

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 7/1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/23/2010 TIME 9:17

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 7/1/2009 AND ENDING 6/30/2010 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	1,264,568	29,813	34,424,154
2	SUBPROVIDER	0	-20,604	0	1,699,787
5	HOSPITAL-BASED SNF	0	-25,023	0	116,161
100	TOTAL	0	1,218,941	29,813	36,240,102

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.

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						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/22/2010 TIME 11:34

PART I - CERTIFICATION

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 ECR ENCRYPTION INFORMATION
 DATE: 11/22/2010 TIME 11:34

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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 TITLE

 PI ENCRYPTION INFORMATION
 DATE: 11/22/2010 TIME 11:34

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HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 26-0020
 SATELLITE NO:
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----	----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		77				
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		1,370,951				
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		5,965				
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 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
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		1,266				
3	RUA		20				
3.01	RUX		11				
3.02	RUL		160				
4	RVC		26				
5	RVB		3,005				
6	RVA		166				
6.01	RVX		30				
6.02	RVL		819				
7	RHC		1,583				
8	RHB		1,389				
9	RHA		172				
9.01	RHX						
9.02	RHL						
10	RMC		27				
11	RMB		243				
12	RMA		14				
12.01	RMX		607				
12.02	RML		1,261				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		33				
16	SE2		103				
17	SE1		4				
18	SSC						
19	SSB						
20	SSA		122				
21	CC2						
22	CC1						
23	CB2						
24	CB1		7				
25	CA2						
26	CA1		4				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		3				
39	PC2						
40	PC1		1				
41	PB2						
42	PB1		4				
43	PA2						
44	PA1						
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD1						
45.23	CD1						
46	TOTAL		11,080				

(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.

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 92,054,941
17.01	GROSS MEDICAID REVENUES 252,709,002
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 344,763,943
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) .264745
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 252,709,002

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	66,903,445
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	92,054,941
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	24,371,085
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	66,903,445

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 26-0020
II PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010 II PREPARED 11/23/2010
I WORKSHEET A
I

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				26,769,094	26,769,094
3.01	0301 OTHER BUILDING-MOB				2,050,635	2,050,635
3.02	0302 OTHER BUILDING-CANCER CENTER				1,994,881	1,994,881
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				20,198,879	20,198,879
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP-MOB				657,193	657,193
4.02	0402 NEW CAP REL COSTS-MVBLE EQUIP-CANCER				3,681,693	3,681,693
5	0500 EMPLOYEE BENEFITS	1,201,280	70,097,386	71,298,666	-9,635,567	61,663,099
6.01	0610 NONPATIENT TELEPHONES					
6.02	0611 PURCHASING	137,267	11,869	149,136	-2,301	146,835
6.03	0612 ADMITTING	3,819,565	369,645	4,189,210	-102,533	4,086,677
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	23,239,071	159,039,848	182,278,919	-938,766	181,340,153
7	0700 MAINTENANCE & REPAIRS	2,769,634	7,589,351	10,358,985	-4,260,248	6,098,737
8	0800 OPERATION OF PLANT	1,255,203	5,400,386	6,655,589	2,089,767	8,745,356
8.01	0801 OTHER BUILDING-MOB	12,042	6,365,967	6,378,009	-4,305,971	2,072,038
8.02	0802 OTHER BUILDING-CANCER CENTER	1,502	2,593,169	2,594,671	-1,892,915	701,756
8.03	0803 HEART HOSPITAL		6,742,273	6,742,273	-6,742,273	
9	0900 LAUNDRY & LINEN SERVICE	228,846	646,545	875,391	2,984,789	3,860,180
10	1000 HOUSEKEEPING	5,253,432	-85,121	5,168,311	-38,396	5,129,915
10.01	1001 HOUSEKEEPING-MED CENTER					
10.02	1002 HOUSEKEEPING-MOB					
10.03	1003 HOUSEKEEPING-CANCER CENTER					
11	1100 DIETARY	5,722,328	5,619,825	11,342,153	-495,593	10,846,560
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	4,893,367	943,278	5,836,645	-682,906	5,153,739
15	1500 CENTRAL SERVICES & SUPPLY	1,949,899	1,709,255	3,659,154	-492,771	3,166,383
16	1600 PHARMACY	9,968,337	36,996,391	46,964,728	-36,066,217	10,898,511
17	1700 MEDICAL RECORDS & LIBRARY	1,802,864	1,970,658	3,773,522	-533,838	3,239,684
18	1800 SOCIAL SERVICE	3,981,170	1,127,532	5,108,702	-43,543	5,065,159
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	4,094,868	1,049,491	5,144,359	-66,378	5,077,981
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,741,282	3,655,986	8,397,268	-1,819,205	6,578,063
24	2400 PARAMED PRGM	175,884	8,309	184,193	-1,883	182,310
24.01	2401 RADIOLOGY SCHOOL	186,550	7,854	194,404	-175	194,229
24.02	2402 RESPIRATORY SCHOOL					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	35,509,193	7,976,994	43,486,187	7,164,968	50,651,155
26	2600 INTENSIVE CARE UNIT	21,207,923	5,599,203	26,807,126	-3,579,353	23,227,773
27	2700 CORONARY CARE UNIT	3,484,951	1,729,147	5,214,098	2,400,322	7,614,420
27.01	2701 NEONATAL INTENSIVE CARE UNIT	11,305,600	3,255,873	14,561,473	-2,507,561	12,503,912
31	3100 SUBPROVIDER	5,192,265	465,099	5,657,364	1,014,101	6,671,465
31.01	3101 SUBPROVIDER 2					
33	3300 NURSERY	2,028,214	116,162	2,144,376	3,775,376	5,919,752
34	3400 SKILLED NURSING FACILITY	6,998,542	1,507,152	8,505,694	-3,237,679	5,268,015
36	3600 OTHER LONG TERM CARE				2,521,331	2,521,331
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	14,193,476	46,902,046	61,095,522	-39,788,444	21,307,078
38	3800 RECOVERY ROOM	2,043,199	156,886	2,200,085	-201,574	1,998,511
39	3900 DELIVERY ROOM & LABOR ROOM	7,945,650	2,422,739	10,368,389	-1,536,777	8,831,612
40	4000 ANESTHESIOLOGY	608,374	4,337,419	4,945,793	-2,316,492	2,629,301
41	4100 RADIOLOGY-DIAGNOSTIC	6,810,391	7,711,592	14,521,983	-5,400,852	9,121,131
41.01	4101 ULTRASOUND	1,561,092	2,707,226	4,268,318	-633,601	3,634,717
41.02	4102 CAT SCAN	1,091,846	2,035,401	3,127,247	-997,143	2,130,104
41.03	4103 MAGNETIC RESONANCE IMAGING (MRI)	517,002	1,227,557	1,744,559	-910,800	833,759
42	4200 RADIOLOGY-THERAPEUTIC	2,968,898	6,643,797	9,612,695	-4,937,267	4,675,428
43	4300 RADIOISOTOPE	1,051,654	2,349,689	3,401,343	-684,297	2,717,046
43.01	4301 ONCOLOGY					
44	4400 LABORATORY	8,759,112	9,032,139	17,791,251	-655,984	17,135,267
44.01	4401 LABORATORY-PATHOLOGICAL					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,564,655	2,799,991	5,364,646	-120,625	5,244,021
49	4900 RESPIRATORY THERAPY	6,765,353	2,354,672	9,120,025	-1,445,005	7,675,020
50	5000 PHYSICAL THERAPY	6,314,390	3,526,147	9,840,537	-793,769	9,046,768
53	5300 ELECTROCARDIOLOGY	5,158,346	11,146,772	16,305,118	-9,479,610	6,825,508
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				28,372,091	28,372,091
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				36,590,555	36,590,555
56	5600 DRUGS CHARGED TO PATIENTS				34,059,041	34,059,041
57	5700 RENAL DIALYSIS	742,877	266,726	1,009,603	1,217,295	2,226,898
58	5800 ASC (NON-DISTINCT PART)	2,549,649	903,364	3,453,013	-809,273	2,643,740
58.01	5801 CARDIAC CATHETERIZATION LABORATORY	2,967,529	4,526,545	7,494,074	-4,449,311	3,044,763
58.03	5803 GASTROINTESTINAL SERVICES	1,890,113	1,898,401	3,788,514	-1,584,258	2,204,256
58.04	5804 ELECTROCONVULSIVE THERAPY (ECT)	165,041	94,944	259,985	-227,892	32,093
59	3020 OP PSYCH	208,873	197,697	406,570	-8	406,562
59.01	3021 OP CHEM DEPEND	359,381	571,792	931,173	-230,471	700,702
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	3,850,593	6,955,202	10,805,795	1,208,726	12,014,521
60.01	6001 MEACHAM PARK CLINIC					
60.02	6002 URGENT CARE CENTER - ST. PETERS					
60.03	6003 HYPERBARIC/OP WOUND CENTER	693,430	335,799	1,029,229	-160,199	869,030
60.04	6004 URGENT CARE CENTER - O'FALLON					
61	6100 EMERGENCY	16,477,652	2,949,079	19,426,731	-714,506	18,712,225
61.02	6102 NATURAL FAMILY PLANNING	216,025	92,479	308,504	-964	307,540
61.03	6103 PAIN THERAPY CENTER					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201 AMBULATORY CARE UNIT	1,444,463	200,131	1,644,594	-1,091,277	553,317
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES		34,134	34,134		34,134
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	261,080,143	456,889,893	717,970,036	22,584,266	740,554,302

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0020
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		244	244		244
96.01	9601 VENDING MACHINES	277,255	766,875	1,044,130	-10,595	1,033,535
96.02	9602 VISITOR MEALS					
97	9700 RESEARCH	1,191,809	461,879	1,653,688	-223,179	1,430,509
98	9800 PHYSICIANS' PRIVATE OFFICES	19,740,431	6,687,793	26,428,224	-21,216,590	5,211,634
99	9900 NONPAID WORKERS					
99.01	9901 MEALS ON WHEELS					
99.02	9902 SJMH-SHARED SERVICES		134	134		134
99.03	9903 CONVENT					
99.04	9904 ST. JOHN'S MERCY HEALTH CARE	4,083,960	2,342,010	6,425,970	-1,142,013	5,283,957
99.05	9905 HOSPICE	21,415	45,483	66,898	-5,689	61,209
99.06	9906 VACANT SPACE					
99.07	9907 SALES & SERVICE-PHYSICIAN PRACTICE					
99.08	9908 REHAB HOSPITAL	10,656,327	14,034,840	24,691,167	13,800	24,704,967
101	TOTAL	297,051,340	481,229,151	778,280,491	-0-	778,280,491

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0020
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-162,961	26,606,133
3.01	0301 OTHER BUILDING-MOB		2,050,635
3.02	0302 OTHER BUILDING-CANCER CENTER		1,994,881
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-106,271	20,092,608
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP-MOB		657,193
4.02	0402 NEW CAP REL COSTS-MVBLE EQUIP-CANCER		3,681,693
5	0500 EMPLOYEE BENEFITS	19,393,472	81,056,571
6.01	0610 NONPATIENT TELEPHONES		
6.02	0611 PURCHASING	654,688	801,523
6.03	0612 ADMITTING	3,776,420	7,863,097
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	-3,652,930	177,687,223
7	0700 MAINTENANCE & REPAIRS		6,098,737
8	0800 OPERATION OF PLANT	-138,345	8,607,011
8.01	0801 OTHER BUILDING-MOB	-564,521	1,507,517
8.02	0802 OTHER BUILDING-CANCER CENTER	-701,756	
8.03	0803 HEART HOSPITAL		
9	0900 LAUNDRY & LINEN SERVICE		3,860,180
10	1000 HOUSEKEEPING	-2,083	5,127,832
10.01	1001 HOUSEKEEPING-MED CENTER		
10.02	1002 HOUSEKEEPING-MOB		
10.03	1003 HOUSEKEEPING-CANCER CENTER		
11	1100 DIETARY	-3,633,722	7,212,838
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-76,966	5,076,773
15	1500 CENTRAL SERVICES & SUPPLY		3,166,383
16	1600 PHARMACY	-291,673	10,606,838
17	1700 MEDICAL RECORDS & LIBRARY	-434,161	2,805,523
18	1800 SOCIAL SERVICE	-38,520	5,026,639
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-4,270	5,073,711
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,767,014	3,811,049
24	2400 PARAMEDICAL PRGM	-42,050	140,260
24.01	2401 RADIOLOGY SCHOOL	-76,621	117,608
24.02	2402 RESPIRATORY SCHOOL		
25	2500 INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-16,475,657	34,175,498
26	2600 INTENSIVE CARE UNIT		23,227,773
27	2700 CORONARY CARE UNIT	-2,613,743	5,000,677
27.01	2701 NEONATAL INTENSIVE CARE UNIT	-320,417	12,183,495
31	3100 SUBPROVIDER	-1,294,230	5,377,235
31.01	3101 SUBPROVIDER 2		
33	3300 NURSERY	-834,996	5,084,756
34	3400 SKILLED NURSING FACILITY	-15,777	5,252,238
36	3600 OTHER LONG TERM CARE		2,521,331
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-2,035,898	19,271,180
38	3800 RECOVERY ROOM		1,998,511
39	3900 DELIVERY ROOM & LABOR ROOM		8,831,612
40	4000 ANESTHESIOLOGY		2,629,301
41	4100 RADIOLOGY-DIAGNOSTIC	-615,627	8,505,504
41.01	4101 ULTRASOUND	-1,921,854	1,712,863
41.02	4102 CAT SCAN	-3,967	2,126,137
41.03	4103 MAGNETIC RESONANCE IMAGING (MRI)	-3,000	830,759
42	4200 RADIOLOGY-THERAPEUTIC	-776	4,674,652
43	4300 RADIOISOTOPE		2,717,046
43.01	4301 ONCOLOGY		
44	4400 LABORATORY	-10,654	17,124,613
44.01	4401 LABORATORY-PATHOLOGICAL		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	-57,452	5,186,569
49	4900 RESPIRATORY THERAPY	-158,100	7,516,920
50	5000 PHYSICAL THERAPY	-1,410,986	7,635,782
53	5300 ELECTROCARDIOLOGY	-1,428,228	5,397,280
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		28,372,091
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		36,590,555
56	5600 DRUGS CHARGED TO PATIENTS		34,059,041
57	5700 RENAL DIALYSIS		2,226,898
58	5800 ASC (NON-DISTINCT PART)		2,643,740
58.01	5801 CARDIAC CATHETERIZATION LABORATORY	-508	3,044,255
58.03	5803 GASTROINTESTINAL SERVICES		2,204,256
58.04	5804 ELECTROCONVULSIVE THERAPY (ECT)		32,093
59	3020 OP PSYCH	-18	406,544
59.01	3021 OP CHEM DEPEND	-175,808	524,894
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-4,698,724	7,315,797
60.01	6001 MEACHAM PARK CLINIC		
60.02	6002 URGENT CARE CENTER - ST. PETERS		
60.03	6003 HYPERBARIC/OP WOUND CENTER	-213,840	655,190
60.04	6004 URGENT CARE CENTER - O'FALLON		
61	6100 EMERGENCY	-10,604,038	8,108,187
61.02	6102 NATURAL FAMILY PLANNING	-27,190	280,350
61.03	6103 PAIN THERAPY CENTER		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
62.01	6201 AMBULATORY CARE UNIT		553,317
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		34,134
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-33,790,772	706,763,530

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0020
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	SPEC PURPOSE COST CENTERS	6	7
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	166,171	166,415
96.01	9601 VENDING MACHINES		1,033,535
96.02	9602 VISITOR MEALS		
97	9700 RESEARCH		1,430,509
98	9800 PHYSICIANS' PRIVATE OFFICES		5,211,634
99	9900 NONPAID WORKERS		
99.01	9901 MEALS ON WHEELS		
99.02	9902 SJMH-SHARED SERVICES	95,190,655	95,190,789
99.03	9903 CONVENT		
99.04	9904 ST. JOHN'S MERCY HEALTH CARE	-4,524,502	759,455
99.05	9905 HOSPICE		61,209
99.06	9906 VACANT SPACE		
99.07	9907 SALES & SERVICE-PHYSICIAN PRACTICE		
99.08	9908 REHAB HOSPITAL		24,704,967
101	TOTAL	57,041,552	835,322,043

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
24.02	RESPIRATORY SCHOOL	2402	PARAMED ED PRGM
	INPAT ROUTINE SRVC		
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	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
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	GASTRO INTESTINAL 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	
61.02	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	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	

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/ 1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 NURSERY COSTS	A	NURSERY	33	2,589,910	1,191,699
2 INTERNS AND RESIDENT TEACHING	B	I & R SERVICES-OTHER PRGM COSTS APPRVD	23	2,318,137	
3					
4					
5					
6 CONFIDENTIAL PAYROLL	C	ADULTS & PEDI ATRI CS	25	8,154,713	
7		ADULTS & PEDI ATRI CS	25	6,330,645	
8		ADULTS & PEDI ATRI CS	25	628,946	157,817
9		ADULTS & PEDI ATRI CS	25	27,518	
10		CORONARY CARE UNI T	27	3,337,749	
11		SUBPROVIDER	31	1,111,631	
12		OPERATING ROOM	37	1,991,483	
13		CLINIC	60	1,711,497	
14		ELECTROCARDIOLOGY	53	41,600	
15		EMERGENCY	61	2,318,000	
16 BUILDING DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		24,086,339
17		OTHER BUILDING-MOB	3.01		2,050,635
18		OTHER BUILDING-CANCER CENTER	3.02		1,994,881
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30 HOUSEKEEPING SERVICES	E	OPERATION OF PLANT	8		2,057,827
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 HOUSEKEEPING SERVICES	E				
2					
3					
4 COST OF DRUGS & CENTRAL SUPPLY	F	DRUGS CHARGED TO PATIENTS	56		35,728,894
5 MAINTENANCE	G	MAINTENANCE & REPAIRS	7		346,927
6					
7					
8					
9					
10					
11					
12					
13					
14					
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17					
18					
19					
20					
21					
22					
23					
24					
25 NONCERTIFIED SNF	H	OTHER LONG TERM CARE	36	2,188,256	333,075
26		MAINTENANCE & REPAIRS	7		161,159
27 PROPERTY INSURANCE & TAX	J	NEW CAP REL COSTS-BLDG & FIXT	3		1,811,704
28					
29					
30					
31					
32					
33 PENSION EXPENSE	K	OTHER ADMINISTRATIVE AND GENERAL	6.04		14,340,216
34 COMMUNITY ONCOLOGY RECLASS	M	OTHER ADMINISTRATIVE AND GENERAL	6.04		90,389
35 INTEREST EXPENSE	N	NEW CAP REL COSTS-BLDG & FIXT	3		871,051
1 DIETARY TECH SALARY	O	CLINIC	60	35,173	
2		SUBPROVIDER	31	34,882	
3 EQUIPMENT DEPRECIATION & RENTAL	P	NEW CAP REL COSTS-MVBLE EQUIP	4		20,198,879
4		NEW CAP REL COSTS-MVBLE EQUIP-MOB	4.01		657,193
5		NEW CAP REL COSTS-MVBLE EQUIP-CANCER	4.02		3,681,693
6					
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RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
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				
2					
3					
4					
5					
6					
7					
8					
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22					
23					
24					
25					
26 CRITICAL CARE FELLOWSHIP PROGRAM	Q	INTENSIVE CARE UNIT	26	318,137	1,199
27		CORONARY CARE UNIT	27	181,793	685
28		EMERGENCY	61	90,896	343
29 UTILITIES SNF ADMINISTRATION	R	OPERATION OF PLANT	8		152,082
30 STAFF BENEFITS	S	EMPLOYEE BENEFITS	5		1,871,889
31		CORONARY CARE UNIT	27		32
32		RECOVERY ROOM	38		986
33		DELIVERY ROOM & LABOR ROOM	39		1,736
34		ANESTHESIOLOGY	40		564
35		AMBULATORY CARE UNIT	62.01		16
1 STAFF BENEFITS	S	VENDING MACHINES	96.01		32
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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15					
16					
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18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29 PHYSICIANS BENEFITS	T	EMPLOYEE BENEFITS	5		3,225,445
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 PHYSICIANS BENEFITS	T	2	3	4	5
2					
3					
4					
5					
6					
7 LAUNDRY RECLASS	U	LAUNDRY & LINEN SERVICE	9		3,002,174
8					
9					
10					
11					
12					
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14					
15					
16					
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25					
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28					
29					
30					
31					
32					
33					
34					
35					
1 LAUNDRY RECLASS	U				
2					
3					
4					
5					
6					
7					
8 WORKER'S COMP - LIGHT DUTY RECLASS	W	EMPLOYEE BENEFITS	5	619	
9 EPOETIN COSTS	X	RENAL DIALYSIS	57		1,370,951
10 PATIENT PLACEMENT	Y	NURSING ADMINISTRATION	14	365,628	2,574
11 INTERVENTIONAL CARE HH	Z	CORONARY CARE UNIT	27	214,862	21,924
12 PACU RECLASS	AA	ADULTS & PEDIATRICS	25	43,538	2,399
13 EMERGENCY DEPARTMENT ROUTINE REVENUE	BB	ADULTS & PEDIATRICS	25	533,911	119,920
14 AMBULATORY CARE UNIT	CC	ADULTS & PEDIATRICS	25	840,205	62,450
15 MOB HEART HOSPITAL	EE	OPERATION OF PLANT	8		28,658
16 RECRUITMENT & SIGN ON BONUS	GG	EMPLOYEE BENEFITS	5	2,500	
17		PURCHASING	6.02	200	
18		ADMITTING	6.03	1,200	
19		OTHER ADMINISTRATIVE AND GENERAL	6.04	1,200	
20		OPERATION OF PLANT	8	500	
21		HOUSEKEEPING	10	1,100	
22		DIETARY	11	3,100	
23		NURSING ADMINISTRATION	14	7,400	
24		CENTRAL SERVICES & SUPPLY	15	900	
25		PHARMACY	16	10,700	
26		SOCIAL SERVICE	18	1,200	
27		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	700	
28		ADULTS & PEDIATRICS	25	48,800	
29		INTENSIVE CARE UNIT	26	37,000	
30		CORONARY CARE UNIT	27	6,800	
31		NEONATAL INTENSIVE CARE UNIT	27.01	19,000	
32		SUBPROVIDER	31	2,700	
33		SKILLED NURSING FACILITY	34	4,400	
34		OPERATING ROOM	37	8,600	
35		RECOVERY ROOM	38	1,500	

RECLASSIFICATIONS

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260020

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TO 6/30/2010

PREPARED 11/23/2010
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CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		OTHER 5
			LINE NO 3	SALARY 4	
1 RECRUITMENT & SIGN ON BONUS	GG	DELIVERY ROOM & LABOR ROOM	39	26,200	
2		RADIOLOGY-DIAGNOSTIC	41	17,000	
3		ULTRASOUND	41.01	3,000	
4		CAT SCAN	41.02	3,000	
5		MAGNETIC RESONANCE IMAGING (MRI)	41.03	3,000	
6		RADIOLOGY-THERAPEUTIC	42	1,000	
7		RADIOISOTOPE	43	700	
8		LABORATORY	44	1,600	
9		WHOLE BLOOD & PACKED RED BLOOD CELLS	46	200	
10		RESPIRATORY THERAPY	49	18,200	
11		PHYSICAL THERAPY	50	3,700	
12		ELECTROCARDIOLOGY	53	1,200	
13		RENAL DIALYSIS	57	4,200	
14		ASC (NON-DISTINCT PART)	58	400	
15		CARDIAC CATHETERIZATION LABORATORY	58.01	200	
16		GASTRO INTESTINAL SERVICES	58.03	1,700	
17		EMERGENCY	61	35,500	
18		ST. JOHN'S MERCY HEALTH CARE	99.04	27,000	
19		REHAB HOSPITAL	99.08	13,800	
20 MEDICAL SUPPLIES	JJ	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		30,139,148
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLIES	JJ				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19 IMPLANT SUPPLIES	KK	IMPL. DEV. CHARGED TO PATIENT	55.30		36,590,555
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
36 TOTAL RECLASSIFICATIONS				35,730,829	186,356,140

