309,828,969	991,282,492	2301,111,461

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		763,364,355	
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	22,900,530		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		22,900,530	
40 00 TOTAL OPERATING EXPENSES		740,463,825	

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	719,009	HOURS OF SERVICE	19,691.00	9.47
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	58,227	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	777,236			
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	1,927,935	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	2,705,171			
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	49,718	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	35,384	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	208,064	SALARY		
23 ADMINISTRATIVE AND GENERAL	805,652	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	83,112	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	9,626	REQUIREMENTS		
27 PHARMACY	-860,199	REQUIREMENTS		
28 OTHER ALLOCATED COST	256,858	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	3,293,386			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	3,293,386			

* 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: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS BUILDING EQUIPMENT		DIRECT PATIENT CARE SALARY RNs OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	132,830	35,384	719,009		208,064
2	HEMODIALYSIS	132,830	35,384	719,009		208,064
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS 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)	132,830	35,384	719,009		208,064
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	-860,199	9,626		244,714	3,048,672
2	HEMODIALYSIS	-860,199	9,626		244,714	3,048,672
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)	1,466,392				
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	-860,199	9,626		244,714	3,048,672
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	3,293,386
2	HEMODIALYSIS	3,293,386
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP HOME	
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	
11	CCDP	
12	OTHER BILLABLE SERVICES	
13	INPATIENT DIALYSIS 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)	3,293,386
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	3,293,386

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	132,830	35,384	719,009		208,064
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)	1328.300000	353.840000	7190.090000		2080.640000

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	-860,199	9,626		244,714	3,048,672
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			244,714
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	-8601.990000	96.260000			12.458102

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS
 PROVIDER NO: 26-0020 PERIOD: FROM 7/1/2008 TO 6/30/2009 PREPARED 12/8/2009
 SATELLITE NO: WORKSHEET 1-4 RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS ON OR AFTER 4/1/2005
	1	2	3	4	
1 MAINTENANCE - HEMODIALYSIS	81	3,293,386	40,659.09	60	
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	81	3,293,386		60	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
	5	6	6.01	7
1 MAINTENANCE - HEMODIALYSIS	2,439,545	146.82		8,809
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	2,439,545			8,809

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2009
26-0020	FROM 7/ 1/2008	
SATELLITE NO:	TO 6/30/2009	WORKSHEET 1-5
		RATE 0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	2,439,545
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	8,809
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%)	7,047
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.)	1,762
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	6,006,404
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	795,641
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	545.52
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	86.66
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	4.59
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	275,694
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.35
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	17.84
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	20.19
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.17
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	250,467
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	7,328,206
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)	