(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/ 1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 NURSERY COSTS	A	ADULTS & PEDIATRICS	25	2,589,910	1,191,699	
2 INTERNS AND RESIDENT TEACHING	B	OTHER ADMINISTRATIVE AND GENERAL	6.04	2,134,743		
3 ELECTROCARDIOLOGY			53	18,043		
4 EMERGENCY			61	85,201		
5 PHYSICIANS' PRIVATE OFFICES			98	80,150		
6 CONFIDENTIAL PAYROLL	C	OTHER ADMINISTRATIVE AND GENERAL	6.04	4,639,885		
7 PHYSICIANS' PRIVATE OFFICES			98	17,666,743		
8 I&R SERVICES-OTHER PRGM COSTS APPRVD			23	3,347,154	157,817	
9						
10						
11						
12						
13						
14						
15						
16 BUILDING DEPRECIATION	D	EMPLOYEE BENEFITS	5		39,105	9
17 ADMINITTING			6.03		92,105	9
18 OTHER ADMINISTRATIVE AND GENERAL			6.04		4,321,910	9
19 MAINTENANCE & REPAIRS			7		4,582,612	9
20 OPERATION OF PLANT			8		43,989	9
21 OTHER BUILDING-MOB			8.01		2,025,599	9
22 OTHER BUILDING-CANCER CENTER			8.02		1,262,808	9
23 HEART HOSPITAL			8.03		6,249,758	9
24 HOUSEKEEPING			10		400	9
25 DIETARY			11		112,782	9
26 NURSING ADMINISTRATION			14		146,299	9
27 CENTRAL SERVICES & SUPPLY			15		128,015	9
28 PHARMACY			16		101,062	9
29 MEDICAL RECORDS & LIBRARY			17		23,886	9
30 SOCIAL SERVICE			18		28,125	9
31 I&R SERVICES-OTHER PRGM COSTS APPRVD			23		60,291	9
32 ADULTS & PEDIATRICS			25		2,674,972	9
33 INTENSIVE CARE UNIT			26		162,767	9
34 CORONARY CARE UNIT			27		8,335	9
35 NEONATAL INTENSIVE CARE UNIT			27.01		761,057	9
1 BUILDING DEPRECIATION	D	SUBPROVIDER	31		27,619	9
2 SKILLED NURSING FACILITY			34		58,321	9
3 OPERATING ROOM			37		576,878	9
4 DELIVERY ROOM & LABOR ROOM			39		320,516	9
5 ANESTHESIOLOGY			40		96,127	9
6 RADIOLOGY-DIAGNOSTIC			41		775,315	9
7 ULTRASOUND			41.01		167,146	9
8 CAT SCAN			41.02		87,932	9
9 MAGNETIC RESONANCE IMAGING (MRI)			41.03		102,619	9
10 RADIOLOGY-THERAPEUTIC			42		594,017	9
11 RADIOISOTOPE			43		30,218	9
12 LABORATORY			44		234,287	9
13 WHOLE BLOOD & PACKED RED BLOOD CELLS			46		48,539	9
14 RESPIRATORY THERAPY			49		70,115	9
15 PHYSICAL THERAPY			50		295,554	9
16 ELECTROCARDIOLOGY			53		83,800	9
17 RENAL DIALYSIS			57		6,957	9
18 ASC (NON-DISTINCT PART)			58		489,067	9
19 CARDIAC CATHETERIZATION LABORATORY			58.01		41,899	9
20 GASTROINTESTINAL SERVICES			58.03		113,316	9
21 OP CHEM DEPEN			59.01		133,648	9
22 CLINIC			60		325,090	9
23 HYPERBARIC/OP WOUND CENTER			60.03		3,193	9
24 EMERGENCY			61		20,315	9
25 AMBULATORY CARE UNIT			62.01		36,929	9
26 VENDING MACHINES			96.01		4,604	9
27 RESEARCH			97		7,497	9
28 PHYSICIANS' PRIVATE OFFICES			98		458,655	9
29 ST. JOHN'S MERCY HEALTH CARE			99.04		95,805	9
30 HOUSEKEEPING SERVICES	E	OTHER BUILDING-MOB	8.01		1,194,594	
31 OTHER BUILDING-CANCER CENTER			8.02		412,582	
32 HEART HOSPITAL			8.03		371,184	
33 RADIOLOGY-DIAGNOSTIC			41		435	
34 LABORATORY			44		4,507	
35 PHYSICAL THERAPY			50		25,126	

RECLASSIFICATIONS

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260020

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CONTD

----- DECREASE -----						
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1 HOUSEKEEPING SERVICES	E	OP CHEM DEPEN	59.01		35,476	
2		EMERGENCY	61		13,636	
3		VENDING MACHINES	96.01		287	
4 COST OF DRUGS & CENTRAL SUPPLY	F	PHARMACY	16		35,728,894	
5 MAINTENANCE	G	EMPLOYEE BENEFITS	5		56	
6		OTHER ADMINISTRATIVE AND GENERAL	6.04		811	
7		OPERATION OF PLANT	8		120	
8		OTHER BUILDING-MOB	8.01		248,195	
9		OTHER BUILDING-CANCER CENTER	8.02		85,821	
10		HOUSEKEEPING	10		145	
11		NURSING ADMINISTRATION	14		312	
12		CENTRAL SERVICES & SUPPLY	15		25	
13		MEDICAL RECORDS & LIBRARY	17		400	
14		SOCIAL SERVICE	18		8	
15		ADULTS & PEDIATRICS	25		293	
16		INTENSIVE CARE UNIT	26		6,735	
17		OPERATING ROOM	37		50	
18		RADIOLOGY-DIAGNOSTIC	41		140	
19		MAGNETIC RESONANCE IMAGING (MRI)	41.03		31	
20		LABORATORY	44		1,970	
21		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		197	
22		ASC (NON-DISTINCT PART)	58		20	
23		GASTRO INTESTINAL SERVICES	58.03		98	
24		RESEARCH	97		1,500	
25 NONCERTIFIED SNF	H	SKILLED NURSING FACILITY	34	2,188,256	494,234	
26						
27 PROPERTY INSURANCE & TAX	J	OTHER ADMINISTRATIVE AND GENERAL	6.04		784,966	13
28		OTHER BUILDING-MOB	8.01		829,949	13
29		OTHER BUILDING-CANCER CENTER	8.02		107,710	13
30		LABORATORY	44		7,945	13
31		PHYSICAL THERAPY	50		31,134	13
32		OP CHEM DEPEN	59.01		50,000	13
33 PENSION EXPENSE	K	EMPLOYEE BENEFITS	5		14,340,216	
34 COMMUNITY ONCOLOGY RECLASS	M	RESEARCH	97		90,389	
35 INTEREST EXPENSE	N	OTHER ADMINISTRATIVE AND GENERAL	6.04		871,051	11
1 DIETARY TECH SALARY	O	DIETARY	11	35,173		
2		DIETARY	11	34,882		
3 EQUIPMENT DEPRECIATION & RENTAL	P	EMPLOYEE BENEFITS	5		24,062	9
4		PURCHASING	6.02		2,501	9
5		ADMINISTRATIVE	6.03		9,525	9
6		OTHER ADMINISTRATIVE AND GENERAL	6.04		2,534,205	9
7		MAINTENANCE & REPAIRS	7		185,722	9
8		OPERATION OF PLANT	8		103,095	9
9		OTHER BUILDING-MOB	8.01		7,634	9
10		OTHER BUILDING-CANCER CENTER	8.02		23,994	9
11		HEART HOSPITAL	8.03		92,673	9
12		LAUNDRY & LINEN SERVICE	9		17,385	9
13		HOUSEKEEPING	10		36,729	9
14		DIETARY	11		116,518	9
15		NURSING ADMINISTRATION	14		294,038	9
16		CENTRAL SERVICES & SUPPLY	15		353,748	9
17		PHARMACY	16		242,956	9
18		MEDICAL RECORDS & LIBRARY	17		507,129	9
19		SOCIAL SERVICE	18		10,805	9
20		I&R SERVICES-SALARY & FRINGES APPRVD	22		624	9
21		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		49,452	9
22		PARAMEDICAL PRGM	24		1,883	9
23		RADIOLOGY SCHOOL	24.01		175	9
24		ADULTS & PEDIATRICS	25		790,836	9
25		INTENSIVE CARE UNIT	26		800,358	9
26		CORONARY CARE UNIT	27		870,424	9
27		NEONATAL INTENSIVE CARE UNIT	27.01		765,790	9
28		SUBPROVIDER	31		35,019	9
29		NURSERY	33		5,830	9
30		SKILLED NURSING FACILITY	34		130,179	9
31		OPERATING ROOM	37		2,522,062	9
32		RECOVERY ROOM	38		5,138	9
33		DELIVERY ROOM & LABOR ROOM	39		284,094	9
34		ANESTHESIOLOGY	40		616,879	9
35		RADIOLOGY-DIAGNOSTIC	41		2,956,742	9

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	EQUIPMENT DEPRECIATION & RENTAL	P	ULTRASOUND	41.01		436,424	9
2			CAT SCAN	41.02		774,089	9
3			MAGNETIC RESONANCE IMAGING (MRI)	41.03		764,812	9
4			RADIOLOGY-THERAPEUTIC	42		3,358,178	9
5			RADIOISOTOPE	43		595,406	9
6			LABORATORY	44		398,147	9
7			WHOLE BLOOD & PACKED RED BLOOD CELLS	46		57,630	9
8			RESPIRATORY THERAPY	49		389,087	9
9			PHYSICAL THERAPY	50		130,019	9
10			ELECTROCARDIOLOGY	53		793,370	9
11			RENAL DIALYSIS	57		49,611	9
12			ASC (NON-DISTINCT PART)	58		214,899	9
13			CARDIAC CATHETERIZATION LABORATORY	58.01		844,200	9
14			GASTROINTESTINAL SERVICES	58.03		559,046	9
15			ELECTROCONVULSIVE THERAPY (ECT)	58.04		8,100	9
16			OP CHEM DEPEN	59.01		11,347	9
17			CLINIC	60		63,012	9
18			HYPERBARIC/OP WOUND CENTER	60.03		33,427	9
19			EMERGENCY	61		416,604	9
20			NATURAL FAMILY PLANNING	61.02		964	9
21			AMBULATORY CARE UNIT	62.01		11,081	9
22			VENDING MACHINES	96.01		5,736	9
23			RESEARCH	97		23,661	9
24			PHYSICIANS' PRIVATE OFFICES	98		62,313	9
25			ST. JOHN'S MERCY HEALTH CARE	99.04		138,398	9
26	CRITICAL CARE FELLOWSHIP PROGRAM	Q	NURSING ADMINISTRATION	14	590,826	2,227	
27							
28							
29	UTILITIES SNF ADMINISTRATION	R	SKILLED NURSING FACILITY	34		152,082	
30	STAFF BENEFITS	S	ADMITTING	6.03		2,103	
31			OTHER ADMINISTRATIVE AND GENERAL	6.04		70,932	
32			OPERATION OF PLANT	8		2,096	
33			DIETARY	11		2,086	
34			NURSING ADMINISTRATION	14		24,806	
35			PHARMACY	16		2,686	
1	STAFF BENEFITS	S	MEDICAL RECORDS & LIBRARY	17		2,423	
2			SOCIAL SERVICE	18		5,805	
3			I&R SERVICES-SALARY & FRINGES APPRVD	22		62,068	
4			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		187,275	
5			ADULTS & PEDIATRICS	25		6,826	
6			INTENSIVE CARE UNIT	26		3,291	
7			NEONATAL INTENSIVE CARE UNIT	27.01		1,296	
8			SUBPROVIDER	31		2,202	
9			NURSERY	33		403	
10			SKILLED NURSING FACILITY	34		2,615	
11			OPERATING ROOM	37		5,324	
12			RADIOLOGY-DIAGNOSTIC	41		122	
13			ULTRASOUND	41.01		21	
14			RADIOLOGY-THERAPEUTIC	42		1,862	
15			LABORATORY	44		2,236	
16			WHOLE BLOOD & PACKED RED BLOOD CELLS	46		7	
17			RESPIRATORY THERAPY	49		2,169	
18			PHYSICAL THERAPY	50		2,399	
19			ELECTROCARDIOLOGY	53		44,264	
20			ASC (NON-DISTINCT PART)	58		150	
21			CARDIAC CATHETERIZATION LABORATORY	58.01		35	
22			CLINIC	60		1,423	
23			HYPERBARIC/OP WOUND CENTER	60.03		217	
24			EMERGENCY	61		1,890	
25			RESEARCH	97		61,639	
26			PHYSICIANS' PRIVATE OFFICES	98		762,333	
27			ST. JOHN'S MERCY HEALTH CARE	99.04		604,562	
28			HOSPICE	99.05		5,689	
29	PHYSICIANS BENEFITS	T	OTHER ADMINISTRATIVE AND GENERAL	6.04		11,449	
30			I&R SERVICES-SALARY & FRINGES APPRVD	22		3,686	
31			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		335,139	
32			INTENSIVE CARE UNIT	26		213	
33			SUBPROVIDER	31		5,655	
34			PHYSICAL THERAPY	50		150,000	
35			ELECTROCARDIOLOGY	53		85,979	

RECLASSIFICATIONS

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CONTD

----- DECREASE -----					A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE	SALARY	OTHER
	1	6	7	8	9
1 PHYSICIANS BENEFITS	T	CLINIC	60		23,319
2		HYPERBARIC/OP WOUND CENTER	60.03		26,892
3		EMERGENCY	61		31,952
4		RESEARCH	97		38,493
5		PHYSICIANS' PRIVATE OFFICES	98		2,184,695
6		ST. JOHN'S MERCY HEALTH CARE	99.04		327,973
7 LAUNDRY RECLASS	U	EMPLOYEE BENEFITS	5		11,481
8		HOUSEKEEPING	10		2,222
9		CENTRAL SERVICES & SUPPLY	15		11,883
10		PHARMACY	16		1,319
11		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		914
12		ADULTS & PEDIATRICS	25		756,367
13		INTENSIVE CARE UNIT	26		687,868
14		CORONARY CARE UNIT	27		128,982
15		NEONATAL INTENSIVE CARE UNIT	27.01		65,502
16		SUBPROVIDER	31		55,050
17		SKILLED NURSING FACILITY	34		89,057
18		OPERATING ROOM	37		180,052
19		RECOVERY ROOM	38		39,168
20		DELIVERY ROOM & LABOR ROOM	39		214,426
21		ANESTHESIOLOGY	40		813
22		RADIOLOGY-DIAGNOSTIC	41		82,173
23		ULTRASOUND	41.01		27,926
24		CAT SCAN	41.02		41,429
25		MAGNETIC RESONANCE IMAGING (MRI)	41.03		20,192
26		RADIOLOGY-THERAPEUTIC	42		25,338
27		RADIOISOTOPE	43		5,074
28		LABORATORY	44		7,945
29		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		2,398
30		RESPIRATORY THERAPY	49		1,086
31		PHYSICAL THERAPY	50		50,495
32		ELECTROCARDIOLOGY	53		22,329
33		RENAL DIALYSIS	57		3,738
34		ASC (NON-DISTINCT PART)	58		88,409
35		CARDIAC CATHETERIZATION LABORATORY	58.01		42,036
1 LAUNDRY RECLASS	U	GASTRO INTESTINAL SERVICES	58.03		45,827
2		ELECTROCONVULSIVE THERAPY (ECT)	58.04		11,726
3		CLINIC	60		7,218
4		EMERGENCY	61		222,996
5		AMBULATORY CARE UNIT	62.01		44,759
6		PHYSICIANS' PRIVATE OFFICES	98		1,701
7		ST. JOHN'S MERCY HEALTH CARE	99.04		2,275
8 WORKER'S COMP - LIGHT DUTY RECLASS	W	OTHER ADMINISTRATIVE AND GENERAL	6.04	619	
9 EPOETIN COSTS	X	DRUGS CHARGED TO PATIENTS	56		1,370,951
10 PATIENT PLACEMENT	Y	ADULTS & PEDIATRICS	25	365,628	2,574
11 INTERVENTIONAL CARE HH	Z	CARDIAC CATHETERIZATION LABORATORY	58.01	214,862	21,924
12 PACU RECLASS	AA	RECOVERY ROOM	38	43,538	2,399
13 EMERGENCY DEPARTMENT ROUTINE REVENUE	BB	EMERGENCY	61	533,911	119,920
14 AMBULATORY CARE UNIT	CC	AMBULATORY CARE UNIT	62.01	840,205	62,450
15 MOB HEART HOSPITAL	EE	HEART HOSPITAL	8.03		28,658
16 RECRUITMENT & SIGN ON BONUS	GG	EMPLOYEE BENEFITS	5	5,305	315,795
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RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
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CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 RECRUITMENT & SIGN ON BONUS	GG	6	7				10
2							
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19							
20 MEDICAL SUPPLIES	JJ	DIETARY	11			197,252	
21		ADULTS & PEDIATRICS	25			1,400,153	
22		INTENSIVE CARE UNIT	26			2,195,380	
23		CORONARY CARE UNIT	27			318,858	
24		NEONATAL INTENSIVE CARE UNIT	27.01			482,169	
25		SUBPROVIDER	31			9,567	
26		SKILLED NURSING FACILITY	34			127,335	
27		OPERATING ROOM	37			12,063,521	
28		RECOVERY ROOM	38			113,817	
29		DELIVERY ROOM & LABOR ROOM	39			704,145	
30		ANESTHESIOLOGY	40			1,601,869	
31		RADIOLOGY-DIAGNOSTIC	41			1,314,118	
32		ULTRASOUND	41.01			5,084	
33		CAT SCAN	41.02			96,693	
34		MAGNETIC RESONANCE IMAGING (MRI)	41.03			26,146	
35		RADIOLOGY-THERAPEUTIC	42			106,600	
1 MEDICAL SUPPLIES	JJ	RADIOISOTOPE	43			54,299	
2		LABORATORY	44			547	
3		WHOLE BLOOD & PACKED RED BLOOD CELLS	46			12,054	
4		RESPIRATORY THERAPY	49			1,000,748	
5		PHYSICAL THERAPY	50			105,589	
6		ELECTROCARDIOLOGY	53			1,786,842	
7		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			1,767,057	
8		DRUGS CHARGED TO PATIENTS	56			298,902	
9		RENAL DIALYSIS	57			97,550	
10		ASC (NON-DISTINCT PART)	58			9,298	
11		CARDIAC CATHETERIZATION LABORATORY	58.01			1,258,513	
12		GASTROINTESTINAL SERVICES	58.03			825,401	
13		ELECTROCONVULSIVE THERAPY (ECT)	58.04			208,066	
14		OP PSYCH	59			8	
15		CLINIC	60			117,882	
16		HYPERBARIC/OP WOUND CENTER	60.03			32,770	
17		EMERGENCY	61			1,705,046	
18		AMBULATORY CARE UNIT	62.01			95,869	
19 IMPLANT SUPPLIES	KK	ADULTS & PEDIATRICS	25			6,636	
20		INTENSIVE CARE UNIT	26			79,077	
21		CORONARY CARE UNIT	27			36,924	
22		NEONATAL INTENSIVE CARE UNIT	27.01			747	
23		OPERATING ROOM	37			26,440,640	
24		DELIVERY ROOM & LABOR ROOM	39			41,532	
25		ANESTHESIOLOGY	40			1,368	
26		RADIOLOGY-DIAGNOSTIC	41			288,807	
27		RADIOLOGY-THERAPEUTIC	42			852,272	
28		PHYSICAL THERAPY	50			7,153	
29		ELECTROCARDIOLOGY	53			6,687,783	
30		ASC (NON-DISTINCT PART)	58			7,830	
31		CARDIAC CATHETERIZATION LABORATORY	58.01			2,026,042	
32		GASTROINTESTINAL SERVICES	58.03			42,270	
33		HYPERBARIC/OP WOUND CENTER	60.03			63,700	
34		EMERGENCY	61			7,774	
36 TOTAL RECLASSIFICATIONS					35,415,034	186,671,935	

(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/ 1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : NURSERY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	3,781,609	ADULTS & PEDIATRICS	25	3,781,609	
TOTAL RECLASSIFICATIONS FOR CODE A			3,781,609				

RECLASS CODE: B
EXPLANATION : INTERNS AND RESIDENT TEACHING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	2,318,137	OTHER ADMINISTRATIVE AND GENERAL	6.04	2,134,743	
2.00			0	ELECTROCARDIOLOGY	53	18,043	
3.00			0	EMERGENCY	61	85,201	
4.00			0	PHYSICIANS' PRIVATE OFFICES	98	80,150	
TOTAL RECLASSIFICATIONS FOR CODE B			2,318,137	2,318,137			

RECLASS CODE: C
EXPLANATION : CONFIDENTIAL PAYROLL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	8,154,713	OTHER ADMINISTRATIVE AND GENERAL	6.04	4,639,885	
2.00	ADULTS & PEDIATRICS	25	6,330,645	PHYSICIANS' PRIVATE OFFICES	98	17,666,743	
3.00	ADULTS & PEDIATRICS	25	786,763	I&R SERVICES-OTHER PRGM COSTS	23	3,504,971	
4.00	ADULTS & PEDIATRICS	25	27,518			0	
5.00	CORONARY CARE UNIT	27	3,337,749			0	
6.00	SUBPROVIDER	31	1,111,631			0	
7.00	OPERATING ROOM	37	1,991,483			0	
8.00	CLINIC	60	1,711,497			0	
9.00	ELECTROCARDIOLOGY	53	41,600			0	
10.00	EMERGENCY	61	2,318,000			0	
TOTAL RECLASSIFICATIONS FOR CODE C			25,811,599	25,811,599			

RECLASS CODE: D
EXPLANATION : BUILDING DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	24,086,339	EMPLOYEE BENEFITS	5	39,105	
2.00	OTHER BUILDING-MOB	3.01	2,050,635	ADMINITTING	6.03	92,105	
3.00	OTHER BUILDING-CANCER CENTER	3.02	1,994,881	OTHER ADMINISTRATIVE AND GENERAL	6.04	4,321,910	
4.00			0	MAINTENANCE & REPAIRS	7	4,582,612	
5.00			0	OPERATION OF PLANT	8	43,989	
6.00			0	OTHER BUILDING-MOB	8.01	2,025,599	
7.00			0	OTHER BUILDING-CANCER CENTER	8.02	1,262,808	
8.00			0	HEART HOSPITAL	8.03	6,249,758	
9.00			0	HOUSEKEEPING	10	400	
10.00			0	DIETARY	11	112,782	
11.00			0	NURSING ADMINISTRATION	14	146,299	
12.00			0	CENTRAL SERVICES & SUPPLY	15	128,015	
13.00			0	PHARMACY	16	101,062	
14.00			0	MEDICAL RECORDS & LIBRARY	17	23,886	
15.00			0	SOCIAL SERVICE	18	28,125	
17.00			0	I&R SERVICES-OTHER PRGM COSTS	23	60,291	
18.00			0	ADULTS & PEDIATRICS	25	2,674,972	
19.00			0	INTENSIVE CARE UNIT	26	162,767	
20.00			0	CORONARY CARE UNIT	27	8,335	
21.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	761,057	
22.00			0	SUBPROVIDER	31	27,619	
24.00			0	SKILLED NURSING FACILITY	34	58,321	
25.00			0	OPERATING ROOM	37	576,878	
26.00			0	DELIVERY ROOM & LABOR ROOM	39	320,516	
27.00			0	ANESTHESIOLOGY	40	96,127	
28.00			0	RADIOLOGY-DIAGNOSTIC	41	775,315	
29.00			0	ULTRASOUND	41.01	167,146	
30.00			0	CAT SCAN	41.02	87,932	
31.00			0	MAGNETIC RESONANCE IMAGING (MR)	41.03	102,619	
32.00			0	RADIOLOGY-THERAPEUTIC	42	594,017	
33.00			0	RADIOISOTOPE	43	30,218	
34.00			0	LABORATORY	44	234,287	
35.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	48,539	
36.00			0	RESPIRATORY THERAPY	49	70,115	
37.00			0	PHYSICAL THERAPY	50	295,554	
38.00			0	ELECTROCARDIOLOGY	53	83,800	

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : BUILDING DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
39.00			0	RENAL DIALYSIS	57	6,957	
40.00			0	ASC (NON-DISTINCT PART)	58	489,067	
41.00			0	CARDIAC CATHETERIZATION LABORATO	58.01	41,899	
42.00			0	GASTRO INTESTINAL SERVICES	58.03	113,316	
43.00			0	OP CHEM DEPEN	59.01	133,648	
44.00			0	CLINIC	60	325,090	
45.00			0	HYPERBARIC/OP WOUND CENTER	60.03	3,193	
46.00			0	EMERGENCY	61	20,315	
48.00			0	AMBULATORY CARE UNIT	62.01	36,929	
49.00			0	VENDING MACHINES	96.01	4,604	
50.00			0	RESEARCH	97	7,497	
51.00			0	PHYSICIANS' PRIVATE OFFICES	98	458,655	
52.00			0	ST. JOHN'S MERCY HEALTH CARE	99.04	95,805	
TOTAL RECLASSIFICATIONS FOR CODE D			28,131,855	TOTAL RECLASSIFICATIONS FOR CODE D			28,131,855

RECLASS CODE: E
EXPLANATION : HOUSEKEEPING SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	2,057,827	OTHER BUILDING-MOB	8.01	1,194,594	
2.00			0	OTHER BUILDING-CANCER CENTER	8.02	412,582	
3.00			0	HEART HOSPITAL	8.03	371,184	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	435	
5.00			0	LABORATORY	44	4,507	
6.00			0	PHYSICAL THERAPY	50	25,126	
7.00			0	OP CHEM DEPEN	59.01	35,476	
8.00			0	EMERGENCY	61	13,636	
9.00			0	VENDING MACHINES	96.01	287	
TOTAL RECLASSIFICATIONS FOR CODE E			2,057,827	TOTAL RECLASSIFICATIONS FOR CODE E			2,057,827

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	35,728,894	PHARMACY	16	35,728,894	
TOTAL RECLASSIFICATIONS FOR CODE F			35,728,894	TOTAL RECLASSIFICATIONS FOR CODE F			35,728,894

RECLASS CODE: G
EXPLANATION : MAINTENANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MAINTENANCE & REPAIRS	7	346,927	EMPLOYEE BENEFITS	5	56	
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.04	811	
3.00			0	OPERATION OF PLANT	8	120	
4.00			0	OTHER BUILDING-MOB	8.01	248,195	
5.00			0	OTHER BUILDING-CANCER CENTER	8.02	85,821	
6.00			0	HOUSEKEEPING	10	145	
7.00			0	NURSING ADMINISTRATION	14	312	
8.00			0	CENTRAL SERVICES & SUPPLY	15	25	
9.00			0	MEDICAL RECORDS & LIBRARY	17	400	
10.00			0	SOCIAL SERVICE	18	8	
11.00			0	ADULTS & PEDIATRICS	25	293	
12.00			0	INTENSIVE CARE UNIT	26	6,735	
13.00			0	OPERATING ROOM	37	50	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	140	
15.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	31	
16.00			0	LABORATORY	44	1,970	
17.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	197	
18.00			0	ASC (NON-DISTINCT PART)	58	20	
19.00			0	GASTRO INTESTINAL SERVICES	58.03	98	
20.00			0	RESEARCH	97	1,500	
TOTAL RECLASSIFICATIONS FOR CODE G			346,927	TOTAL RECLASSIFICATIONS FOR CODE G			346,927

RECLASS CODE: H
EXPLANATION : NONCERTIFIED SNF

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER LONG TERM CARE	36	2,521,331	SKILLED NURSING FACILITY	34	2,682,490	

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION: NONCERTIFIED SNF

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
2.00	MAINTENANCE & REPAIRS	161,159
TOTAL	RECLASSIFICATIONS FOR CODE H	2,682,490

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
		0
TOTAL		2,682,490

RECLASS CODE: J
EXPLANATION: PROPERTY INSURANCE & TAX

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,811,704
2.00		0
3.00		0
4.00		0
5.00		0
6.00		0
TOTAL	RECLASSIFICATIONS FOR CODE J	1,811,704

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
OTHER ADMINISTRATIVE AND GENER	6.04	784,966
OTHER BUILDING-MOB	8.01	829,949
OTHER BUILDING-CANCER CENTER	8.02	107,710
LABORATORY	44	7,945
PHYSICAL THERAPY	50	31,134
OP CHEM DEPEN	59.01	50,000
TOTAL		1,811,704

RECLASS CODE: K
EXPLANATION: PENSION EXPENSE

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	14,340,216
TOTAL	RECLASSIFICATIONS FOR CODE K	14,340,216

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	14,340,216
TOTAL		14,340,216

RECLASS CODE: M
EXPLANATION: COMMUNITY ONCOLOGY RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	90,389
TOTAL	RECLASSIFICATIONS FOR CODE M	90,389

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
RESEARCH	97	90,389
TOTAL		90,389

RECLASS CODE: N
EXPLANATION: INTEREST EXPENSE

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	871,051
TOTAL	RECLASSIFICATIONS FOR CODE N	871,051

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
OTHER ADMINISTRATIVE AND GENER	6.04	871,051
TOTAL		871,051

RECLASS CODE: O
EXPLANATION: DIETARY TECH SALARY

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	CLINIC	35,173
2.00	SUBPROVIDER	34,882
TOTAL	RECLASSIFICATIONS FOR CODE O	70,055

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DIETARY	11	35,173
DIETARY	11	34,882
TOTAL		70,055

RECLASS CODE: P
EXPLANATION: EQUIPMENT DEPRECIATION & RENTAL

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	20,198,879
2.00	NEW CAP REL COSTS-MVBLE EQUIP-	657,193
3.00	NEW CAP REL COSTS-MVBLE EQUIP-	3,681,693
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

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	24,062
PURCHASING	6.02	2,501
ADMINISTRATIVE	6.03	9,525
OTHER ADMINISTRATIVE AND GENER	6.04	2,534,205
MAINTENANCE & REPAIRS	7	185,722
OPERATION OF PLANT	8	103,095
OTHER BUILDING-MOB	8.01	7,634
OTHER BUILDING-CANCER CENTER	8.02	23,994
HEART HOSPITAL	8.03	92,673
LAUNDRY & LINEN SERVICE	9	17,385
HOUSEKEEPING	10	36,729
DIETARY	11	116,518
NURSING ADMINISTRATION	14	294,038
CENTRAL SERVICES & SUPPLY	15	353,748
PHARMACY	16	242,956

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
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	
16.00			0	MEDICAL RECORDS & LIBRARY	17	507,129	
17.00			0	SOCIAL SERVICE	18	10,805	
18.00			0	I&R SERVICES-SALARY & FRINGES	22	624	
19.00			0	I&R SERVICES-OTHER PRGM COSTS	23	49,452	
20.00			0	PARAMED ED PRGM	24	1,883	
21.00			0	RADIOLOGY SCHOOL	24.01	175	
22.00			0	ADULTS & PEDIATRICS	25	790,836	
23.00			0	INTENSIVE CARE UNIT	26	800,358	
24.00			0	CORONARY CARE UNIT	27	870,424	
25.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	765,790	
26.00			0	SUBPROVIDER	31	35,019	
27.00			0	NURSERY	33	5,830	
28.00			0	SKILLED NURSING FACILITY	34	130,179	
29.00			0	OPERATING ROOM	37	2,522,062	
30.00			0	RECOVERY ROOM	38	5,138	
31.00			0	DELIVERY ROOM & LABOR ROOM	39	284,094	
32.00			0	ANESTHESIOLOGY	40	616,879	
33.00			0	RADIOLOGY-DIAGNOSTIC	41	2,956,742	
34.00			0	ULTRASOUND	41.01	436,424	
35.00			0	CAT SCAN	41.02	774,089	
36.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	764,812	
37.00			0	RADIOLOGY-THERAPEUTIC	42	3,358,178	
38.00			0	RADIOISOTOPE	43	595,406	
39.00			0	LABORATORY	44	398,147	
40.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	57,630	
41.00			0	RESPIRATORY THERAPY	49	389,087	
42.00			0	PHYSICAL THERAPY	50	130,019	
43.00			0	ELECTROCARDIOLOGY	53	793,370	
44.00			0	RENAL DIALYSIS	57	49,611	
45.00			0	ASC (NON-DISTINCT PART)	58	214,899	
46.00			0	CARDIAC CATHETERIZATION LABORATO	58.01	844,200	
47.00			0	GASTROINTESTINAL SERVICES	58.03	559,046	
48.00			0	ELECTROCONVULSIVE THERAPY (ECT	58.04	8,100	
49.00			0	OP CHEM DEPEN	59.01	11,347	
50.00			0	CLINIC	60	63,012	
51.00			0	HYPERBARIC/OP WOUND CENTER	60.03	33,427	
52.00			0	EMERGENCY	61	416,604	
53.00			0	NATURAL FAMILY PLANNING	61.02	964	
54.00			0	AMBULATORY CARE UNIT	62.01	11,081	
55.00			0	VENDING MACHINES	96.01	5,736	
56.00			0	RESEARCH	97	23,661	
57.00			0	PHYSICIANS' PRIVATE OFFICES	98	62,313	
58.00			0	ST. JOHN'S MERCY HEALTH CARE	99.04	138,398	
TOTAL RECLASSIFICATIONS FOR CODE P			24,537,765				24,537,765

RECLASS CODE: Q
EXPLANATION: CRITICAL CARE FELLOWSHIP PROGRAM

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTENSIVE CARE UNIT	26	319,336	NURSING ADMINISTRATION	14	593,053	
2.00	CORONARY CARE UNIT	27	182,478			0	
3.00	EMERGENCY	61	91,239			0	
TOTAL RECLASSIFICATIONS FOR CODE Q			593,053				593,053

RECLASS CODE: R
EXPLANATION: UTILITIES SNF ADMINISTRATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	152,082	SKILLED NURSING FACILITY	34	152,082	
TOTAL RECLASSIFICATIONS FOR CODE R			152,082				152,082

RECLASS CODE: S
EXPLANATION: STAFF BENEFITS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	1,871,889	ADMINISTRATION	6.03	2,103	
2.00	CORONARY CARE UNIT	27	32	OTHER ADMINISTRATIVE AND GENER	6.04	70,932	
3.00	RECOVERY ROOM	38	986	OPERATION OF PLANT	8	2,096	
4.00	DELIVERY ROOM & LABOR ROOM	39	1,736	DIETARY	11	2,086	

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: S
EXPLANATION : STAFF BENEFITS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
5.00	ANESTHESIOLOGY	40	564	NURSING ADMINISTRATION	14	24,806	
6.00	AMBULATORY CARE UNIT	62.01	16	PHARMACY	16	2,686	
7.00	VENDING MACHINES	96.01	32	MEDICAL RECORDS & LIBRARY	17	2,423	
8.00			0	SOCIAL SERVICE	18	5,805	
9.00			0	I&R SERVICES-SALARY & FRINGES	22	62,068	
10.00			0	I&R SERVICES-OTHER PRGM COSTS	23	187,275	
11.00			0	ADULTS & PEDIATRICS	25	6,826	
12.00			0	INTENSIVE CARE UNIT	26	3,291	
13.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	1,296	
14.00			0	SUBPROVIDER	31	2,202	
15.00			0	NURSERY	33	403	
16.00			0	SKILLED NURSING FACILITY	34	2,615	
17.00			0	OPERATING ROOM	37	5,324	
18.00			0	RADIOLOGY-DIAGNOSTIC	41	122	
19.00			0	ULTRASOUND	41.01	21	
20.00			0	RADIOLOGY-THERAPEUTIC	42	1,862	
21.00			0	LABORATORY	44	2,236	
22.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	7	
23.00			0	RESPIRATORY THERAPY	49	2,169	
24.00			0	PHYSICAL THERAPY	50	2,399	
25.00			0	ELECTROCARDIOLOGY	53	44,264	
26.00			0	ASC (NON-DISTINCT PART)	58	150	
27.00			0	CARDIAC CATHETERIZATION LABORATORY	58.01	35	
28.00			0	CLINIC	60	1,423	
29.00			0	HYPERBARIC/OP WOUND CENTER	60.03	217	
30.00			0	EMERGENCY	61	1,890	
31.00			0	RESEARCH	97	61,639	
32.00			0	PHYSICIANS' PRIVATE OFFICES	98	762,333	
33.00			0	ST. JOHN'S MERCY HEALTH CARE	99.04	604,562	
34.00			0	HOSPICE	99.05	5,689	
TOTAL RECLASSIFICATIONS FOR CODE S			1,875,255	TOTAL RECLASSIFICATIONS FOR CODE S			1,875,255

RECLASS CODE: T
EXPLANATION : PHYSICIANS BENEFITS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	3,225,445	OTHER ADMINISTRATIVE AND GENER	6.04	11,449	
2.00			0	I&R SERVICES-SALARY & FRINGES	22	3,686	
3.00			0	I&R SERVICES-OTHER PRGM COSTS	23	335,139	
4.00			0	INTENSIVE CARE UNIT	26	213	
5.00			0	SUBPROVIDER	31	5,655	
6.00			0	PHYSICAL THERAPY	50	150,000	
7.00			0	ELECTROCARDIOLOGY	53	85,979	
8.00			0	CLINIC	60	23,319	
9.00			0	HYPERBARIC/OP WOUND CENTER	60.03	26,892	
10.00			0	EMERGENCY	61	31,952	
11.00			0	RESEARCH	97	38,493	
12.00			0	PHYSICIANS' PRIVATE OFFICES	98	2,184,695	
13.00			0	ST. JOHN'S MERCY HEALTH CARE	99.04	327,973	
TOTAL RECLASSIFICATIONS FOR CODE T			3,225,445	TOTAL RECLASSIFICATIONS FOR CODE T			3,225,445

RECLASS CODE: U
EXPLANATION : LAUNDRY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	3,002,174	EMPLOYEE BENEFITS	5	11,481	
2.00			0	HOUSEKEEPING	10	2,222	
3.00			0	CENTRAL SERVICES & SUPPLY	15	11,883	
4.00			0	PHARMACY	16	1,319	
5.00			0	I&R SERVICES-OTHER PRGM COSTS	23	914	
6.00			0	ADULTS & PEDIATRICS	25	756,367	
7.00			0	INTENSIVE CARE UNIT	26	687,868	
8.00			0	CORONARY CARE UNIT	27	128,982	
9.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	65,502	
10.00			0	SUBPROVIDER	31	55,050	
11.00			0	SKILLED NURSING FACILITY	34	89,057	
12.00			0	OPERATING ROOM	37	180,052	
13.00			0	RECOVERY ROOM	38	39,168	
14.00			0	DELIVERY ROOM & LABOR ROOM	39	214,426	
15.00			0	ANESTHESIOLOGY	40	813	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	82,173	

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: U
EXPLANATION : LAUNDRY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
17.00			0	ULTRASOUND	41.01	27,926	
18.00			0	CAT SCAN	41.02	41,429	
19.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	20,192	
20.00			0	RADIOLOGY-THERAPEUTIC	42	25,338	
21.00			0	RADIOISOTOPE	43	5,074	
22.00			0	LABORATORY	44	7,945	
23.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	2,398	
24.00			0	RESPIRATORY THERAPY	49	1,086	
25.00			0	PHYSICAL THERAPY	50	50,495	
26.00			0	ELECTROCARDIOLOGY	53	22,329	
27.00			0	RENAL DIALYSIS	57	3,738	
28.00			0	ASC (NON-DISTINCT PART)	58	88,409	
29.00			0	CARDIAC CATHETERIZATION LABORATO	58.01	42,036	
30.00			0	GASTROINTESTINAL SERVICES	58.03	45,827	
31.00			0	ELECTROCONVULSIVE THERAPY (ECT	58.04	11,726	
32.00			0	CLINIC	60	7,218	
33.00			0	EMERGENCY	61	222,996	
34.00			0	AMBULATORY CARE UNIT	62.01	44,759	
35.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,701	
36.00			0	ST. JOHN'S MERCY HEALTH CARE	99.04	2,275	
TOTAL RECLASSIFICATIONS FOR CODE U			3,002,174	TOTAL RECLASSIFICATIONS FOR CODE U			3,002,174

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

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	619	OTHER ADMINISTRATIVE AND GENER	6.04	619	
TOTAL RECLASSIFICATIONS FOR CODE W			619	TOTAL RECLASSIFICATIONS FOR CODE W			619

RECLASS CODE: X
EXPLANATION : EPOETIN COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	1,370,951	DRUGS CHARGED TO PATIENTS	56	1,370,951	
TOTAL RECLASSIFICATIONS FOR CODE X			1,370,951	TOTAL RECLASSIFICATIONS FOR CODE X			1,370,951

RECLASS CODE: Y
EXPLANATION : PATIENT PLACEMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	368,202	ADULTS & PEDIATRICS	25	368,202	
TOTAL RECLASSIFICATIONS FOR CODE Y			368,202	TOTAL RECLASSIFICATIONS FOR CODE Y			368,202

RECLASS CODE: Z
EXPLANATION : INTERVENTIONAL CARE HH

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CORONARY CARE UNIT	27	236,786	CARDIAC CATHETERIZATION LABORATO	58.01	236,786	
TOTAL RECLASSIFICATIONS FOR CODE Z			236,786	TOTAL RECLASSIFICATIONS FOR CODE Z			236,786

RECLASS CODE: AA
EXPLANATION : PACU RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	45,937	RECOVERY ROOM	38	45,937	
TOTAL RECLASSIFICATIONS FOR CODE AA			45,937	TOTAL RECLASSIFICATIONS FOR CODE AA			45,937

RECLASS CODE: BB
EXPLANATION : EMERGENCY DEPARTMENT ROUTINE REVENUE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	653,831	EMERGENCY	61	653,831	
TOTAL RECLASSIFICATIONS FOR CODE BB			653,831	TOTAL RECLASSIFICATIONS FOR CODE BB			653,831

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: CC
EXPLANATION : AMBULATORY CARE UNIT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	902,655	AMBULATORY CARE UNIT	62.01	902,655	
TOTAL RECLASSIFICATIONS FOR CODE CC			902,655				

RECLASS CODE: EE
EXPLANATION : MOB HEART HOSPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	28,658	HEART HOSPITAL	8.03	28,658	
TOTAL RECLASSIFICATIONS FOR CODE EE			28,658				

RECLASS CODE: GG
EXPLANATION : RECRUITMENT & SIGN ON BONUS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	2,500	EMPLOYEE BENEFITS	5	321,100	
2.00	PURCHASING	6.02	200			0	
3.00	ADMINISTRATIVE	6.03	1,200			0	
4.00	OTHER ADMINISTRATIVE AND GENERAL	6.04	1,200			0	
5.00	OPERATION OF PLANT	8	500			0	
6.00	HOUSEKEEPING	10	1,100			0	
7.00	DIETARY	11	3,100			0	
8.00	NURSING ADMINISTRATION	14	7,400			0	
9.00	CENTRAL SERVICES & SUPPLY	15	900			0	
10.00	PHARMACY	16	10,700			0	
11.00	SOCIAL SERVICE	18	1,200			0	
12.00	I&R SERVICES-OTHER PRGM COSTS	23	700			0	
14.00	ADULTS & PEDIATRICS	25	48,800			0	
15.00	INTENSIVE CARE UNIT	26	37,000			0	
16.00	CORONARY CARE UNIT	27	6,800			0	
17.00	NEONATAL INTENSIVE CARE UNIT	27.01	19,000			0	
18.00	SUBPROVIDER	31	2,700			0	
19.00	SKILLED NURSING FACILITY	34	4,400			0	
20.00	OPERATING ROOM	37	8,600			0	
21.00	RECOVERY ROOM	38	1,500			0	
22.00	DELIVERY ROOM & LABOR ROOM	39	26,200			0	
23.00	RADIOLOGY-DIAGNOSTIC	41	17,000			0	
24.00	ULTRASOUND	41.01	3,000			0	
25.00	CAT SCAN	41.02	3,000			0	
26.00	MAGNETIC RESONANCE IMAGING (MR)	41.03	3,000			0	
27.00	RADIOLOGY-THERAPEUTIC	42	1,000			0	
28.00	RADIOISOTOPE	43	700			0	
29.00	LABORATORY	44	1,600			0	
30.00	WHOLE BLOOD & PACKED RED BLOOD	46	200			0	
31.00	RESPIRATORY THERAPY	49	18,200			0	
32.00	PHYSICAL THERAPY	50	3,700			0	
33.00	ELECTROCARDIOLOGY	53	1,200			0	
34.00	RENAL DIALYSIS	57	4,200			0	
35.00	ASC (NON-DISTINCT PART)	58	400			0	
36.00	CARDIAC CATHETERIZATION LABORATORY	58.01	200			0	
37.00	GASTROINTESTINAL SERVICES	58.03	1,700			0	
38.00	EMERGENCY	61	35,500			0	
39.00	ST. JOHN'S MERCY HEALTH CARE	99.04	27,000			0	
40.00	REHAB HOSPITAL	99.08	13,800			0	
TOTAL RECLASSIFICATIONS FOR CODE GG			321,100	321,100			

RECLASS CODE: JJ
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	30,139,148	DIETARY	11	197,252	
2.00			0	ADULTS & PEDIATRICS	25	1,400,153	
3.00			0	INTENSIVE CARE UNIT	26	2,195,380	
4.00			0	CORONARY CARE UNIT	27	318,858	
5.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	482,169	
6.00			0	SUBPROVIDER	31	9,567	
7.00			0	SKILLED NURSING FACILITY	34	127,335	
8.00			0	OPERATING ROOM	37	12,063,521	
9.00			0	RECOVERY ROOM	38	113,817	
10.00			0	DELIVERY ROOM & LABOR ROOM	39	704,145	

RECLASSIFICATIONS

PROVIDER NO:
260020

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: JJ
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
11.00			0	ANESTHESIOLOGY	40	1,601,869	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	1,314,118	
13.00			0	ULTRASOUND	41.01	5,084	
14.00			0	CAT SCAN	41.02	96,693	
15.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	26,146	
16.00			0	RADIOLOGY-THERAPEUTIC	42	106,600	
17.00			0	RADIOISOTOPE	43	54,299	
18.00			0	LABORATORY	44	547	
19.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	12,054	
20.00			0	RESPIRATORY THERAPY	49	1,000,748	
21.00			0	PHYSICAL THERAPY	50	105,589	
22.00			0	ELECTROCARDIOLOGY	53	1,786,842	
23.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	1,767,057	
24.00			0	DRUGS CHARGED TO PATIENTS	56	298,902	
25.00			0	RENAL DIALYSIS	57	97,550	
26.00			0	ASC (NON-DISTINCT PART)	58	9,298	
27.00			0	CARDIAC CATHETERIZATION LABORATO	58.01	1,258,513	
28.00			0	GASTROINTESTINAL SERVICES	58.03	825,401	
29.00			0	ELECTROCONVULSIVE THERAPY (ECT	58.04	208,066	
30.00			0	OP PSYCH	59	8	
31.00			0	CLINIC	60	117,882	
32.00			0	HYPERBARIC/OP WOUND CENTER	60.03	32,770	
33.00			0	EMERGENCY	61	1,705,046	
34.00			0	AMBULATORY CARE UNIT	62.01	95,869	
TOTAL RECLASSIFICATIONS FOR CODE JJ			30,139,148				30,139,148

RECLASS CODE: KK
EXPLANATION : IMPLANT SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	36,590,555	ADULTS & PEDIATRICS	25	6,636	
2.00			0	INTENSIVE CARE UNIT	26	79,077	
3.00			0	CORONARY CARE UNIT	27	36,924	
4.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	747	
5.00			0	OPERATING ROOM	37	26,440,640	
6.00			0	DELIVERY ROOM & LABOR ROOM	39	41,532	
7.00			0	ANESTHESIOLOGY	40	1,368	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	288,807	
9.00			0	RADIOLOGY-THERAPEUTIC	42	852,272	
10.00			0	PHYSICAL THERAPY	50	7,153	
11.00			0	ELECTROCARDIOLOGY	53	6,687,783	
12.00			0	ASC (NON-DISTINCT PART)	58	7,830	
13.00			0	CARDIAC CATHETERIZATION LABORATO	58.01	2,026,042	
14.00			0	GASTROINTESTINAL SERVICES	58.03	42,270	
15.00			0	HYPERBARIC/OP WOUND CENTER	60.03	63,700	
16.00			0	EMERGENCY	61	7,774	
TOTAL RECLASSIFICATIONS FOR CODE KK			36,590,555				36,590,555

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
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	83,673,992
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							597,596
6 MOVABLE EQUIPMENT	41,902,549					41,902,549	817,044
7 SUBTOTAL	172,357,265					172,357,265	87,123,071
8 RECONCILING ITEMS							
9 TOTAL	172,357,265					172,357,265	87,123,071

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	4,358,811					4,358,811	
2 LAND IMPROVEMENTS	7,628,986				19,059	7,609,927	3,319,995
3 BUILDINGS & FIXTURE	524,825,597	40,869,536		40,869,536	1,548,872	564,146,261	91,473,981
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	5,987,767	208,072		208,072	19,044	6,176,795	1,904,161
6 MOVABLE EQUIPMENT	159,777,839	9,604,128		9,604,128	5,097,063	164,284,904	70,317,779
7 SUBTOTAL	702,579,000	50,681,736		50,681,736	6,684,038	746,576,698	167,015,916
8 RECONCILING ITEMS							
9 TOTAL	702,579,000	50,681,736		50,681,736	6,684,038	746,576,698	167,015,916

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
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	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	24,266,395		528,034		1,811,704		26,606,133
3 01	OTHER BUILDING-MOB	2,050,635						2,050,635
3 02	OTHER BUILDING-CANCE	1,994,881						1,994,881
4	NEW CAP REL COSTS-MV	20,092,608						20,092,608
4 01	NEW CAP REL COSTS-MV	657,193						657,193
4 02	NEW CAP REL COSTS-MV	3,681,693						3,681,693
5	TOTAL	52,743,405		528,034		1,811,704		55,083,143

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	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
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 Worksheet 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.
			WORKSHEET A TO/FROM WHICH THE	AMOUNT IS TO BE ADJUSTED	
	1	2	COST CENTER	LINE NO	A-7 REF. 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	-42,447,207			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-930,388			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-3,602,917	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 A&G NON-ALLOWABLE COSTS	A	-1,113,374	OTHER ADMINISTRATIVE AND	6.04	
38 A&G NON-ALLOWABLE COSTS	A	-133,091	EMPLOYEE BENEFITS	5	
39 TELEVISION ELIMINATION	A	-138,345	OPERATION OF PLANT	8	
40 TELEVISION ELIMINATION	A	-2,780	EMPLOYEE BENEFITS	5	
41 TELEVISION ELIMINATION	A	-43,672	NEW CAP REL COSTS-MVBLE E	4	9
42 SJMH SHARED SERVICES	A	95,190,655	SJMH-SHARED SERVICES	99.02	
43 TELEPHONE ADJUSTMENT	A	-44,684	OTHER ADMINISTRATIVE AND	6.04	
44 AHA CARRYFORWARD SCHEDULE	A	-66,319	NEW CAP REL COSTS-MVBLE E	4	9
44.01 KYPHOPLASTY LEGAL FEES	A	-31,890	OTHER ADMINISTRATIVE AND	6.04	
45 MOB RENTAL INCOME ELIMINATION	A	-564,521	OTHER BUILDING-MOB	8.01	
46 MOB RENTAL INCOME ELIMINATION	A	-701,756	OTHER BUILDING-CANCER CEN	8.02	
47 MOB RENTAL INCOME ELIMINATION	A	-192	PHYSICAL THERAPY	50	
48 MOB RENTAL INCOME ELIMINATION	A	-160,258	OP CHEM DEPEN	59.01	
49 FRA ADJUSTMENT	A	44,290,048	OTHER ADMINISTRATIVE AND	6.04	
49.01 MERCY SAFEWATCH PROGRAM	A	-4,524,502	ST. JOHN'S MERCY HEALTH C	99.04	
49.02 MIS INCOME - UNNECESSARY BORROWING	A	-106,040	NEW CAP REL COSTS-BLDG &	3	11
49.03 MIS INCOME - INTEREST INCOME OFFSET	A	-236,977	NEW CAP REL COSTS-BLDG &	3	11
49.04 PHYSICAL THERAPY SERVICES	A	-2,032	PHYSICAL THERAPY	50	
49.05 AHA/MHA/CHA DUES	A	-39,723	OTHER ADMINISTRATIVE AND	6.04	
49.06 ELIMINATE BAD DEBT EXPENSE	A	-19,167,131	OTHER ADMINISTRATIVE AND	6.04	
49.07 AHA CARRYFORWARD/MEDICARE DEPREC.	A	127,436	NEW CAP REL COSTS-MVBLE E	4	9
49.08 BUILDING DEPRECIATION	A	180,056	NEW CAP REL COSTS-BLDG &	3	9
49.09 AHA ADJUSTMENT	A	-123,716	NEW CAP REL COSTS-MVBLE E	4	9
49.10 GIFT SHOP	A	166,171	GIFT, FLOWER, COFFEE SHOP	96	
49.11 NON-ALLOWABLE MARKETNG/PROMOTION	A	-43,445	OTHER ADMINISTRATIVE AND	6.04	
49.12 NON-ALLOWABLE MARKETNG/PROMOTION	A	-4,270	I&R SERVICES-SALARY & FRI	22	
49.13 NON-ALLOWABLE MARKETNG/PROMOTION	A	-12,892	SUBPROVIDER	31	
49.14 NON-ALLOWABLE MARKETNG/PROMOTION	A	-6,654	SKILLED NURSING FACILITY	34	
49.15 NON-ALLOWABLE MARKETNG/PROMOTION	A	-7,356	ULTRASOUND	41.01	
49.16 NON-ALLOWABLE MARKETNG/PROMOTION	A	-57,452	WHOLE BLOOD & PACKED RED	46	
49.17 NON-ALLOWABLE MARKETNG/PROMOTION	A	-28,263	PHYSICAL THERAPY	50	
49.18 NON-ALLOWABLE MARKETNG/PROMOTION	A	-508	CARDIAC CATHERIZATION LAB	58.01	
49.19 NON-ALLOWABLE MARKETNG/PROMOTION	A	-1,923	CLINIC	60	
49.20 NON-ALLOWABLE MARKETNG/PROMOTION	A	-931	EMERGENCY	61	
49.21					
49.22 MISCELLANEOUS INCOME	B	-760,212	EMPLOYEE BENEFITS	5	
49.23 MISCELLANEOUS INCOME	B	-1,851,680	OTHER ADMINISTRATIVE AND	6.04	
49.24 MISCELLANEOUS INCOME	B	-2,083	HOUSEKEEPING	10	
49.25 MISCELLANEOUS INCOME	B	-30,805	DIETARY	11	
49.26 MISCELLANEOUS INCOME	B	-76,966	NURSING ADMINISTRATION	14	
49.27 MISCELLANEOUS INCOME	B	-291,673	PHARMACY	16	
49.28 MISCELLANEOUS INCOME	B	-434,161	MEDICAL RECORDS & LIBRARY	17	
49.29 MISCELLANEOUS INCOME	B	-30,000	I&R SERVICES-OTHER PRGM C	23	
49.30 MISCELLANEOUS INCOME	B	-42,050	PARAMED ED PRGM	24	
49.31 MISCELLANEOUS INCOME	B	-76,621	RADIOLOGY SCHOOL	24.01	
49.32 MISCELLANEOUS INCOME	B	-22,104	ADULTS & PEDIATRICS	25	
49.33 MISCELLANEOUS INCOME	B	-67,980	SUBPROVIDER	31	
49.34 MISCELLANEOUS INCOME	B	-834,996	NURSERY	33	
49.35 MISCELLANEOUS INCOME	B	-9,123	SKILLED NURSING FACILITY	34	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
26-0020

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST.
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE	AMOUNT IS TO BE ADJUSTED	
	1	2	COST CENTER	LINE NO	A-7
				4	REF.
					5
49.36 MISCELLANEOUS INCOME	B	-12,600	OPERATING ROOM	37	
49.37 MISCELLANEOUS INCOME	B	-7,333	RADIOLOGY-DIAGNOSTIC	41	
49.38 MISCELLANEOUS INCOME	B	-3,000	MAGNETIC RESONANCE IMAGING	41.03	
49.39 MISCELLANEOUS INCOME	B	-776	RADIOLOGY-THERAPEUTIC	42	
49.40 MISCELLANEOUS INCOME	B	-175,128	PHYSICAL THERAPY	50	
49.41 MISCELLANEOUS INCOME	B	-6,495	ELECTROCARDIOLOGY	53	
49.42 MISCELLANEOUS INCOME	B	-18	OP PSYCH	59	
49.43 MISCELLANEOUS INCOME	B	-15,550	OP CHEM DEPEN	59.01	
49.44 MISCELLANEOUS INCOME	B	-2,327,147	CLINIC	60	
49.46 MISCELLANEOUS INCOME	B	-246	HYPERBARIC/OP WOUND CENTE	60.03	
49.48 MISCELLANEOUS INCOME	B	-72,647	EMERGENCY	61	
49.49 MISCELLANEOUS INCOME	B	-27,190	NATURAL FAMILY PLANNING	61.02	
49.50 PHYSICIAN TEACHING RCE ELIMINATION	A	-1,389,021	I&R SERVICES-OTHER PRGM C	23	
50 TOTAL (SUM OF LINES 1 THRU 49)		57,041,552			

(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		12,220,074	-12,220,074	
2	6 4	OTHER ADMINISTRATIVE AND		1,601,923	-1,601,923	
3	6 4	OTHER ADMINISTRATIVE AND		43,273,062	-43,273,062	
4	6 4	OTHER ADMINISTRATIVE AND		52,928	-52,928	
4.01	6 4	OTHER ADMINISTRATIVE AND		-776,837	776,837	
4.02	6 4	OTHER ADMINISTRATIVE AND		35,040,008	-35,040,008	
4.03	6 4	OTHER ADMINISTRATIVE AND		13,377,360	-13,377,360	
4.04	6 4	OTHER ADMINISTRATIVE AND		7,153,971	-7,153,971	
4.05	6 4	OTHER ADMINISTRATIVE AND		454,728	-454,728	
4.06	6 4	OTHER ADMINISTRATIVE AND		4,359,508	-4,359,508	
4.07	6 4	OTHER ADMINISTRATIVE AND		2,415,392	-2,415,392	
4.08	6 4	OTHER ADMINISTRATIVE AND		278,300	-278,300	
4.09	6 4	OTHER ADMINISTRATIVE AND		336,822	-336,822	
4.10	6 4	OTHER ADMINISTRATIVE AND	766,275		766,275	
4.11	6 4	OTHER ADMINISTRATIVE AND	7,183,072		7,183,072	
4.12	6 4	OTHER ADMINISTRATIVE AND	80,942,612		80,942,612	
4.13	61	EMERGENCY		203,565		
4.14	41 1	ULTRASOUND		674,409		
4.15	44	LABORATORY		156,834		
4.16	43	RADIOISOTOPE		39,349		
4.17	53	ELECTROCARDIOLOGY		64,808		
4.18	98	PHYSICIANS' PRIVATE OFFICE		30,897		
4.19	50	PHYSICAL THERAPY		302,083		
4.20	11	DIETARY		27,977		
4.21	49	RESPIRATORY THERAPY		69,567		
4.22	6 3	ADMINISTRATIVE	3,776,420		3,776,420	
4.23	6 2	PURCHASING	654,688		654,688	
4.24	5	EMPLOYEE BENEFITS	20,289,555		20,289,555	
4.25	6 4	OTHER ADMINISTRATIVE AND	103,798	103,798		
4.26	6 4	OTHER ADMINISTRATIVE AND	2,260,846		2,260,846	
4.27	6 4	OTHER ADMINISTRATIVE AND	1,371,992		1,371,992	
4.28	6 4	OTHER ADMINISTRATIVE AND	1,611,391		1,611,391	
4.29						
4.30						
5		TOTALS	120,530,138	121,460,526	-930,388	

* 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 XVIIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00		0.00	
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 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 18	SOCIAL SERVICE	38,520	38,520		177,200			
2 23	I&R SERVICES-OTHER PRGM C	1,347,993	1,347,993		177,200			
3 25	ADULTS & PEDIATRICS	159,817	2,000	157,817	196,400	1,053	99,428	4,971
4 25	A&P MEDICINE	9,199,888	8,487,264	712,624	165,600	4,650	370,212	18,511
5 25	A&P PEDS	7,142,032	6,651,221	490,811	140,600	3,743	253,012	12,651
6 25	A&P OB/GYN	709,556	572,049	137,507	196,400	536	50,611	2,531
7 25	A&P FAM MED	31,046	15,523	15,523	138,700	281	18,738	937
8 27	CORONARY CARE UNIT	3,765,543	2,371,295	1,394,248	177,200	13,520	1,151,800	57,590
9 27	1 NEONATAL INTENSIVE CARE U	320,417	320,417		177,200			
10 31	SUBPROVIDER	2,000	2,000		142,500			
11 31	SUBPROVIDER	1,254,108	1,158,785	95,323	142,500	624	42,750	2,138
12 37	OPERATING ROOM	2,246,729	1,952,250	294,479	204,100	2,277	223,431	11,172
13 41	RADIOLOGY-DIAGNOSTIC	4,248	4,248		231,100			
14 41	RADIOLOGY-DIAGNOSTIC	604,046	604,046					
15 41	1 ULTRASOUND	1,914,498	1,914,498		231,100			
16 41	2 CAT SCAN	3,967	3,967		231,100			
17 44	LABORATORY	121,078	10,654	110,424	219,500	1,061	111,966	5,598
18 49	RESPIRATORY THERAPY	158,100	158,100		177,200			
19 50	PHYSICAL THERAPY	1,205,371	1,205,371		177,200			
20 53	ELECTROCARDIOLOGY	957,041	957,041					
21 53	ELECTROCARDIOLOGY	486,842	439,910	46,932	177,200	260	22,150	1,108
22 60	CLINIC	274,735	274,735		177,200			
23 60	CLINIC	164,063	164,063		177,200			
24 60	ONCOLOGY	1,930,856	1,930,856		177,200			
25 60	3 HYPERBARIC/OP WOUND CENTE	237,618	206,046	31,572	177,200	282	24,024	1,201
26 61	EMERGENCY	390	390		177,200			
27 61	EMERGENCY	10,605,465	10,472,445	133,020	177,200	885	75,395	3,770
28								
29								
30								
101	TOTAL	44,885,967	41,265,687	3,620,280		29,172	2,443,517	122,178

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 18	SOCIAL SERVICE							38,520
2 23	I & R SERVICES-OTHER PRGM C							1,347,993
3 25	ADULTS & PEDIATRICS					99,428	58,389	60,389
4 25	A&P MEDICINE					370,212	342,412	8,829,676
5 25	A&P PEDS					253,012	237,799	6,889,020
6 25	A&P OB/GYN					50,611	86,896	658,945
7 25	A&P FAM MED					18,738		15,523
8 27	CORONARY CARE UNIT					1,151,800	242,448	2,613,743
9 27 1	NEONATAL INTENSIVE CARE U							320,417
10 31	SUBPROVIDER							2,000
11 31	SUBPROVIDER					42,750	52,573	1,211,358
12 37	OPERATING ROOM					223,431	71,048	2,023,298
13 41	RADIOLOGY-DIAGNOSTIC							4,248
14 41	RADIOLOGY-DIAGNOSTIC							604,046
15 41 1	ULTRASOUND							1,914,498
16 41 2	CAT SCAN							3,967
17 44	LABORATORY					111,966		10,654
18 49	RESPIRATORY THERAPY							158,100
19 50	PHYSICAL THERAPY							1,205,371
20 53	ELECTROCARDIOLOGY							957,041
21 53	ELECTROCARDIOLOGY					22,150	24,782	464,692
22 60	CLINIC							274,735
23 60	CLINIC							164,063
24 60	ONCOLOGY							1,930,856
25 60 3	HYPERBARIC/OP WOUND CENTE					24,024	7,548	213,594
26 61	EMERGENCY							390
27 61	EMERGENCY					75,395	57,625	10,530,070
28								
29								
30								
101	TOTAL					2,443,517	1,181,520	42,447,207

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 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
24.02	RESPIRATORY SCHOOL	36	ASSIGNED TIME	NOT 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 &	26,606,133	26,606,133					
003 02 OTHER BUILDING-MOB	2,050,635		2,050,635				
004 01 OTHER BUILDING-CANCER CEN	1,994,881			1,994,881			
004 02 NEW CAP REL COSTS-MVBLE E	20,092,608				20,092,608		
004 01 NEW CAP REL COSTS-MVBLE E	657,193					657,193	
004 02 NEW CAP REL COSTS-MVBLE E	3,681,693						3,681,693
005 EMPLOYEE BENEFITS	81,056,571	175,176	2,616	35,100	19,321		4,717
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING	801,523	47,423			2,498		
006 03 ADMIN TTING	7,863,097	100,899	666		9,357	140	
006 04 OTHER ADMINI STRATI VE AND	177,687,223	1,169,416	115,564	115,329	2,514,563	4,848	11,128
007 MAINTENANCE & REPAIRS	6,098,737	3,561,313	93,014	232,214	164,783	10,361	9,088
008 OPERATION OF PLANT	8,607,011	108,130		880	195,289		241
008 01 OTHER BUILDING-MOB	1,507,517	42,352				6,789	
008 02 OTHER BUILDING-CANCER CEN							23,994
008 03 HEART HOSPI TAL							
009 LAUNDRY & LINEN SERVICE	3,860,180	96,953			17,364		
010 HOUSEKEEPING	5,127,832	222,599	14,400	11,400	30,334	4,447	1,357
010 01 HOUSEKEEPING-MED CENTER							
010 02 HOUSEKEEPING-MOB							
010 03 HOUSEKEEPING-CANCER CENTE							
011 DI ETARY	7,212,838	639,675		25,829	115,601		776
012 CAFETERIA							
014 NURSI NG ADMINI STRATI ON	5,076,773	161,177			293,680		
015 CENTRAL SERVICES & SUPPLY	3,166,383	351,334			353,317		
016 PHARMACY	10,606,838	208,690		26,852	242,660		
017 MEDICAL RECORDS & LIBRARY	2,805,523	86,722		13,958	506,512		
018 SOCIAL SERVICE	5,026,639	109,773			10,792		
022 I & R SERVICES-SALARY & FRI	5,073,711	64,653			623		
023 I & R SERVICES-OTHER PRGM C	3,811,049	66,189	48,762		9,591	35,438	
024 PARAMED ED PRGM	140,260	16,177			1,881		
024 01 RADIOLOGY SCHOOL	117,608	13,034			175		
024 02 RESPIRATORY SCHOOL							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	34,175,498	3,804,229	7,077		789,874		
026 INTENSIVE CARE UNIT	23,227,773	1,888,652			799,384		
027 CORONARY CARE UNIT	5,000,677	312,088			869,365		
027 01 NEONATAL INTENSIVE CARE U	12,183,495	400,971			764,858		
031 SUBPROVIDER	5,377,235	527,366			34,976		
031 01 SUBPROVIDER 2							
033 NURSERY	5,084,756	74,759			5,822		
034 SKILLED NURSING FACILITY	5,252,238	379,723			109,981		
036 OTHER LONG TERM CARE	2,521,331	379,741			20,040		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	19,271,180	1,612,917	18,152		2,518,996		
038 RECOVERY ROOM	1,998,511	101,220			5,132		
039 DELIVERY ROOM & LABOR ROO	8,831,612	821,278			283,748		
040 ANESTHESIOLOGY	2,629,301	65,403			616,128		
041 RADIOLOGY-DIAGNOSTIC	8,505,504	411,487	105,793	50,266	2,504,385	363,170	40,938
041 01 ULTRASOUND	1,712,863	190,799			435,893		
041 02 CAT SCAN	2,126,137	82,687		63,774	462,172		311,354
041 03 MAGNETIC RESONANCE IMAGIN	7,635,759	155,464			763,881		
042 RADIOLOGY-THERAPEUTIC	4,674,652	5,410		398,894	432,084		2,925,567
043 RADIOISOTOPE	2,717,046	188,478		38,068	271,116		323,960
043 01 ONCOLOGY							
044 LABORATORY	17,124,613	599,072	15,129		387,566	8,991	
044 01 LABORATORY-PATHOLOGICAL							
046 WHOLE BLOOD & PACKED RED	5,186,569	139,394			57,560		
049 RESPIRATORY THERAPY	7,516,920	141,305	13,039		297,544	81,087	
050 PHYSICAL THERAPY	7,635,782	245,882	49,786	30,229	74,828	49,001	
053 ELECTROCARDIOLOGY	5,397,280	359,458	13,236		699,091	83,086	
055 MEDICAL SUPPLIES CHARGED	28,372,091						
055 30 IMPL. DEV. CHARGED TO PAT	36,590,555						
056 DRUGS CHARGED TO PATIENTS	34,059,041						
057 RENAL DIALYSIS	2,226,898	58,957			49,551		
058 ASC (NON-DISTINCT PART)	2,643,740	425,646			214,637		
058 01 CARDIAC CATHERIZATION LAB	3,044,255	466,088			843,173		
058 03 GASTRO INTESTINAL SERVICE	2,204,256	270,379			558,366		
058 04 ELECTROCONVULSIVE THERAPY	32,093	38,138			8,090		
059 OP PSYCH	406,544	150,607					
059 01 OP CHEM DEPEN	524,894	150,607			11,333		
060 OUTPAT SERVICE COST CNTRS							
060 01 MEACHAM PARK CLINIC	7,315,797	281,378		107,491	37,651		25,315
060 02 URGENT CARE CENTER - ST.							
060 03 HYPERBARI C/OP WOUND CENTE	655,190	74,491			33,386		
060 04 URGENT CARE CENTER - O' FA							
061 EMERGENCY	8,108,187	717,165			416,097		
061 02 NATURAL FAMILY PLANNING	280,350				963		
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT	553,317	303,768			11,068		
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	34,134						
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	706,763,530	23,066,692	497,234	1,150,284	19,877,080	647,358	3,678,435

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OST-S-BLDG & 3	OTHER BUI LDIN G-MOB 3.01	OTHER BUI LDIN G-CANCER CEN 3.02	NEW CAP REL C OST-S-MVBLE E 4	NEW CAP REL C OST-S-MVBLE E 4.01	NEW CAP REL C OST-S-MVBLE E 4.02	
SPEC PURPOSE COST CENTERS								
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP	166,415	47,209					
096 01	VENDING MACHINES	1,033,535	30,800	13,804		3,278	2,182	
096 02	VISITOR MEALS							
097	RESEARCH	1,430,509		11,244	70,917	20,378	3,258	
098	PHYSICIANS' PRIVATE OFFICE	5,211,634	1,304,114	1,179,606	232,112	53,642	7,653	
099	NONPAID WORKERS							
099 01	MEALS ON WHEELS							
099 02	SJMH-SHARED SERVICES	95,190,789						
099 03	CONVENT							
099 04	ST. JOHN'S MERCY HEALTH C	759,455	953,531	262,130	476,505	138,230		
099 05	HOSPICE	61,209						
099 06	VACANT SPACE		1,203,787	86,617	65,063			
099 07	SALES & SERVICE-PHYSICIAN							
099 08	REHAB HOSPITAL	24,704,967						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	835,322,043	26,606,133	2,050,635	1,994,881	20,092,608	657,193	3,681,693

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	81,293,501						
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING	39,143		890,587				
006 03 ADMINISTRATION	1,087,936		1,538	9,063,633			
006 04 OTHER ADMINISTRATIVE AND	4,688,301		5,236	2,605	186,314,213	186,314,213	
007 MAINTENANCE & REPAIRS	788,634		1,925		10,960,069	3,146,362	14,106,431
008 OPERATION OF PLANT	357,553		151		9,269,255	2,660,971	70,775
008 01 OTHER BUILDING-MOB	3,429		28		1,560,115	447,870	27,721
008 02 OTHER BUILDING-CANCER CEN	428				24,422	7,011	
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE	65,162		9,879		4,049,538	1,162,521	63,459
010 HOUSEKEEPING	1,496,191		5,670		6,914,230	1,984,903	145,698
010 01 HOUSEKEEPING-MED CENTER							
010 02 HOUSEKEEPING-MOB							
010 03 HOUSEKEEPING-CANCER CENTE							
011 DIETARY	1,630,276		33,040	3,478	9,661,513	2,773,579	418,688
012 CAFETERIA							
014 NURSING ADMINISTRATION	1,331,336		584		6,863,550	1,970,354	105,496
015 CENTRAL SERVICES & SUPPLY	555,476		6,251		4,432,761	1,272,535	229,959
016 PHARMACY	2,841,461		227,490		14,153,991	4,063,257	136,594
017 MEDICAL RECORDS & LIBRARY	513,353		659		3,926,727	1,127,265	56,762
018 SOCIAL SERVICE	1,133,952		267		6,281,423	1,803,240	71,850
022 I&R SERVICES-SALARY & FRI	1,165,985		60		6,305,032	1,810,017	42,318
023 I&R SERVICES-OTHER PRGM C	1,057,241		606	30,049	5,058,925	1,452,291	43,323
024 PARAMED ED PRGM	50,082		21		208,421	59,832	10,588
024 01 RADIOLOGY SCHOOL	53,119		12		183,948	52,807	8,531
024 02 RESPIRATORY SCHOOL							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	13,998,482		18,222	607,880	53,401,262	15,330,167	2,489,994
026 INTENSIVE CARE UNIT	6,139,930		21,242	624,024	32,701,005	9,387,641	1,236,185
027 CORONARY CARE UNIT	2,057,597		3,823	110,202	8,353,752	2,398,153	204,272
027 01 NEONATAL INTENSIVE CARE U	3,224,601		7,316	355,740	16,936,981	4,862,184	262,448
031 SUBPROVIDER	1,795,759		495	50,078	7,785,909	2,235,140	345,179
031 01 SUBPROVIDER 2							
033 NURSERY	1,314,978		3,915	46,288	6,530,518	1,874,748	48,932
034 SKILLED NURSING FACILITY	1,370,948			70,131	7,183,021	2,062,066	248,541
036 OTHER LONG TERM CARE	623,091			12,779	3,556,982	1,021,121	248,553
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,611,003		272,020	359,659	28,663,927	8,228,697	1,055,707
038 RECOVERY ROOM	569,817		665	108,192	2,783,537	799,084	66,252
039 DELIVERY ROOM & LABOR ROO	2,269,928		9,485	167,677	12,383,728	3,555,059	537,554
040 ANESTHESIOLOGY	173,230		22,679	118,522	3,625,263	1,040,722	42,808
041 RADIOLOGY-DIAGNOSTIC	1,944,052		14,703	406,699	14,346,997	4,118,664	269,332
041 01 ULTRASOUND	445,364		338	116,003	2,901,260	832,879	124,884
041 02 CAT SCAN	311,750		6,733	432,373	3,796,980	1,090,018	54,121
041 03 MAGNETIC RESONANCE IMAGIN	148,067		2,082	141,389	2,041,642	586,104	101,756
042 RADIOLOGY-THERAPEUTIC	845,658		1,910	227,206	9,511,381	2,730,480	3,541
043 RADIOISOTOPE	299,650		10,099	143,176	3,991,593	1,145,887	123,365
043 01 ONCOLOGY							
044 LABORATORY	2,494,551		25,186	1,017,079	21,672,187	6,221,543	392,112
044 01 LABORATORY-PATHOLOGICAL							
046 WHOLE BLOOD & PACKED RED	730,325		12,080	84,363	6,210,291	1,782,819	91,238
049 RESPIRATORY THERAPY	1,931,569		10,303	196,188	10,187,955	2,924,707	92,489
050 PHYSICAL THERAPY	1,799,032		3,573	113,523	10,001,636	2,871,220	160,938
053 ELECTROCARDIOLOGY	1,475,852		55,629	413,392	8,497,024	2,439,283	235,277
055 MEDICAL SUPPLIES CHARGED				838,332	29,210,423	8,385,582	
055 30 IMPL. DEV. CHARGED TO PAT				290,209	36,880,764	10,587,545	
056 DRUGS CHARGED TO PATIENTS				790,762	34,849,803	10,004,507	
057 RENAL DIALYSIS	212,725		1,264	15,408	2,564,803	736,291	38,590
058 ASC (NON-DISTINCT PART)	726,109		674	53,849	4,064,655	1,166,861	278,599
058 01 CARDIAC CATHETERIZATION LAB	783,860		22,473	201,252	5,361,101	1,539,038	305,070
058 03 GASTRO INTESTINAL SERVICE	538,681		7,341	158,355	3,737,378	1,072,908	176,972
058 04 ELECTROCONVULSIVE THERAPY	46,994		473	10,716	136,504	39,187	24,963
059 OP PSYCH	59,475		27	5,093	621,746	178,488	98,577
059 01 OP CHEM DEPEN	102,331		185	9,551	798,901	229,345	98,577
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,583,766		36,388	79,175	9,466,961	2,717,728	184,171
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.							
060 03 HYPERBARI C/OP WOUND CENTE	197,449		1,014	8,606	970,136	278,502	48,757
060 04 URGENT CARE CENTER - O'FA							
061 EMERGENCY	5,211,633		10,435	485,830	14,949,347	4,291,584	469,408
061 02 NATURAL FAMILY PLANNING	61,512		124	198	343,147	98,509	
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT	172,058		376	65,805	1,106,392	317,617	198,826
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				86	34,220	9,824	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	79,130,885		876,689	8,971,922	698,329,245	146,986,717	11,789,750

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	213,625	61,326	30,900
096 01 VENDING MACHINES	78,946		4,252		1,166,797	334,958	20,160
096 02 VISITOR MEALS							
097 RESEARCH	339,359		212		1,875,877	538,517	
098 PHYSICIANS' PRIVATE OFFICE	567,646		7,810	91,711	8,655,928	2,484,901	853,586
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES					95,190,789	27,327,185	
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH C	1,170,567		1,612		3,762,030	1,079,985	624,117
099 05 HOSPICE	6,098		11		67,318	19,325	
099 06 VACANT SPACE					1,355,467	389,121	787,918
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL					24,704,967	7,092,178	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	81,293,501		890,587	9,063,633	835,322,043	186,314,213	14,106,431

COST CENTER DESCRIPTION	OPERATION OF PLANT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CEN	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER
	8	8.01	8.02	8.03	9	10	10.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 OTHER BUILDING-MOB							
004 01 OTHER BUILDING-CANCER CEN							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING							
006 03 ADMINITTING							
006 04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	12,001,001						
008 01 OTHER BUILDING-MOB	23,702	2,059,408					
008 02 OTHER BUILDING-CANCER CEN			31,433				
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE	54,260				5,329,778		
010 HOUSEKEEPING	124,577	16,128	222		3,960	9,189,718	
010 01 HOUSEKEEPING-MED CENTER						7,627,453	7,627,453
010 02 HOUSEKEEPING-MOB						1,231,429	
010 03 HOUSEKEEPING-CANCER CENTE						330,836	
011 DIETARY	357,994						
012 CAFETERIA			504				231,435
014 NURSING ADMINISTRATION	90,203						58,314
015 CENTRAL SERVICES & SUPPLY	196,624				21,177		127,113
016 PHARMACY	116,793		524		2,351		75,504
017 MEDICAL RECORDS & LIBRARY	48,534		272				31,376
018 SOCIAL SERVICE	61,434						39,716
022 I&R SERVICES-SALARY & FRI	36,183						23,392
023 I&R SERVICES-OTHER PRGM C	37,042	54,613			1,629		23,947
024 PARAMED ED PRGM	9,053						5,853
024 01 RADIOLOGY SCHOOL	7,295						4,716
024 02 RESPIRATORY SCHOOL							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,129,035	7,926			1,395,092		1,376,377
026 INTENSIVE CARE UNIT	1,056,984				1,225,864		683,317
027 CORONARY CARE UNIT	174,660				233,513		112,914
027 01 NEONATAL INTENSIVE CARE U	224,403				116,732		145,072
031 SUBPROVIDER	295,140				98,106		190,802
031 01 SUBPROVIDER 2							
033 NURSERY	41,839						27,048
034 SKILLED NURSING FACILITY	212,512				77,305		137,384
036 OTHER LONG TERM CARE	212,522				81,406		137,391
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	902,668	20,331			320,874		583,556
038 RECOVERY ROOM	56,648				68,735		36,622
039 DELIVERY ROOM & LABOR ROO	459,628				382,133		297,140
040 ANESTHESIOLOGY	36,603				1,449		23,663
041 RADIOLOGY-DIAGNOSTIC	230,289	118,487	981		146,442		148,877
041 01 ULTRASOUND	106,781				49,768		69,031
041 02 CAT SCAN	46,276		1,244		73,831		29,916
041 03 MAGNETIC RESONANCE IMAGIN	87,005				35,985		56,247
042 RADIOLOGY-THERAPEUTIC	3,028		7,781		45,155		1,957
043 RADIOISOTOPE	105,482		743		9,042		68,192
043 01 ONCOLOGY							
044 LABORATORY	335,271	16,945			14,159		216,745
044 01 LABORATORY-PATHOLOGICAL							
046 WHOLE BLOOD & PACKED RED	78,012				4,274		50,433
049 RESPIRATORY THERAPY	79,081				1,935		51,124
050 PHYSICAL THERAPY	137,608	55,760	590		89,988		88,960
053 ELECTROCARDIOLOGY	201,170	14,824			39,793		130,052
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	32,995				6,662		21,331
058 ASC (NON-DISTINCT PART)	238,213				157,556		153,999
058 01 CARDIAC CATHETERIZATION LAB	260,846				71,262		168,631
058 03 GASTROINTESTINAL SERVICE	151,317				81,669		97,823
058 04 ELECTROCONVULSIVE THERAPY	21,344				20,897		13,799
059 OP PSYCH	84,287						54,490
059 01 OP CHEM DEPEN	84,287						54,490
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	157,473		2,097		12,863		101,803
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.							
060 03 HYPERBARIC/OP WOUND CENTE	41,689						26,951
060 04 URGENT CARE CENTER - O'FA							
061 EMERGENCY	401,361				376,211		259,472
061 02 NATURAL FAMILY PLANNING							
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT	170,004				54,875		109,904
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	10,020,155	319,618	14,958		5,322,693	9,189,718	6,346,879

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	26,420					17,080
096 01	VENDING MACHINES	17,237	15,460				11,143
096 02	VISITOR MEALS						
097	RESEARCH		12,593	1,383			
098	PHYSICIANS' PRIVATE OFFICE	729,847	1,321,144	4,528	3,031		471,830
099	NONPAID WORKERS						
099 01	MEALS ON WHEELS						
099 02	SJMH-SHARED SERVICES						
099 03	CONVENT						
099 04	ST. JOHN'S MERCY HEALTH C	533,643	293,583	9,295	4,054		344,989
099 05	HOSPICE						
099 06	VACANT SPACE	673,699	97,010	1,269			435,532
099 07	SALES & SERVICE-PHYSICIAN						
099 08	REHAB HOSPITAL						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	12,001,001	2,059,408	31,433	5,329,778	9,189,718	7,627,453

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	1,231,429						
010 03 HOUSEKEEPING-CANCER CENTE		330,836					
011 DIETARY		5,341	13,449,054				
012 CAFETERIA			13,449,054	13,449,054			
014 NURSING ADMINISTRATION				175,287	9,263,204		
015 CENTRAL SERVICES & SUPPLY				229,752		6,509,921	
016 PHARMACY		5,552		462,231			19,016,797
017 MEDICAL RECORDS & LIBRARY		2,886		179,752			4
018 SOCIAL SERVICE				245,471			1,096
022 I&R SERVICES-SALARY & FRI				324,893			
023 I&R SERVICES-OTHER PRGM C	32,914			159,911			
024 PARAMED ED PRGM				8,996			
024 01 RADIOLOGY SCHOOL				8,094			
024 02 RESPIRATORY SCHOOL							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,777			2,558,245	2,717,887		20,927
026 INTENSIVE CARE UNIT				1,500,686	1,768,566		6,703
027 CORONARY CARE UNIT				303,872	358,114		2,030
027 01 NEONATAL INTENSIVE CARE U				649,469	765,402		3,221
031 SUBPROVIDER				379,169	370,475		820
031 01 SUBPROVIDER 2							
033 NURSERY				277,899	316,625		1,067
034 SKILLED NURSING FACILITY					304,120		
036 OTHER LONG TERM CARE					107,213		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,253			872,412	969,017		81,331
038 RECOVERY ROOM				124,153			632
039 DELIVERY ROOM & LABOR ROO				519,625	612,380		4,633
040 ANESTHESIOLOGY				66,724			563,424
041 RADIOLOGY-DIAGNOSTIC	71,409	10,394		392,342			161,240
041 01 ULTRASOUND				83,506	82,729		233
041 02 CAT SCAN		13,187		68,391			352,802
041 03 MAGNETIC RESONANCE IMAGIN				33,489			97,448
042 RADIOLOGY-THERAPEUTIC		82,483		132,529			892
043 RADIOISOTOPE		7,872		56,169			609,778
043 01 ONCOLOGY							
044 LABORATORY	10,212			680,513			635
044 01 LABORATORY-PATHOLOGICAL							
046 WHOLE BLOOD & PACKED RED				158,840			453,158
049 RESPIRATORY THERAPY	8,801			454,039			211,440
050 PHYSICAL THERAPY	33,605	6,251		290,049	6,410		176
053 ELECTROCARDIOLOGY	8,934			199,058	164,433		2,813
055 MEDICAL SUPPLIES CHARGED						3,223,210	
055 30 IMPL. DEV. CHARGED TO PAT						3,286,711	
056 DRUGS CHARGED TO PATIENTS							13,604,047
057 RENAL DIALYSIS				38,310	45,148		543,028
058 ASC (NON-DISTINCT PART)				148,571			134
058 01 CARDIAC CATHETERIZATION LAB				150,699	66,877		79,065
058 03 GASTROINTESTINAL SERVICE				120,825			2,953
058 04 ELECTROCONVULSIVE THERAPY				12,678			17,047
059 OP PSYCH				14,704			
059 01 OP CHEM DEPEN				22,968			
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		22,227		211,923			2,152,412
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.							
060 03 HYPERBARIC/OP WOUND CENTE							949
060 04 URGENT CARE CENTER - O'FA							
061 EMERGENCY				649,437	566,755		13,347
061 02 NATURAL FAMILY PLANNING				15,376			
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT				34,835	41,053		423
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	182,905	156,193	13,449,054	13,015,892	9,263,204	6,509,921	18,989,908

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
096 SPEC PURPOSE COST CENTERS							
096 01 NONREIMBURS COST CENTERS							
096 02 GIFT, FLOWER, COFFEE SHOP							
096 01 VENDING MACHINES	9,317			36,735			
096 02 VISITOR MEALS							
097 RESEARCH	7,589	14,664		54,523			
098 PHYSICIANS' PRIVATE OFFICE	796,219	47,996		304,473			19,305
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES							
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH C	176,934	98,529		37,431			7,584
099 05 HOSPICE							
099 06 VACANT SPACE	58,465	13,454					
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,231,429	330,836	13,449,054	13,449,054	9,263,204	6,509,921	19,016,797

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM	RADIOLOGY SCHOOL	SCH	RESPIRATORY SCHOOL
	17	18	22	23	24	24.01		24.02
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								
006 01 NONPATIENT TELEPHONES								
006 02 PURCHASING								
006 03 ADMINITTING								
006 04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS								
007 OPERATION OF PLANT								
008 01 OTHER BUILDING-MOB								
008 02 OTHER BUILDING-CANCER CEN								
008 03 HEART HOSPITAL								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
010 01 HOUSEKEEPING-MED CENTER								
010 02 HOUSEKEEPING-MOB								
010 03 HOUSEKEEPING-CANCER CENTE								
011 DIETARY								
012 CAFETERIA								
014 NURSING ADMINISTRATION								
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	5,373,578							
018 SOCIAL SERVICE		8,504,230						
022 I&R SERVICES-SALARY & FRI			8,541,835					
023 I&R SERVICES-OTHER PRGM C	18,013			6,882,608				
024 PARAMED ED PRGM					302,743			
024 01 RADIOLOGY SCHOOL						265,391		
024 02 RESPIRATORY SCHOOL								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICALS	364,383	3,969,187	4,442,695	3,579,714				
026 INTENSIVE CARE UNIT	374,060	1,159,668	993,835	800,785				
027 CORONARY CARE UNIT	66,059	746,796	326,807	263,325				
027 01 NEONATAL INTENSIVE CARE U	213,242	618,489						
031 SUBPROVIDER	30,018	927,734	146,812	118,294				
031 01 SUBPROVIDER 2								
033 NURSERY	27,747	194,839	53,394	43,023				
034 SKILLED NURSING FACILITY	42,039							
036 OTHER LONG TERM CARE	7,660							
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	215,592		1,542,880	1,243,180				
038 RECOVERY ROOM	64,854							
039 DELIVERY ROOM & LABOR ROO	100,511	37,094	422,756	340,637				
040 ANESTHESIOLOGY	71,046		123,047	99,145				
041 RADIOLOGY-DIAGNOSTIC	243,788		53,172	42,844			265,391	
041 01 ULTRASOUND	69,536							
041 02 CAT SCAN	259,178							
041 03 MAGNETIC RESONANCE IMAGIN	84,753							
042 RADIOLOGY-THERAPEUTIC	136,194							
043 RADIOISOTOPE	85,824							
043 01 ONCOLOGY								
044 LABORATORY	608,833				302,743			
044 01 LABORATORY-PATHOLOGICAL								
046 WHOLE BLOOD & PACKED RED	50,570							
049 RESPIRATORY THERAPY	117,601		69,119	55,693				
050 PHYSICAL THERAPY	68,050							
053 ELECTROCARDIOLOGY	247,801							
055 MEDICAL SUPPLIES CHARGED	502,523							
055 30 IMPL. DEV. CHARGED TO PAT	173,961							
056 DRUGS CHARGED TO PATIENTS	474,009							
057 RENAL DIALYSIS	9,236	77,311						
058 ASC (NON-DISTINCT PART)	32,279	77,311						
058 01 CARDIAC CATHETERIZATION LAB	120,637	77,311						
058 03 GASTRO INTESTINAL SERVICE	94,923		62,278	50,181				
058 04 ELECTROCONVULSIVE THERAPY	6,423							
059 OP PSYCH	3,053	309,245						
059 01 OP CHEM DEPEN	5,725							
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	47,460		121,492	97,892				
060 01 MEACHAM PARK CLINIC								
060 02 URGENT CARE CENTER - ST.								
060 03 HYPERBARI C/OP WOUND CENTE	5,158							
060 04 URGENT CARE CENTER - O' FA								
061 EMERGENCY	291,222	309,245	183,548	147,895				
061 02 NATURAL FAMILY PLANNING	119							
061 03 PAIN THERAPY CENTER								
062 OBSERVATION BEDS (NON-DIS								
062 01 AMBULATORY CARE UNIT	39,446							
065 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES	52							
065 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	5,373,578	8,504,230	8,541,835	6,882,608	302,743	265,391		

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM	RADIOLOGY	SCHOOL	RESPIRATORY SCHOOL
	17	18	22	23	24		24.01	24.02
SPEC PURPOSE COST CENTERS								
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
096 01 VENDING MACHINES								
096 02 VISITOR MEALS								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE								
099 NONPAID WORKERS								
099 01 MEALS ON WHEELS								
099 02 SJMH-SHARED SERVICES								
099 03 CONVENT								
099 04 ST. JOHN'S MERCY HEALTH C								
099 05 HOSPICE								
099 06 VACANT SPACE								
099 07 SALES & SERVICE-PHYSICIAN								
099 08 REHAB HOSPITAL								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	5,373,578	8,504,230	8,541,835	6,882,608	302,743		265,391	

COST CENTER DESCRIPTION	SUBTOTAL 25	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 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			
007 OPERATION OF PLANT			
008 01 OTHER BUILDING-MOB			
008 02 OTHER BUILDING-CANCER CEN			
008 03 HEART HOSPITAL			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
010 01 HOUSEKEEPING-MED CENTER			
010 02 HOUSEKEEPING-MOB			
010 03 HOUSEKEEPING-CANCER CENTE			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM			
024 01 RADIOLOGY SCHOOL			
024 02 RESPIRATORY SCHOOL			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	93,787,668	-8,022,409	85,765,259
026 INTENSIVE CARE UNIT	52,895,299	-1,794,620	51,100,679
027 CORONARY CARE UNIT	13,544,267	-590,132	12,954,135
027 01 NEONATAL INTENSIVE CARE U	24,797,643		24,797,643
031 SUBPROVIDER	12,923,598	-265,106	12,658,492
031 01 SUBPROVIDER 2			
033 NURSERY	9,437,679	-96,417	9,341,262
034 SKILLED NURSING FACILITY	10,266,988		10,266,988
036 OTHER LONG TERM CARE	5,372,848		5,372,848
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	44,712,425	-2,786,060	41,926,365
038 RECOVERY ROOM	4,000,517		4,000,517
039 DELIVERY ROOM & LABOR ROO	19,652,878	-763,393	18,889,485
040 ANESTHESIOLOGY	5,693,894	-222,192	5,471,702
041 RADIOLOGY-DIAGNOSTIC	20,620,649	-96,016	20,524,633
041 01 ULTRASOUND	4,320,607		4,320,607
041 02 CAT SCAN	5,785,944		5,785,944
041 03 MAGNETIC RESONANCE IMAGI	3,124,429		3,124,429
042 RADIOLOGY-THERAPEUTIC	12,655,421		12,655,421
043 RADIOISOTOPE	6,203,947		6,203,947
043 01 ONCOLOGY			
044 LABORATORY	30,471,898		30,471,898
044 01 LABORATORY-PATHOLOGICAL			
046 WHOLE BLOOD & PACKED RED	8,879,635		8,879,635
049 RESPIRATORY THERAPY	14,268,588	-124,812	14,143,776
050 PHYSICAL THERAPY	13,811,241		13,811,241
053 ELECTROCARDIOLOGY	12,180,462		12,180,462
055 MEDICAL SUPPLIES CHARGED	41,321,738		41,321,738
055 30 IMPL. DEV. CHARGED TO PAT	50,928,981		50,928,981
056 DRUGS CHARGED TO PATIENTS	58,932,366		58,932,366
057 RENAL DIALYSIS	4,113,705	-1,370,951	2,742,754
058 ASC (NON-DISTINCT PART)	6,318,178		6,318,178
058 01 CARDIAC CATHETERIZATION LAB	8,200,537		8,200,537
058 03 GASTROINTESTINAL SERVICE	5,649,227	-112,459	5,536,768
058 04 ELECTROCONVULSIVE THERAPY	292,842		292,842
059 OP PSYCH	1,364,590		1,364,590
059 01 OP CHEM DEPEN	1,294,293		1,294,293
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	15,296,502	-219,384	15,077,118
060 01 MEACHAM PARK CLINIC			
060 02 URGENT CARE CENTER - ST.			
060 03 HYPERBARIC/OP WOUND CENTE	1,372,142		1,372,142
060 04 URGENT CARE CENTER - O'FA			
061 EMERGENCY	22,908,832	-331,443	22,577,389
061 02 NATURAL FAMILY PLANNING	457,151		457,151
061 03 PAIN THERAPY CENTER			
062 OBSERVATION BEDS (NON-DIS			
062 01 AMBULATORY CARE UNIT	2,073,375		2,073,375
065 OTHER REIMBURS COST CNTRS			
065 AMBULANCE SERVICES	44,096		44,096
065 SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	649,977,080	-16,795,394	633,181,686

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	OTHER BUI LDIN G-MOB 3.01	OTHER BUI LDIN G-CANCER CEN 3.02	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01	NEW CAP REL C OSTS-MVBLE E 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		175,176	2,616	35,100	19,321		4,717
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING		47,423			2,498		
006 03 ADMITTING		100,899	666		9,357	140	
006 04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	11,983,751	1,169,416	115,564	115,329	2,514,563	4,848	11,128
007 OPERATION OF PLANT		3,561,313	93,014	232,214	164,783	10,361	9,088
008 01 OTHER BUILDING-MOB		108,130		880	195,289		241
008 02 OTHER BUILDING-CANCER CEN		42,352				6,789	
008 03 HEART HOSPITAL							23,994
009 LAUNDRY & LINEN SERVICE		96,953			17,364		
010 HOUSEKEEPING		222,599	14,400	11,400	30,334	4,447	1,357
010 01 HOUSEKEEPING-MED CENTER							
010 02 HOUSEKEEPING-MOB							
010 03 HOUSEKEEPING-CANCER CENTER							
011 DIETARY		639,675		25,829	115,601		776
012 CAFETERIA							
014 NURSING ADMINISTRATION		161,177			293,680		
015 CENTRAL SERVICES & SUPPLY		351,334			353,317		
016 PHARMACY		208,690		26,852	242,660		
017 MEDICAL RECORDS & LIBRARY		86,722		13,958	506,512		
018 SOCIAL SERVICE		109,773			10,792		
022 I&R SERVICES-SALARY & FRI		64,653			623		
023 I&R SERVICES-OTHER PRGM C		66,189	48,762		9,591	35,438	
024 PARAMED ED PRGM		16,177			1,881		
024 01 RADIOLOGY SCHOOL		13,034			175		
024 02 RESPIRATORY SCHOOL							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,804,229	7,077		789,874		
026 INTENSIVE CARE UNIT		1,888,652			799,384		
027 CORONARY CARE UNIT		312,088			869,365		
027 01 NEONATAL INTENSIVE CARE U		400,971			764,858		
031 SUBPROVIDER		527,366			34,976		
031 01 SUBPROVIDER 2							
033 NURSERY		74,759			5,822		
034 SKILLED NURSING FACILITY		379,723			109,981		
036 OTHER LONG TERM CARE		379,741			20,040		
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		1,612,917	18,152		2,518,996		
038 RECOVERY ROOM		101,220			5,132		
039 DELIVERY ROOM & LABOR ROOM		821,278			283,748		
040 ANESTHESIOLOGY		65,403			616,128		
041 RADIOLOGY-DIAGNOSTIC		411,487	105,793	50,266	2,504,385	363,170	40,938
041 01 ULTRASOUND		190,799			435,893		
041 02 CAT SCAN		82,687		63,774	462,172		311,354
041 03 MAGNETIC RESONANCE IMAGING		155,464			763,881		
042 RADIOLOGY-THERAPEUTIC		5,410		398,894	432,084		2,925,567
043 RADIOISOTOPE		188,478		38,068	271,116		323,960
043 01 ONCOLOGY							
044 LABORATORY		599,072	15,129		387,566	8,991	
044 01 LABORATORY-PATHOLOGICAL							
046 WHOLE BLOOD & PACKED RED		139,394			57,560		
049 RESPIRATORY THERAPY		141,305	13,039		297,544	81,087	
050 PHYSICAL THERAPY		245,882	49,786	30,229	74,828	49,001	
053 ELECTROCARDIOLOGY		359,458	13,236		699,091	83,086	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		58,957			49,551		
058 ASC (NON-DISTINCT PART)		425,646			214,637		
058 01 CARDIAC CATHETERIZATION LAB		466,088			843,173		
058 03 GASTROINTESTINAL SERVICE		270,379			558,366		
058 04 ELECTROCONVULSIVE THERAPY		38,138			8,090		
059 OP PSYCH		150,607					
059 01 OP CHEM DEPEN		150,607			11,333		
060 OUTPAT SERVICE COST CNTRS CLINIC		281,378		107,491	37,651		25,315
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.							
060 03 HYPERBARIC/OP WOUND CENTER		74,491			33,386		
060 04 URGENT CARE CENTER - O'FA							
061 EMERGENCY		717,165			416,097		
061 02 NATURAL FAMILY PLANNING					963		
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS)							
062 01 AMBULATORY CARE UNIT		303,768			11,068		
065 OTHER REIMBURS COST CNTRS							
065 01 AMBULANCE SERVICES							
065 02 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	11,983,751	23,066,692	497,234	1,150,284	19,877,080	647,358	3,678,435

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & G-MOB	OTHER BUI LDIN G-CANCER CEN	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	
	0	3	3.01	3.02	4	4.01	4.02
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		47,209					
096 01 VENDING MACHINES		30,800	13,804		3,278	2,182	
096 02 VISITOR MEALS							
097 RESEARCH			11,244	70,917	20,378		3,258
098 PHYSICIANS' PRIVATE OFFICE		1,304,114	1,179,606	232,112	53,642	7,653	
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES							
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH C		953,531	262,130	476,505	138,230		
099 05 HOSPICE							
099 06 VACANT SPACE		1,203,787	86,617	65,063			
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	11,983,751	26,606,133	2,050,635	1,994,881	20,092,608	657,193	3,681,693

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	4a	5	6.01	6.02	6.03	6.04	7
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & OTHER BUILDING-MOB							
003 02 OTHER BUILDING-CANCER CEN							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	236,930	236,930					
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING	49,921	114		50,035			
006 03 ADMINISTRATION	111,062	3,171		86	114,319		
006 04 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	15,914,599	13,666		294	33	15,928,592	
007 MAINTENANCE & REPAIRS	4,070,773	2,299		108		268,993	4,342,173
008 OPERATION OF PLANT	304,540	1,042		8		227,495	21,786
008 01 OTHER BUILDING-MOB	49,141	10		2		38,290	8,533
008 02 OTHER BUILDING-CANCER CEN	23,994	1				599	
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE	114,317	190		555		99,388	19,534
010 HOUSEKEEPING	284,537	4,361		318		169,696	44,848
010 01 HOUSEKEEPING-MED CENTER							
010 02 HOUSEKEEPING-MOB							
010 03 HOUSEKEEPING-CANCER CENTE							
011 DIETARY	781,881	4,752		1,855	43	237,123	128,879
012 CAFETERIA							
014 NURSING ADMINISTRATION	454,857	3,881		33		168,452	32,473
015 CENTRAL SERVICES & SUPPLY	704,651	1,619		351		108,793	70,785
016 PHARMACY	478,202	8,283		12,773		347,381	42,046
017 MEDICAL RECORDS & LIBRARY	607,192	1,496		37		96,374	17,472
018 SOCIAL SERVICE	120,565	3,305		15		154,165	22,116
022 I&R SERVICES-SALARY & FRI	65,276	3,399		3		154,744	13,026
023 I&R SERVICES-OTHER PRGM C	159,980	3,082		34	375	124,161	13,335
024 PARAMED ED PRGM	18,058	146		1		5,115	3,259
024 01 RADIOLOGY SCHOOL	13,209	155		1		4,515	2,626
024 02 RESPIRATORY SCHOOL							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,601,180	40,772		1,023	7,588	1,310,627	766,459
026 INTENSIVE CARE UNIT	2,688,036	17,897		1,193	7,789	802,581	380,516
027 CORONARY CARE UNIT	1,181,453	5,998		215	1,376	205,026	62,878
027 01 NEONATAL INTENSIVE CARE U	1,165,829	9,399		411	4,440	415,684	80,786
031 SUBPROVIDER	562,342	5,234		28	625	191,090	106,251
031 01 SUBPROVIDER 2							
033 NURSERY	80,581	3,833		220	578	160,279	15,062
034 SKILLED NURSING FACILITY	489,704	3,996			875	176,293	76,505
036 OTHER LONG TERM CARE	399,781	1,816			160	87,299	76,508
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,150,065	13,441		15,303	4,489	703,499	324,963
038 RECOVERY ROOM	106,352	1,661		37	1,350	68,316	20,393
039 DELIVERY ROOM & LABOR ROO	1,105,026	6,617		533	2,093	303,934	165,467
040 ANESTHESIOLOGY	681,531	505		1,273	1,479	88,975	13,177
041 RADIOLOGY-DIAGNOSTIC	3,476,039	5,667		826	5,077	352,118	82,904
041 01 ULTRASOUND	626,692	1,298		19	1,448	71,206	38,441
041 02 CAT SCAN	919,987	909		378	5,397	93,189	16,659
041 03 MAGNETIC RESONANCE IMAGIN	919,345	432		117	1,765	50,108	31,322
042 RADIOLOGY-THERAPEUTIC	3,761,955	2,465		107	2,836	233,438	1,090
043 RADIOISOTOPE	821,622	873		567	1,787	97,966	37,974
043 01 ONCOLOGY							
044 LABORATORY	1,010,758	7,271		1,414	13,882	531,900	120,698
044 01 LABORATORY-PATHOLOGICAL							
046 WHOLE BLOOD & PACKED RED	196,954	2,129		678	1,053	152,419	28,084
049 RESPIRATORY THERAPY	532,975	5,630		578	2,449	250,043	28,469
050 PHYSICAL THERAPY	449,726	5,244		201	1,417	245,470	49,539
053 ELECTROCARDIOLOGY	1,154,871	4,302		3,123	5,160	208,542	72,422
055 MEDICAL SUPPLIES CHARGED					10,464	716,911	
055 30 IMPL. DEV. CHARGED TO PAT					3,622	905,165	
056 DRUGS CHARGED TO PATIENTS					9,871	855,319	
057 RENAL DIALYSIS	108,508	620		71	192	62,948	11,878
058 ASC (NON-DISTINCT PART)	640,283	2,117		38	672	99,759	85,757
058 01 CARDIAC CATHETERIZATION LAB	1,309,261	2,285		1,262	2,512	131,578	93,905
058 03 GASTRO INTESTINAL SERVICE	828,745	1,570		412	1,977	91,726	54,475
058 04 ELECTROCONVULSIVE THERAPY	46,228	137		27	134	3,350	7,684
059 OP PSYCH	150,607	173		2	64	15,260	30,344
059 01 OP CHEM DEPEN	161,940	298		10	119	19,607	30,344
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	451,835	4,617		2,043	988	232,348	56,691
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.							
060 03 HYPERBARI C/OP WOUND CENTE	107,877	576		57	107	23,810	15,008
060 04 URGENT CARE CENTER - O' FA							
061 EMERGENCY	1,133,262	15,191		586	6,064	366,902	144,491
061 02 NATURAL FAMILY PLANNING	963	179		7	2	8,422	
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT	314,836	502		21	821	27,154	61,202
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					1	840	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	60,900,834	230,626		49,254	113,174	12,566,385	3,629,064

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING	ADMITTING	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	47,209					5,243	9,511
096 01 VENDING MACHINES	50,064	230		239		28,637	6,205
096 02 VISITOR MEALS							
097 RESEARCH	105,797	989		12		46,040	
098 PHYSICIANS' PRIVATE OFFICE	2,777,127	1,655		438	1,145	212,442	262,747
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES						2,336,260	
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH C	1,830,396	3,412		91		92,332	192,113
099 05 HOSPICE		18		1		1,652	
099 06 VACANT SPACE	1,355,467					33,267	242,533
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL						606,334	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	67,066,894	236,930		50,035	114,319	15,928,592	4,342,173

COST CENTER DESCRIPTION	OPERATION OF PLANT	OTHER BUI LDIN G-MOB	OTHER BUI LDIN G-CANCER CEN L	HEART HOSPI TA L	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER
	8	8.01	8.02	8.03	9	10	10.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 OTHER BUILDING-MOB							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING							
006 03 ADMINI TTI NG							
006 04 OTHER ADMINI STRATI VE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	554,871						
008 01 OTHER BUI LDIN G-MOB	1,096	97,072					
008 02 OTHER BUI LDIN G-CANCER CEN			24,594				
008 03 HEART HOSPI TAL							
009 LAUNDRY & LINEN SERVI CE	2,509				236,493		
010 HOUSEKEEPING	5,760	760	174		176	510,630	
010 01 HOUSEKEEPING-MED CENTER						423,822	423,822
010 02 HOUSEKEEPING-MOB						68,425	
010 03 HOUSEKEEPING-CANCER CENTE						18,383	
011 DIETARY	16,552		394				12,860
012 CAFETERIA							
014 NURSI NG ADMINI STRATI ON	4,171						3,240
015 CENTRAL SERVI CES & SUPPLY	9,091				940		7,063
016 PHARMACY	5,400		410		104		4,195
017 MEDICAL RECORDS & LIBRARY	2,244		213				1,743
018 SOCI AL SERVI CE	2,840						2,207
022 I & R SERVI CES-SALARY & FRI	1,673						1,300
023 I & R SERVI CES-OTHER PRGM C	1,713	2,574			72		1,331
024 PARAMED ED PRGM	419						325
024 01 RADIOLOGY SCHOOL	337						262
024 02 RESPIRATORY SCHOOL							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDI ATRI CS	98,437	374			61,902		76,479
026 INTENSIVE CARE UNIT	48,870				54,394		37,969
027 CORONARY CARE UNIT	8,075				10,361		6,274
027 01 NEONATAL INTENSIVE CARE U	10,375				5,180		8,061
031 SUBPROVIDER	13,646				4,353		10,602
031 01 SUBPROVIDER 2							
033 NURSERY	1,934						1,503
034 SKI LLED NURSI NG FACI LITY	9,826				3,430		7,634
036 OTHER LONG TERM CARE	9,826				3,612		7,634
037 ANCI LLARY SRVC COST CNTRS							
037 OPERATI NG ROOM	41,735	958			14,238		32,425
038 RECOVERY ROOM	2,619				3,050		2,035
039 DELI VERY ROOM & LABOR ROO	21,251				16,956		16,511
040 ANESTHESI OLOGY	1,692				64		1,315
041 RADIOLOGY-DI AGNOSTI C	10,647	5,585	767		6,498		8,272
041 01 ULTRASOUND	4,937				2,208		3,836
041 02 CAT SCAN	2,140				3,276		1,662
041 03 MAGNETI C RESONANCE IMAGI N	4,023				1,597		3,125
042 RADIOLOGY-THERAPEUTI C	140				2,004		109
043 RADIOI SOTOPE	4,877		6,088		581		3,789
043 01 ONCOLOGY							
044 LABORATORY	15,501	799			628		12,044
044 01 LABORATORY-PATHOLOGI CAL							
046 WHOLE BLOOD & PACKED RED	3,607				190		2,802
049 RESPIRATORY THERAPY	3,656	688			86		2,841
050 PHYSI CAL THERAPY	6,362	2,628	461		3,993		4,943
053 ELECTROCARDIOLOGY	9,301	699			1,766		7,226
055 MEDICAL SUPPLI ES CHARGED							
055 30 I MPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATI ENTS							
057 RENAL DI ALYSI S	1,526				296		1,185
058 ASC (NON-DI STI NCT PART)	11,014				6,991		8,557
058 01 CARDI AC CATHERI ZATI ON LAB	12,060				3,162		9,370
058 03 GASTRO I NTESTI NAL SERVI CE	6,996				3,624		5,436
058 04 ELECTROCONVULSI VE THERAPY	987				927		767
059 OP PSYCH	3,897						3,028
059 01 OP CHEM DEPEN	3,897						3,028
060 OUTPAT SERVI CE COST CNTRS							
060 CL I NI C	7,281		1,641		571		5,657
060 01 MEACHAM PARK CL I NI C							
060 02 URGENT CARE CENTER - ST.							
060 03 HYPERBARI C/OP WOUND CENTE	1,928						1,498
060 04 URGENT CARE CENTER - O' FA							
061 EMERGENCY	18,557				16,693		14,418
061 02 NATURAL FAMI LY PLANNI NG							
061 03 PAI N THERAPY CENTER							
062 OBSERVATI ON BEDS (NON-DI S							
062 01 AMBULATORY CARE UNIT	7,860				2,435		6,107
065 OTHER REI MBURS COST CNTRS							
065 AMBULANCE SERVI CES							
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	463,285	15,065	11,702		236,178	510,630	352,668

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 01 GIFT, FLOWER, COFFEE SHOP	1,222						949
096 02 VENDING MACHINES	797	729					619
097 RESEARCH		594	1,082				
098 PHYSICIANS' PRIVATE OFFICE	33,745	62,273	3,543		135		26,217
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES							
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH C	24,673	13,838	7,274		180		19,169
099 05 HOSPICE							
099 06 VACANT SPACE	31,149	4,573	993				24,200
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	554,871	97,072	24,594		236,493	510,630	423,822

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	68,425						
010 03 HOUSEKEEPING-CANCER CENTE		18,383					
011 DIETARY		297	1,184,636				
012 CAFETERIA			1,184,636	1,184,636			
014 NURSING ADMINISTRATION				15,440	682,547		
015 CENTRAL SERVICES & SUPPLY				20,237		923,530	
016 PHARMACY		309		40,715			939,818
017 MEDICAL RECORDS & LIBRARY		160		15,833			
018 SOCIAL SERVICE				21,622			54
022 I&R SERVICES-SALARY & FRI				28,618			
023 I&R SERVICES-OTHER PRGM C	1,829			14,086			
024 PARAMED ED PRGM				792			
024 01 RADIOLOGY SCHOOL				713			
024 02 RESPIRATORY SCHOOL							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	265			225,334	200,261		1,034
026 INTENSIVE CARE UNIT				132,186	130,315		331
027 CORONARY CARE UNIT				26,766	26,387		100
027 01 NEONATAL INTENSIVE CARE U				57,207	56,398		159
031 SUBPROVIDER				33,399	27,298		41
031 01 SUBPROVIDER 2							
033 NURSERY				24,478	23,330		53
034 SKILLED NURSING FACILITY					22,409		
036 OTHER LONG TERM CARE					7,900		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	681			76,845	71,401		4,019
038 RECOVERY ROOM				10,936			31
039 DELIVERY ROOM & LABOR ROO				45,770	45,123		229
040 ANESTHESIOLOGY				5,877			27,845
041 RADIOLOGY-DIAGNOSTIC	3,968	578		34,559			7,969
041 01 ULTRASOUND				7,356	6,096		12
041 02 CAT SCAN		733		6,024			17,436
041 03 MAGNETIC RESONANCE IMAGIN				2,950			4,816
042 RADIOLOGY-THERAPEUTIC		4,583		11,674			44
043 RADIOISOTOPE		437		4,948			30,135
043 01 ONCOLOGY							
044 LABORATORY	567			59,942			31
044 01 LABORATORY-PATHOLOGICAL							
046 WHOLE BLOOD & PACKED RED				13,991			22,395
049 RESPIRATORY THERAPY	489			39,993			10,449
050 PHYSICAL THERAPY	1,867	347		25,549	472		9
053 ELECTROCARDIOLOGY	496			17,534	12,116		139
055 MEDICAL SUPPLIES CHARGED						457,265	
055 30 IMPL. DEV. CHARGED TO PAT						466,265	
056 DRUGS CHARGED TO PATIENTS							672,318
057 RENAL DIALYSIS				3,374	3,327		26,837
058 ASC (NON-DISTINCT PART)				13,087			7
058 01 CARDIAC CATHETERIZATION LAB				13,274	4,928		3,907
058 03 GASTROINTESTINAL SERVICE				10,643			146
058 04 ELECTROCONVULSIVE THERAPY				1,117			842
059 OP PSYCH				1,295			
059 01 OP CHEM DEPEN				2,023			
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		1,235		18,667			106,373
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER - ST.							
060 03 HYPERBARIC/OP WOUND CENTE							47
060 04 URGENT CARE CENTER - O'FA							
061 EMERGENCY				57,205	41,761		660
061 02 NATURAL FAMILY PLANNING				1,354			
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 01 AMBULATORY CARE UNIT				3,068	3,025		21
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	10,162	8,679	1,184,636	1,146,481	682,547	923,530	938,489

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
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VENDING MACHINES	518			3,236			
096 02 VISITOR MEALS							
097 RESEARCH	422	815		4,803			
098 PHYSICIANS' PRIVATE OFFICE	44,243	2,667		26,819			954
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES							
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEALTH C	9,831	5,474		3,297			375
099 05 HOSPICE							
099 06 VACANT SPACE	3,249	748					
099 07 SALES & SERVICE-PHYSICIAN							
099 08 REHAB HOSPITAL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	68,425	18,383	1,184,636	1,184,636	682,547	923,530	939,818

	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	RADIOLOGY SCHOOL	SCH RESPIRATORY SCHOOL
	17	18	22	23	24	24.01	24.02
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 ADMITTING						
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 742,764						
018	SOCIAL SERVICE 326,889						
022	I&R SERVICES-SALARY & FRI 268,039						
023	I&R SERVICES-OTHER PRGM C 325,061						
024	PARAMED ED PRGM 28,115						
024	01 RADIOLOGY SCHOOL 21,818						
024	02 RESPIRATORY SCHOOL						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS 50,355 152,567						
026	INTENSIVE CARE UNIT 51,692 44,576						
027	CORONARY CARE UNIT 9,129 28,706						
027	01 NEONATAL INTENSIVE CARE U 29,468 23,774						
031	SUBPROVIDER 4,148 35,661						
031	01 SUBPROVIDER 2						
033	NURSERY 3,834 7,489						
034	SKILLED NURSING FACILITY 5,809						
036	OTHER LONG TERM CARE 1,059						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM 29,793						
038	RECOVERY ROOM 8,962						
039	DELIVERY ROOM & LABOR ROO 13,890 1,426						
040	ANESTHESIOLOGY 9,818						
041	RADIOLOGY-DIAGNOSTIC 33,690						
041	01 ULTRASOUND 9,609						
041	02 CAT SCAN 35,816						
041	03 MAGNETIC RESONANCE IMAGIN 11,712						
042	RADIOLOGY-THERAPEUTIC 18,821						
043	RADIOISOTOPE 11,860						
043	01 ONCOLOGY						
044	LABORATORY 84,315						
044	01 LABORATORY-PATHOLOGICAL						
046	WHOLE BLOOD & PACKED RED 6,988						
049	RESPIRATORY THERAPY 16,252						
050	PHYSICAL THERAPY 9,404						
053	ELECTROCARDIOLOGY 34,244						
055	MEDICAL SUPPLIES CHARGED 69,445						
055	30 IMPL. DEV. CHARGED TO PAT 24,040						
056	DRUGS CHARGED TO PATIENTS 65,504						
057	RENAL DIALYSIS 1,276 2,972						
058	ASC (NON-DISTINCT PART) 4,461 2,972						
058	01 CARDIAC CATHETERIZATION LAB 16,671 2,972						
058	03 GASTROINTESTINAL SERVICE 13,118						
058	04 ELECTROCONVULSIVE THERAPY 888						
059	OP PSYCH 422 11,887						
059	01 OP CHEM DEPEN 791						
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC 6,559						
060	01 MEACHAM PARK CLINIC						
060	02 URGENT CARE CENTER - ST. 713						
060	03 HYPERBARIC/OP WOUND CENTE						
060	04 URGENT CARE CENTER - O'FA						
061	EMERGENCY 40,245 11,887						
061	02 NATURAL FAMILY PLANNING 16						
061	03 PAIN THERAPY CENTER						
062	OBSERVATION BEDS (NON-DIS						
062	01 AMBULATORY CARE UNIT 5,451						
065	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES 7						
065	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS 742,764 326,889						

	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PHYSICIAN & NURSE SALARY & FRI	PHYSICIAN & NURSE OTHER PRGM C	PARAMEDICAL	ED PR	RADIOLOGY	SCHOOL	SCH	RESPIRATORY	SCHOOL
	17	18	22	23	24				24.01		24.02
	SPEC PURPOSE COST CENTERS										
	NONREIMBURS COST CENTERS										
096	GIFT, FLOWER, COFFEE SHOP										
096 01	VENDING MACHINES										
096 02	VISITOR MEALS										
097	RESEARCH										
098	PHYSICIANS' PRIVATE OFFICE										
099	NONPAID WORKERS										
099 01	MEALS ON WHEELS										
099 02	SJMHS-SHARED SERVICES										
099 03	CONVENT										
099 04	ST. JOHN'S MERCY HEALTH C										
099 05	HOSPICE										
099 06	VACANT SPACE										
099 07	SALES & SERVICE-PHYSICIAN										
099 08	REHAB HOSPITAL										
101	CROSS FOOT ADJUSTMENTS										
102	NEGATIVE COST CENTER										
103	TOTAL	742,764	326,889	268,039	325,061	28,115			21,818		21,818

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
003 01 NEW CAP REL COSTS-BLDG &			
003 02 OTHER BUILDING-MOB			
004 01 OTHER BUILDING-CANCER CEN			
004 02 NEW CAP REL COSTS-MVBLE E			
004 01 NEW CAP REL COSTS-MVBLE E			
004 02 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 PURCHASING			
006 03 ADMIN TTING			
006 04 OTHER ADMINISTRATIVE AND			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
008 01 OTHER BUILDING-MOB			
008 02 OTHER BUILDING-CANCER CEN			
008 03 HEART HOSPITAL			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
010 01 HOUSEKEEPING-MED CENTER			
010 02 HOUSEKEEPING-MOB			
010 03 HOUSEKEEPING-CANCER CENTE			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM			
024 01 RADIOLOGY SCHOOL			
024 02 RESPIRATORY SCHOOL			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	7,594,657		7,594,657
026 INTENSIVE CARE UNIT	4,398,345		4,398,345
027 CORONARY CARE UNIT	1,572,744		1,572,744
027 01 NEONATAL INTENSIVE CARE U	1,867,171		1,867,171
031 SUBPROVIDER	994,718		994,718
031 01 SUBPROVIDER 2			
033 NURSERY	323,174		323,174
034 SKILLED NURSING FACILITY	796,481		796,481
036 OTHER LONG TERM CARE	595,595		595,595
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	5,483,855		5,483,855
038 RECOVERY ROOM	225,742		225,742
039 DELIVERY ROOM & LABOR ROO	1,744,826		1,744,826
040 ANESTHESIOLOGY	833,551		833,551
041 RADIOLOGY-DIAGNOSTIC	4,035,164		4,035,164
041 01 ULTRASOUND	773,158		773,158
041 02 CAT SCAN	1,104,579		1,104,579
041 03 MAGNETIC RESONANCE IMAGIN	1,031,312		1,031,312
042 RADIOLOGY-THERAPEUTIC	4,045,354		4,045,354
043 RADIOISOTOPE	1,017,817		1,017,817
043 01 ONCOLOGY			
044 LABORATORY	1,859,750		1,859,750
044 01 LABORATORY-PATHOLOGICAL			
046 WHOLE BLOOD & PACKED RED	431,290		431,290
049 RESPIRATORY THERAPY	894,598		894,598
050 PHYSICAL THERAPY	807,632		807,632
053 ELECTROCARDIOLOGY	1,531,941		1,531,941
055 MEDICAL SUPPLIES CHARGED	1,254,085		1,254,085
055 30 IMPL. DEV. CHARGED TO PAT	1,399,092		1,399,092
056 DRUGS CHARGED TO PATIENTS	1,603,012		1,603,012
057 RENAL DIALYSIS	225,010		225,010
058 ASC (NON-DISTINCT PART)	875,715		875,715
058 01 CARDIAC CATHETERIZATION LAB	1,607,147		1,607,147
058 03 GASTRO INTESTINAL SERVICE	1,018,868		1,018,868
058 04 ELECTROCONVULSIVE THERAPY	63,088		63,088
059 OP PSYCH	216,979		216,979
059 01 OP CHEM DEPEN	222,057		222,057
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	896,506		896,506
060 01 MEACHAM PARK CLINIC			
060 02 URGENT CARE CENTER - ST.			
060 03 HYPERBARI C/OP WOUND CENTE	151,621		151,621
060 04 URGENT CARE CENTER - O' FA			
061 EMERGENCY	1,867,922		1,867,922
061 02 NATURAL FAMILY PLANNING	10,943		10,943
061 03 PAIN THERAPY CENTER			
062 OBSERVATION BEDS (NON-DIS			
062 01 AMBULATORY CARE UNIT	432,503		432,503
065 OTHER REIMBURS COST CNTRS			
065 AMBULANCE SERVICES	848		848
065 SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	55,808,850		55,808,850

	COST CENTER DESCRIPTION	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
	SPEC PURPOSE COST CENTERS			
	NONREIMBURS COST CENTERS			
096	GIFT, FLOWER, COFFEE SHOP	64,134		64,134
096 01	VENDING MACHINES	91,274		91,274
096 02	VISITOR MEALS			
097	RESEARCH	160,554		160,554
098	PHYSICIANS' PRIVATE OFFICE	3,456,150		3,456,150
099	NONPAID WORKERS			
099 01	MEALS ON WHEELS			
099 02	SJM-H-SHARED SERVICES	2,336,260		2,336,260
099 03	CONVENT			
099 04	ST. JOHN'S MERCY HEALTH C	2,202,455		2,202,455
099 05	HOSPICE	1,671		1,671
099 06	VACANT SPACE	1,696,179		1,696,179
099 07	SALES & SERVICE-PHYSICIAN			
099 08	REHAB HOSPITAL	606,334		606,334
101	CROSS FOOT ADJUSTMENTS	643,033		643,033
102	NEGATIVE COST CENTER			
103	TOTAL	67,066,894		67,066,894

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)
062 01 OUTPAT SERVICE COST C	3	3.01	3.02	4	4.01	4.02
065 01 AMBULATORY CARE UNIT	17,013			11,081		
095 01 OTHER REIMBURS COST C						
095 02 AMBULANCE SERVICES						
095 03 SPEC PURPOSE COST CEN						
095 04 SUBTOTALS	1,291,887	70,891	56,203	19,901,296	727,925	3,678,436
096 01 NONREIMBURS COST CENT						
096 02 GIFT, FLOWER, COFFEE	2,644					
096 03 VENDING MACHINES	1,725	1,968		3,282	2,454	
096 04 VISITOR MEALS						
097 01 RESEARCH		1,603	3,465	20,403		3,258
099 01 PHYSICIANS' PRIVATE O	73,039	168,177	11,341	53,707	8,606	
099 02 NONPAID WORKERS						
099 03 MEALS ON WHEELS						
099 04 SJM-H-SHARED SERVICES						
099 05 CONVENT						
099 06 ST. JOHN'S MERCY HEAL	53,404	37,372	23,282	138,398		
099 07 HOSPICE						
099 08 VACANT SPACE	67,420	12,349	3,179			
101 01 SALES & SERVICE-PHYSI						
101 02 REHAB HOSPITAL						
102 01 CROSS FOOT ADJUSTMENT						
102 02 NEGATIVE COST CENTER						
103 01 COST TO BE ALLOCATED (WRKSHT B, PART I)	26,606,133	2,050,635	1,994,881	20,092,608	657,193	3,681,693
104 01 UNIT COST MULTIPLIER (WRKSHT B, PT I)	17.855039	7.014075	20.466615	.998783	.889318	1.000000
105 01 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 01 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 01 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 01 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING	ADMIN	RECONCILIATION	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	(GROSS SALARIES)	(TELEPHONE)	(PURCHASING)	(GROSS REVENUE)		(ACCUM. COST)	(SQUARE FEET)
	5	6.01	6.02	6.03	6a.04	6.04	7
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 EMPLOYEE BENEFITS	285,497,916						
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING	137,467		141,246,079				
006 03 ADMIN	3,820,765		243,988	2571,016,504			
006 04 OTHER ADMIN STRATIVE	16,465,025		830,391	739,129	-186,314,213	649,007,830	
007 MAINTENANCE & REPAIRS	2,769,634		305,270			10,960,069	1,207,049
008 OPERATION OF PLANT	1,255,703		23,979			9,269,255	6,056
008 01 OTHER BUILDING-MOB	12,042		4,438			1,560,115	2,372
008 02 OTHER BUILDING-CANCER	1,502		78			24,422	
008 03 HEART HOSPITAL			3				
009 LAUNDRY & LINEN SERVI	228,846		1,566,792			4,049,538	5,430
010 HOUSEKEEPING	5,254,532		899,272			6,914,230	12,467
010 01 HOUSEKEEPING-MED CENT							
010 02 HOUSEKEEPING-MOB							
010 03 HOUSEKEEPING-CANCER C							
011 DIETARY	5,725,428		5,240,281	986,765		9,661,513	35,826
012 CAFETERIA							
014 NURSING ADMIN STRATIO	4,675,569		92,584			6,863,550	9,027
015 CENTRAL SERVICES & SU	1,950,799		991,361			4,432,761	19,677
016 PHARMACY	9,979,037		36,080,940			14,153,991	11,688
017 MEDICAL RECORDS & LIB	1,802,864		104,571			3,926,727	4,857
018 SOCIAL SERVICE	3,982,370		42,293			6,281,423	6,148
022 I&R SERVICES-SALARY &	4,094,868		9,458			6,305,032	3,621
023 I&R SERVICES-OTHER PR	3,712,965		96,070	8,524,660		5,058,925	3,707
024 PARAMED ED PRGM	175,884		3,295			208,421	906
024 01 RADIOLOGY SCHOOL	186,550		1,898			183,948	730
024 02 RESPIRATORY SCHOOL							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	49,161,932		2,890,085	172,448,240		53,401,262	213,062
026 INTENSIVE CARE UNIT	21,563,060		3,369,056	177,028,072		32,701,005	105,777
027 CORONARY CARE UNIT	7,226,155		606,388	31,263,075		8,353,752	17,479
027 01 NEONATAL INTENSIVE CA	11,324,600		1,160,396	100,919,166		16,936,981	22,457
031 SUBPROVIDER	6,306,596		78,563	14,206,504		7,785,909	29,536
031 01 SUBPROVIDER 2							
033 NURSERY	4,618,124		620,939	13,131,372		6,530,518	4,187
034 SKILLED NURSING FACIL	4,814,686			19,895,388		7,183,021	21,267
036 OTHER LONG TERM CARE	2,188,256			3,625,135		3,556,982	21,268
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	16,193,559		43,138,566	102,031,061		28,663,927	90,334
038 RECOVERY ROOM	2,001,161		105,522	30,692,868		2,783,537	5,669
039 DELIVERY ROOM & LABOR	7,971,850		1,504,319	47,568,079		12,383,728	45,997
040 ANESTHESIOLOGY	608,374		3,596,978	33,623,315		3,625,263	3,663
041 RADIOLOGY-DIAGNOSTIC	6,827,391		2,331,934	115,375,518		14,346,997	23,046
041 01 ULTRASOUND	1,564,092		53,639	32,908,613		2,901,260	10,686
041 02 CAT SCAN	1,094,846		1,067,920	122,658,966		3,796,980	4,631
041 03 MAGNETIC RESONANCE IM	520,002		330,169	40,110,290		2,041,642	8,707
042 RADIOLOGY-THERAPEUTIC	2,969,898		302,909	64,455,497		9,511,381	303
043 RADIOISOTOPE	1,052,354		1,601,741	40,617,235		3,991,593	10,556
043 01 ONCOLOGY							
044 LABORATORY	8,760,712		3,994,645	288,305,268		21,672,187	33,552
044 01 LABORATORY-PATHOLOGIC							
046 WHOLE BLOOD & PACKED	2,564,855		1,915,972	23,932,884		6,210,291	7,807
049 RESPIRATORY THERAPY	6,783,553		1,634,124	55,656,169		10,187,955	7,914
050 PHYSICAL THERAPY	6,318,090		566,717	32,205,200		10,001,636	13,771
053 ELECTROCARDIOLOGY	5,183,103		8,822,985	117,274,395		8,497,024	20,132
055 MEDICAL SUPPLIES CHAR				237,824,577		29,210,423	
055 30 IMPL. DEV. CHARGED TO				82,328,748		36,880,764	
056 DRUGS CHARGED TO PATI				224,329,763		34,849,803	
057 RENAL DIALYSIS	747,077		200,455	4,371,163		2,564,803	3,302
058 ASC (NON-DI STINCT PAR	2,550,049		106,881	15,276,442		4,064,655	23,839
058 01 CARDIAC CATHERIZATION	2,752,867		3,564,313	57,092,812		5,361,101	26,104
058 03 GASTRO INTESTINAL SER	1,891,813		1,164,354	44,923,407		3,737,378	15,143
058 04 ELECTROCONVULSIVE THE	165,041		75,067	3,039,986		136,504	2,136
059 OP PSYCH	208,873		4,270	1,444,731		621,746	8,435
059 01 OP CHEM DEPEN	359,381		29,330	2,709,408		798,901	8,435
060 OUTPAT SERVICE COST C							
060 CLINIC	5,562,090		5,771,359	22,460,925		9,466,961	15,759
060 01 MEACHAM PARK CLINIC							
060 02 URGENT CARE CENTER -							
060 03 HYPERBARI C/OP WOUND C	693,430		160,756	2,441,312		970,136	4,172
060 04 URGENT CARE CENTER -							
061 EMERGENCY	18,302,936		1,655,028	137,824,103		14,949,347	40,166
061 02 NATURAL FAMILY PLANNI	216,025		19,740	56,252		343,147	
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON							

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	
	(GROSS SALARIES)	(TELEPHONE)	(PURCHASING)	(GROSS REVENUE)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)
062 01 OUTPAT SERVICE COST C	5	6.01	6.02	6.03	6a.04	6.04	7
062 01 AMBULATORY CARE UNIT	604,258		59,576	18,668,198		1,106,392	17,013
065 OTHER REIMBURS COST C				24,401		34,220	
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	277,902,939		139,041,658	2544,999,092	-186,314,213	512,015,032	1,008,817
096 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE			193			213,625	2,644
096 01 VENDING MACHINES	277,255		674,419			1,166,797	1,725
096 02 VISITOR MEALS							
097 RESEARCH	1,191,809		33,610			1,875,877	
098 PHYSICIANS' PRIVATE O	1,993,538		1,238,682	26,017,412		8,655,928	73,039
099 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES						95,190,789	
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEAL	4,110,960		255,703			3,762,030	53,404
099 05 HOSPICE	21,415		1,814			67,318	
099 06 VACANT SPACE						1,355,467	67,420
099 07 SALES & SERVICE-PHYSI							
099 08 REHAB HOSPITAL						24,704,967	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	81,293,501		890,587	9,063,633		186,314,213	14,106,431
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER					.003525	.287075	
(WRKSHT B, PT I)	.284743		.006305				11.686709
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	236,930		50,035	114,319		15,928,592	4,342,173
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER					.000044	.024543	
(WRKSHT B, PT III)	.000830		.000354				3.597346

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	1,200,993						
008 01 OTHER BUILDING-MOB	2,372	262,155					
008 02 OTHER BUILDING-CANCER			78,731				
008 03 HEART HOSPITAL							
009 LAUNDRY & LINEN SERVICE	5,430				2,990,693		
010 HOUSEKEEPING	12,467	2,053	557		2,222	428,214	
010 01 HOUSEKEEPING-MED CENTER						355,417	1,180,724
010 02 HOUSEKEEPING-MOB						57,381	
010 03 HOUSEKEEPING-CANCER						15,416	
011 DIETARY	35,826		1,262				35,826
012 CAFETERIA							
014 NURSING ADMINISTRATION	9,027						9,027
015 CENTRAL SERVICES & SUPPLIES	19,677				11,883		19,677
016 PHARMACY	11,688		1,312		1,319		11,688
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	6,952			914		3,707
024 PARAMEDICAL PROGRAM	906						906
024 01 RADIOLOGY SCHOOL	730						730
024 02 RESPIRATORY SCHOOL							
025 INPATIENT ROUTINE SERVICE CENTER	213,062	1,009			782,826		213,062
026 INTENSIVE CARE UNIT	105,777				687,868		105,777
027 CORONARY CARE UNIT	17,479				131,031		17,479
027 01 NEONATAL INTENSIVE CARE	22,457				65,502		22,457
031 SUBPROVIDER	29,536				55,050		29,536
031 01 SUBPROVIDER 2							
033 NURSERY	4,187						4,187
034 SKILLED NURSING FACILITY	21,267				43,378		21,267
036 OTHER LONG TERM CARE	21,268				45,679		21,268
036 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	90,334	2,588			180,052		90,334
038 RECOVERY ROOM	5,669				38,569		5,669
039 DELIVERY ROOM & LABOR	45,997				214,426		45,997
040 ANESTHESIOLOGY	3,663				813		3,663
041 RADIOLOGY-DIAGNOSTIC	23,046	15,083	2,456		82,173		23,046
041 01 ULTRASOUND	10,686				27,926		10,686
041 02 CAT SCAN	4,631		3,116		41,429		4,631
041 03 MAGNETIC RESONANCE IMAGING	8,707				20,192		8,707
042 RADIOLOGY-THERAPEUTIC	303		19,490		25,338		303
043 RADIOISOTOPE	10,556		1,860		5,074		10,556
043 01 ONCOLOGY							
044 LABORATORY	33,552	2,157			7,945		33,552
044 01 LABORATORY-PATHOLOGIC							
046 WHOLE BLOOD & PACKED	7,807				2,398		7,807
049 RESPIRATORY THERAPY	7,914	1,859			1,086		7,914
050 PHYSICAL THERAPY	13,771	7,098	1,477		50,495		13,771
053 ELECTROCARDIOLOGY	20,132	1,887			22,329		20,132
055 MEDICAL SUPPLIES CHARACTERIZED							
055 30 IMPL. DEV. CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS	3,302				3,738		3,302
058 ASC (NON-DISTINCT PARALLEL)	23,839				88,409		23,839
058 01 CARDIAC CATHETERIZATION	26,104				39,987		26,104
058 03 GASTROINTESTINAL SERVICES	15,143				45,827		15,143
058 04 ELECTROCONVULSIVE THERAPY	2,136				11,726		2,136
059 OP PSYCH	8,435						8,435
059 01 OP CHEM DEPENDENT	8,435						8,435
060 OUTPAT SERVICE COST CENTER							
060 01 MEACHAM PARK CLINIC	15,759		5,252		7,218		15,759
060 02 URGENT CARE CENTER -							
060 03 HYPERBARIC/OP WOUND CARE	4,172						4,172
060 04 URGENT CARE CENTER -							
061 EMERGENCY	40,166				211,103		40,166
061 02 NATURAL FAMILY PLANNING							
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON)							

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)
062 01 OUTPAT SERVICE COST C	8	8.01	8.02	8.03	9	10	10.01
065 01 AMBULATORY CARE UNIT	17,013				30,792		17,013
095 01 OTHER REIMBURS COST C							
095 02 AMBULANCE SERVICES							
095 03 SPEC PURPOSE COST CEN							
095 04 SUBTOTALS	1,002,761	40,686	37,464		2,986,717	428,214	982,492
096 01 NONREIMBURS COST CENT							
096 02 GIFT, FLOWER, COFFEE	2,644						2,644
096 03 VENDING MACHINES	1,725	1,968					1,725
096 04 VISITOR MEALS							
097 01 RESEARCH		1,603	3,465				
097 02 PHYSICIANS' PRIVATE O	73,039	168,177	11,341		1,701		73,039
097 03 NONPAID WORKERS							
097 04 MEALS ON WHEELS							
097 05 SJMH-SHARED SERVICES							
097 06 CONVENT							
097 07 ST. JOHN'S MERCY HEAL	53,404	37,372	23,282		2,275		53,404
097 08 HOSPICE							
097 09 VACANT SPACE	67,420	12,349	3,179				67,420
097 10 SALES & SERVICE-PHYSI							
097 11 REHAB HOSPITAL							
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 COST TO BE ALLOCATED (WRKSHT B, PART I)	12,001,001	2,059,408	31,433		5,329,778	9,189,718	7,627,453
104 01 UNIT COST MULTIPLIER (WRKSHT B, PT I)	9.992565	7.855688	.399246		1.782121	21.460573	6.459980
105 01 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 01 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 01 COST TO BE ALLOCATED (WRKSHT B, PART III)	554,871	97,072	24,594		236,493	510,630	423,822
108 01 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.462010	.370285	.312380		.079076	1.192465	.358951

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	260,102						
010 03 HOUSEKEEPING-CANCER C							
011 DIETARY		78,174					
012 CAFETERIA		1,262	2,350,709	7,532,040			
014 NURSING ADMINISTRATION			2,350,709	98,168	4,402,009		
015 CENTRAL SERVICES & SUPPLY				128,671		72,474,175	
016 PHARMACY		1,312		258,869			48,028,196
017 MEDICAL RECORDS & LIBRARY		682		100,669			10
018 SOCIAL SERVICE				137,474			2,768
022 I&R SERVICES-SALARY & BENEFITS				181,954			
023 I&R SERVICES-OTHER PERSONNEL	6,952			89,557			
024 PARAMEDICAL PROGRAM				5,038			
024 01 RADIOLOGY SCHOOL				4,533			
024 02 RESPIRATORY SCHOOL							
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	1,009			1,432,726	1,291,580		52,852
026 INTENSIVE CARE UNIT				840,448	840,448		16,929
027 CORONARY CARE UNIT				170,181	170,181		5,127
027 01 NEONATAL INTENSIVE CARE				363,730	363,730		8,136
031 SUBPROVIDER				212,351	176,055		2,071
031 01 SUBPROVIDER 2							
033 NURSERY				155,635	150,465		2,696
034 SKILLED NURSING FACILITY					144,522		
036 OTHER LONG TERM CARE					50,949		
037 ANCILLARY SERVICE CENTER							
037 OPERATING ROOM	2,588			488,588	460,491		205,406
038 RECOVERY ROOM				69,531			1,596
039 DELIVERY ROOM & LABOR				291,012	291,012		11,700
040 ANESTHESIOLOGY				37,368			1,422,965
041 RADIOLOGY-DIAGNOSTIC	15,083	2,456		219,728			407,221
041 01 ULTRASOUND				46,767	39,314		589
041 02 CAT SCAN		3,116		38,302			891,024
041 03 MAGNETIC RESONANCE IMAGING				18,755			246,111
042 RADIOLOGY-THERAPEUTIC		19,490		74,222			2,252
043 RADIOISOTOPE		1,860		31,457			1,540,034
043 01 ONCOLOGY							
044 LABORATORY	2,157			381,116			1,603
044 01 LABORATORY-PATHOLOGIC							
046 WHOLE BLOOD & PACKED				88,957			1,144,480
049 RESPIRATORY THERAPY	1,859			254,281			534,005
050 PHYSICAL THERAPY	7,098	1,477		162,440	3,046		445
053 ELECTROCARDIOLOGY	1,887			111,481	78,141		7,105
055 MEDICAL SUPPLIES CHARACTERIZED						35,883,620	
055 30 IMPL. DEV. CHARGED TO PATIENT						36,590,555	
056 DRUGS CHARGED TO PATIENT							34,357,944
057 RENAL DIALYSIS				21,455	21,455		1,371,453
058 ASC (NON-DISTINCT PAR)				83,206			338
058 01 CARDIAC CATHETERIZATION				84,398	31,781		199,683
058 03 GASTROINTESTINAL SURGERY				67,667			7,459
058 04 ELECTROCONVULSIVE THERAPY				7,100			43,053
059 OP PSYCH				8,235			
059 01 OP CHEM DEPENDENT				12,863			
060 OUTPAT SERVICE COST CENTER							
060 01 MEACHAM PARK CLINIC		5,252		118,686			5,436,056
060 02 URGENT CARE CENTER -							
060 03 HYPERBARIC/OP WOUND CARE							2,398
060 04 URGENT CARE CENTER -							
061 EMERGENCY				363,712	269,330		33,709
061 02 NATURAL FAMILY PLANNING				8,611			
061 03 PAIN THERAPY CENTER							
062 OBSERVATION BEDS (NON)							

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.
062 01 OUTPAT SERVICE COST C	10.02	10.03	11	12	14	15	16
065 01 AMBULATORY CARE UNIT				19,509	19,509		1,069
095 01 OTHER REIMBURS COST C							
095 02 AMBULANCE SERVICES							
095 03 SPEC PURPOSE COST CEN							
095 04 SUBTOTALS	38,633	36,907	2,350,709	7,289,451	4,402,009	72,474,175	47,960,287
096 01 NONREIMBURS COST CENT							
096 02 GIFT, FLOWER, COFFEE	1,968			20,573			
096 01 VENDING MACHINES							
096 02 VISITOR MEALS							
097 01 RESEARCH	1,603	3,465		30,535			
098 01 PHYSICIANS' PRIVATE O	168,177	11,341		170,518			48,755
099 01 NONPAID WORKERS							
099 01 MEALS ON WHEELS							
099 02 SJMH-SHARED SERVICES							
099 03 CONVENT							
099 04 ST. JOHN'S MERCY HEAL	37,372	23,282		20,963			19,154
099 05 HOSPICE							
099 06 VACANT SPACE	12,349	3,179					
099 07 SALES & SERVICE-PHYSI							
099 08 REHAB HOSPITAL							
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,231,429	330,836	13,449,054	13,449,054	9,263,204	6,509,921	19,016,797
104 01 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.734408	4.232046	5.721276	1.785579	2.104313	.089824	.395951
105 01 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 01 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 01 COST TO BE ALLOCATED (WRKSHT B, PART III)	68,425	18,383	1,184,636	1,184,636	682,547	923,530	939,818
108 01 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.263070	.235155	.503948	.157280	.155054	.012743	.019568

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	RADIOLOGY	SCHOOL	SCH RESPIRATORY SCHOOL
	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
062 01 OUTPAT SERVICE COST C	17	18	22	23	24	24.01		24.02
062 01 AMBULATORY CARE UNIT	18,668,198							
065 OTHER REIMBURS COST C								
065 AMBULANCE SERVICES	24,401							
095 SPEC PURPOSE COST CEN								
095 SUBTOTALS	2543,273,198	114,400	192,292	192,292	100	100		
096 NONREIMBURS COST CENT								
096 01 GIFT, FLOWER, COFFEE								
096 02 VENDING MACHINES								
096 02 VISITOR MEALS								
097 RESEARCH								
098 PHYSICIANS' PRIVATE O								
099 NONPAID WORKERS								
099 01 MEALS ON WHEELS								
099 02 SJMH-SHARED SERVICES								
099 03 CONVENT								
099 04 ST. JOHN'S MERCY HEAL								
099 05 HOSPICE								
099 06 VACANT SPACE								
099 07 SALES & SERVICE-PHYSI								
099 08 REHAB HOSPITAL								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	5,373,578	8,504,230	8,541,835	6,882,608	302,743	265,391		
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.002113	74.337675	44.421167	35.792482	3,027.430000	2,653.910000		
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)	742,764	326,889	268,039	325,061	28,115	21,818		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000292	2.857421	1.393917	1.690455	281.150000	218.180000		

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
26-0020

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET B-2

DESCRIPTION	WORKSHEET		AMOUNT
	PART	LINE NO.	
1	2	3	4
1 ADJ FOR EPO COSTS IN RENAL DIA	1	57	-1,370,951
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 ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	85,765,259		85,765,259	725,496	86,490,755
26	INTENSIVE CARE UNIT	51,100,679		51,100,679		51,100,679
27	CORONARY CARE UNIT	12,954,135		12,954,135	242,448	13,196,583
27	01 NEONATAL INTENSIVE CARE U	24,797,643		24,797,643		24,797,643
31	SUBPROVIDER	12,658,492		12,658,492	52,573	12,711,065
31	01 SUBPROVIDER 2					
33	NURSERY	9,341,262		9,341,262		9,341,262
34	SKILLED NURSING FACILITY	10,266,988		10,266,988		10,266,988
36	OTHER LONG TERM CARE	5,372,848		5,372,848		5,372,848
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	41,926,365		41,926,365	71,048	41,997,413
38	RECOVERY ROOM	4,000,517		4,000,517		4,000,517
39	DELIVERY ROOM & LABOR ROO	18,889,485		18,889,485		18,889,485
40	ANESTHESIOLOGY	5,471,702		5,471,702		5,471,702
41	RADIOLOGY-DIAGNOSTIC	20,524,633		20,524,633		20,524,633
41	01 ULTRASOUND	4,320,607		4,320,607		4,320,607
41	02 CAT SCAN	5,785,944		5,785,944		5,785,944
41	03 MAGNETIC RESONANCE IMAGIN	3,124,429		3,124,429		3,124,429
42	RADIOLOGY-THERAPEUTIC	12,655,421		12,655,421		12,655,421
43	RADIOISOTOPE	6,203,947		6,203,947		6,203,947
43	01 ONCOLOGY					
44	LABORATORY	30,471,898		30,471,898		30,471,898
44	01 LABORATORY-PATHOLOGICAL					
46	WHOLE BLOOD & PACKED RED	8,879,635		8,879,635		8,879,635
49	RESPIRATORY THERAPY	14,143,776		14,143,776		14,143,776
50	PHYSICAL THERAPY	13,811,241		13,811,241		13,811,241
53	ELECTROCARDIOLOGY	12,180,462		12,180,462	24,782	12,205,244
55	MEDICAL SUPPLIES CHARGED	41,321,738		41,321,738		41,321,738
55	30 IMPL. DEV. CHARGED TO PAT	50,928,981		50,928,981		50,928,981
56	DRUGS CHARGED TO PATIENTS	58,932,366		58,932,366		58,932,366
57	RENAL DIALYSIS	2,742,754		2,742,754		2,742,754
58	ASC (NON-DISTINCT PART)	6,318,178		6,318,178		6,318,178
58	01 CARDIAC CATHETERIZATION LAB	8,200,537		8,200,537		8,200,537
58	03 GASTROINTESTINAL SERVICE	5,536,768		5,536,768		5,536,768
58	04 ELECTROCONVULSIVE THERAPY	292,842		292,842		292,842
59	OP PSYCH	1,364,590		1,364,590		1,364,590
59	01 OP CHEM DEPEN	1,294,293		1,294,293		1,294,293
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	15,077,118		15,077,118		15,077,118
60	01 MEACHAM PARK CLINIC					
60	02 URGENT CARE CENTER - ST.					
60	03 HYPERBARIC/OP WOUND CENTE	1,372,142		1,372,142	7,548	1,379,690
60	04 URGENT CARE CENTER - O'FA					
61	EMERGENCY	22,577,389		22,577,389	57,625	22,635,014
61	02 NATURAL FAMILY PLANNING	457,151		457,151		457,151
61	03 PAIN THERAPY CENTER					
62	OBSERVATION BEDS (NON-DIS	6,033,483		6,033,483		6,033,483
62	01 AMBULATORY CARE UNIT	2,073,375		2,073,375		2,073,375
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	44,096		44,096		44,096
101	SUBTOTAL	639,215,169		639,215,169	1,181,520	640,396,689
102	LESS OBSERVATION BEDS	6,033,483		6,033,483		6,033,483
103	TOTAL	633,181,686		633,181,686	1,181,520	634,363,206

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	157,862,466		157,862,466			
26	INTENSIVE CARE UNIT	171,249,086		171,249,086			
27	CORONARY CARE UNIT	31,183,332		31,183,332			
27	01 NEONATAL INTENSIVE CARE U	100,915,554		100,915,554			
31	SUBPROVIDER	14,206,319		14,206,319			
31	01 SUBPROVIDER 2						
33	NURSERY	12,422,349		12,422,349			
34	SKILLED NURSING FACILITY	19,735,651		19,735,651			
36	OTHER LONG TERM CARE	3,625,135		3,625,135			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	49,486,182	52,544,879	102,031,061	.410918	.410918	.411614
38	RECOVERY ROOM	15,012,071	15,680,797	30,692,868	.130340	.130340	.130340
39	DELIVERY ROOM & LABOR ROO	39,543,570	8,024,509	47,568,079	.397104	.397104	.397104
40	ANESTHESIOLOGY	16,381,393	17,241,922	33,623,315	.162735	.162735	.162735
41	RADIOLOGY-DIAGNOSTIC	21,591,151	93,784,367	115,375,518	.177894	.177894	.177894
41	01 ULTRASOUND	5,129,985	24,083,018	29,213,003	.147900	.147900	.147900
41	02 CAT SCAN	43,929,458	78,718,975	122,648,433	.047175	.047175	.047175
41	03 MAGNETIC RESONANCE IMAGIN	11,143,651	28,966,639	40,110,290	.077896	.077896	.077896
42	RADIOLOGY-THERAPEUTIC	4,113,661	60,341,836	64,455,497	.196344	.196344	.196344
43	RADIOISOTOPE	6,536,925	34,080,310	40,617,235	.152742	.152742	.152742
43	01 ONCOLOGY						
44	LABORATORY	123,513,656	164,791,613	288,305,269	.105693	.105693	.105693
44	01 LABORATORY-PATHOLOGICAL						
46	WHOLE BLOOD & PACKED RED	17,470,543	6,462,341	23,932,884	.371022	.371022	.371022
49	RESPIRATORY THERAPY	46,681,083	8,497,852	55,178,935	.256326	.256326	.256326
50	PHYSICAL THERAPY	14,715,424	15,139,045	29,854,469	.462619	.462619	.462619
53	ELECTROCARDIOLOGY	38,191,334	70,379,367	108,570,701	.112189	.112189	.112417
55	MEDICAL SUPPLIES CHARGED	105,813,765	49,682,064	155,495,829	.265742	.265742	.265742
55	30 IMPL. DEV. CHARGED TO PAT	57,384,662	24,944,086	82,328,748	.618605	.618605	.618605
56	DRUGS CHARGED TO PATIENTS	138,273,486	81,848,197	220,121,683	.267726	.267726	.267726
57	RENAL DIALYSIS	6,953,088	1,626,155	8,579,243	.319697	.319697	.319697
58	ASC (NON-DISTINCT PART)	1,749,358	13,527,084	15,276,442	.413590	.413590	.413590
58	01 CARDIAC CATHETERIZATION LAB	28,878,183	28,214,222	57,092,405	.143636	.143636	.143636
58	03 GASTROINTESTINAL SERVICE	6,970,712	37,952,696	44,923,408	.123249	.123249	.123249
58	04 ELECTROCONVULSIVE THERAPY	727,902	2,312,084	3,039,986	.096330	.096330	.096330
59	OP PSYCH	50,000	1,394,731	1,444,731	.944529	.944529	.944529
59	01 OP CHEM DEPEN	1,351	2,708,057	2,709,408	.477703	.477703	.477703
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	44,625	18,643,873	18,688,498	.806759	.806759	.806759
60	01 MEACHAM PARK CLINIC						
60	02 URGENT CARE CENTER - ST.						
60	03 HYPERBARIC/OP WOUND CENTE	3,094	2,050,463	2,053,557	.668178	.668178	.671854
60	04 URGENT CARE CENTER - O'FA						
61	EMERGENCY	29,254,907	68,111,845	97,366,752	.231880	.231880	.232472
61	02 NATURAL FAMILY PLANNING		56,252	56,252	8.126840	8.126840	8.126840
61	03 PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS		20,418,747	20,418,747	.295487	.295487	.295487
62	01 AMBULATORY CARE UNIT	2,728,976	15,939,222	18,668,198	.111065	.111065	.111065
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	14,792	9,608	24,400	1.807213	1.807213	1.807213
101	SUBTOTAL	1343,488,880	1048,176,856	2391,665,736			
102	LESS OBSERVATION BEDS						
103	TOTAL	1343,488,880	1048,176,856	2391,665,736			

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	41,926,365	5,483,855	36,442,510			41,926,365
38	RECOVERY ROOM	4,000,517	225,742	3,774,775			4,000,517
39	DELIVERY ROOM & LABOR ROO	18,889,485	1,744,826	17,144,659			18,889,485
40	ANESTHESIOLOGY	5,471,702	833,551	4,638,151			5,471,702
41	RADIOLOGY-DIAGNOSTIC	20,524,633	4,035,164	16,489,469			20,524,633
41 01	ULTRASOUND	4,320,607	773,158	3,547,449			4,320,607
41 02	CAT SCAN	5,785,944	1,104,579	4,681,365			5,785,944
41 03	MAGNETIC RESONANCE IMAGIN	3,124,429	1,031,312	2,093,117			3,124,429
42	RADIOLOGY-THERAPEUTIC	12,655,421	4,045,354	8,610,067			12,655,421
43	RADIOISOTOPE	6,203,947	1,017,817	5,186,130			6,203,947
43 01	ONCOLOGY						
44	LABORATORY	30,471,898	1,859,750	28,612,148			30,471,898
44 01	LABORATORY-PATHOLOGICAL						
46	WHOLE BLOOD & PACKED RED	8,879,635	431,290	8,448,345			8,879,635
49	RESPIRATORY THERAPY	14,143,776	894,598	13,249,178			14,143,776
50	PHYSICAL THERAPY	13,811,241	807,632	13,003,609			13,811,241
53	ELECTROCARDIOLOGY	12,180,462	1,531,941	10,648,521			12,180,462
55	MEDICAL SUPPLIES CHARGED	41,321,738	1,254,085	40,067,653			41,321,738
55 30	IMPL. DEV. CHARGED TO PAT	50,928,981	1,399,092	49,529,889			50,928,981
56	DRUGS CHARGED TO PATIENTS	58,932,366	1,603,012	57,329,354			58,932,366
57	RENAL DIALYSIS	2,742,754	225,010	2,517,744			2,742,754
58	ASC (NON-DISTINCT PART)	6,318,178	875,715	5,442,463			6,318,178
58 01	CARDIAC CATHETERIZATION LAB	8,200,537	1,607,147	6,593,390			8,200,537
58 03	GASTRO INTESTINAL SERVICE	5,536,768	1,018,868	4,517,900			5,536,768
58 04	ELECTROCONVULSIVE THERAPY	292,842	63,088	229,754			292,842
59	OP PSYCH	1,364,590	216,979	1,147,611			1,364,590
59 01	OP CHEM DEPEN	1,294,293	222,057	1,072,236			1,294,293
	OUTPAT SERVICE COST CNTRS						
	CLINIC	15,077,118	896,506	14,180,612			15,077,118
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.						
60 03	HYPERBARIC/OP WOUND CENTE	1,372,142	151,621	1,220,521			1,372,142
60 04	URGENT CARE CENTER - O'FA						
61	EMERGENCY	22,577,389	1,867,922	20,709,467			22,577,389
61 02	NATURAL FAMILY PLANNING	457,151	10,943	446,208			457,151
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS	6,033,483	529,794	5,503,689			6,033,483
62 01	AMBULATORY CARE UNIT	2,073,375	432,503	1,640,872			2,073,375
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	44,096	848	43,248			44,096
101	SUBTOTAL	426,957,863	38,195,759	388,762,104			426,957,863
102	LESS OBSERVATION BEDS	6,033,483	529,794	5,503,689			6,033,483
103	TOTAL	420,924,380	37,665,965	383,258,415			420,924,380

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	102,031,061	.410918	.410918
38	RECOVERY ROOM	30,692,868	.130340	.130340
39	DELIVERY ROOM & LABOR ROO	47,568,079	.397104	.397104
40	ANESTHESIOLOGY	33,623,315	.162735	.162735
41	RADIOLOGY-DIAGNOSTIC	115,375,518	.177894	.177894
41 01	ULTRASOUND	29,213,003	.147900	.147900
41 02	CAT SCAN	122,648,433	.047175	.047175
41 03	MAGNETIC RESONANCE IMAGIN	40,110,290	.077896	.077896
42	RADIOLOGY-THERAPEUTIC	64,455,497	.196344	.196344
43	RADIOISOTOPE	40,617,235	.152742	.152742
43 01	ONCOLOGY			
44	LABORATORY	288,305,269	.105693	.105693
44 01	LABORATORY-PATHOLOGICAL			
46	WHOLE BLOOD & PACKED RED	23,932,884	.371022	.371022
49	RESPIRATORY THERAPY	55,178,935	.256326	.256326
50	PHYSICAL THERAPY	29,854,469	.462619	.462619
53	ELECTROCARDIOLOGY	108,570,701	.112189	.112189
55	MEDICAL SUPPLIES CHARGED	155,495,829	.265742	.265742
55 30	IMPL. DEV. CHARGED TO PAT	82,328,748	.618605	.618605
56	DRUGS CHARGED TO PATIENTS	220,121,683	.267726	.267726
57	RENAL DIALYSIS	8,579,243	.319697	.319697
58	ASC (NON-DISTINCT PART)	15,276,442	.413590	.413590
58 01	CARDIAC CATHETERIZATION LAB	57,092,405	.143636	.143636
58 03	GASTROINTESTINAL SERVICE	44,923,408	.123249	.123249
58 04	ELECTROCONVULSIVE THERAPY	3,039,986	.096330	.096330
59	OP PSYCH	1,444,731	.944529	.944529
59 01	OP CHEM DEPEND	2,709,408	.477703	.477703
	OUTPAT SERVICE COST CNTRS			
	CLINIC	18,688,498	.806759	.806759
60 01	MEACHAM PARK CLINIC			
60 02	URGENT CARE CENTER - ST.			
60 03	HYPERBARIC/OP WOUND CENTE	2,053,557	.668178	.668178
60 04	URGENT CARE CENTER - O'FA			
61	EMERGENCY	97,366,752	.231880	.231880
61 02	NATURAL FAMILY PLANNING	56,252	8.126840	8.126840
61 03	PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DIS	20,418,747	.295487	.295487
62 01	AMBULATORY CARE UNIT	18,668,198	.111065	.111065
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	24,400	1.807213	1.807213
101	SUBTOTAL	1880,465,844		
102	LESS OBSERVATION BEDS	20,418,747		
103	TOTAL	1860,047,097		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				7,594,657		7,594,657
26	INTENSIVE CARE UNIT				4,398,345		4,398,345
27	CORONARY CARE UNIT				1,572,744		1,572,744
27 01	NEONATAL INTENSIVE CARE U				1,867,171		1,867,171
31	SUBPROVIDER				994,718		994,718
31 01	SUBPROVIDER 2						
33	NURSERY				323,174		323,174
101	TOTAL				16,750,809		16,750,809

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		5,483,855	102,031,061	15,258,223		
38	RECOVERY ROOM		225,742	30,692,868	4,170,947		
39	DELIVERY ROOM & LABOR ROO		1,744,826	47,568,079	153,351		
40	ANESTHESIOLOGY		833,551	33,623,315	4,334,005		
41	RADIOLOGY-DIAGNOSTIC		4,035,164	115,375,518	7,403,999		
41 01	ULTRASOUND		773,158	29,213,003	761,367		
41 02	CAT SCAN		1,104,579	122,648,433	14,355,125		
41 03	MAGNETIC RESONANCE IMAGIN		1,031,312	40,110,290	3,566,047		
42	RADIOLOGY-THERAPEUTIC		4,045,354	64,455,497	1,987,034		
43	RADIOISOTOPE		1,017,817	40,617,235	2,947,413		
43 01	ONCOLOGY						
44	LABORATORY		1,859,750	288,305,269	40,706,840		
44 01	LABORATORY-PATHOLOGICAL						
46	WHOLE BLOOD & PACKED RED		431,290	23,932,884	7,052,636		
49	RESPIRATORY THERAPY		894,598	55,178,935	14,078,822		
50	PHYSICAL THERAPY		807,632	29,854,469	5,563,889		
53	ELECTROCARDIOLOGY		1,531,941	108,570,701	16,974,269		
55	MEDICAL SUPPLIES CHARGED		1,254,085	155,495,829	56,269,158		
55 30	IMPL. DEV. CHARGED TO PAT		1,399,092	82,328,748	20,191,528		
56	DRUGS CHARGED TO PATIENTS		1,603,012	220,121,683	40,907,381		
57	RENAL DIALYSIS		225,010	8,579,243	2,423,646		
58	ASC (NON-DISTINCT PART)		875,715	15,276,442	446,963		
58 01	CARDIAC CATHETERIZATION LAB		1,607,147	57,092,405	10,852,868		
58 03	GASTRO INTESTINAL SERVICE		1,018,868	44,923,408	2,780,429		
58 04	ELECTROCONVULSIVE THERAPY		63,088	3,039,986	1,474		
59	OP PSYCH		216,979	1,444,731			
59 01	OP CHEM DEPEN		222,057	2,709,408			
	OUTPAT SERVICE COST CNTRS						
	CLINIC		896,506	18,688,498	42,279		
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.						
60 03	HYPERBARI C/OP WOUND CENTE		151,621	2,053,557	256		
60 04	URGENT CARE CENTER - O'FA						
61	EMERGENCY		1,867,922	97,366,752	8,281,048		
61 02	NATURAL FAMILY PLANNING		10,943	56,252			
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS		529,794	20,418,747			
62 01	AMBULATORY CARE UNIT		432,503	18,668,198	2,701,262		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		38,194,911	1880,441,444	284,212,259		

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

PROVIDER NO: 26-0020
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 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 11/23/2010
26-0020	FROM 7/1/2009	WORKSHEET D
	TO 6/30/2010	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	111,326		24,903	
26	INTENSIVE CARE UNIT	52,605		21,692	
27	CORONARY CARE UNIT	6,091		2,788	
27 01	NEONATAL INTENSIVE CARE U	25,487			
31	SUBPROVIDER	15,816		8,410	
31 01	SUBPROVIDER 2				
33	NURSERY	19,058			
34	SKILLED NURSING FACILITY	19,071		11,080	
101	TOTAL	249,454		68,873	

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						265,391				
41 02	CAT SCAN										
41 03	MAGNETIC RESONANCE IMAGIN										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43 01	ONCOLOGY										
44	LABORATORY										
44 01	LABORATORY-PATHOLOGICAL						302,743				
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY										
55	MEDICAL SUPPLIES CHARGED										
55 30	IMPL. DEV. CHARGED TO PAT										
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 DEPEND										
	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 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						568,134				

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			102,031,061			15,258,223	
38	RECOVERY ROOM			30,692,868			4,170,947	
39	DELIVERY ROOM & LABOR ROO			47,568,079			153,351	
40	ANESTHESIOLOGY			33,623,315			4,334,005	
41	RADIOLOGY-DIAGNOSTIC	265,391	265,391	115,375,518	.002300	.002300	7,403,999	17,029
41	01 ULTRASOUND			29,213,003			761,367	
41	02 CAT SCAN			122,648,433			14,355,125	
41	03 MAGNETIC RESONANCE IMAGIN			40,110,290			3,566,047	
42	RADIOLOGY-THERAPEUTIC			64,455,497			1,987,034	
43	RADIOISOTOPE			40,617,235			2,947,413	
43	01 ONCOLOGY							
44	LABORATORY	302,743	302,743	288,305,269	.001050	.001050	40,706,840	42,742
44	01 LABORATORY-PATHOLOGICAL							
46	WHOLE BLOOD & PACKED RED			23,932,884			7,052,636	
49	RESPIRATORY THERAPY			55,178,935			14,078,822	
50	PHYSICAL THERAPY			29,854,469			5,563,889	
53	ELECTROCARDIOLOGY			108,570,701			16,974,269	
55	MEDICAL SUPPLIES CHARGED			155,495,829			56,269,158	
55	30 IMPL. DEV. CHARGED TO PAT			82,328,748			20,191,528	
56	DRUGS CHARGED TO PATIENTS			220,121,683			40,907,381	
57	RENAL DIALYSIS			8,579,243			2,423,646	
58	ASC (NON-DISTINCT PART)			15,276,442			446,963	
58	01 CARDIAC CATHETERIZATION LAB			57,092,405			10,852,868	
58	03 GASTROINTESTINAL SERVICE			44,923,408			2,780,429	
58	04 ELECTROCONVULSIVE THERAPY			3,039,986			1,474	
59	OP PSYCH			1,444,731				
59	01 OP CHEM DEPEN			2,709,408				
	OUTPAT SERVICE COST CNTRS							
	CLINIC			18,688,498			42,279	
60	01 MEACHAM PARK CLINIC							
60	02 URGENT CARE CENTER - ST.							
60	03 HYPERBARIC/OP WOUND CENTE			2,053,557			256	
60	04 URGENT CARE CENTER - O'FA							
61	EMERGENCY			97,366,752			8,281,048	
61	02 NATURAL FAMILY PLANNING			56,252				
61	03 PAIN THERAPY CENTER							
62	OBSERVATION BEDS (NON-DIS			20,418,747				
62	01 AMBULATORY CARE UNIT			18,668,198			2,701,262	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	568,134	568,134	1880,441,444			284,212,259	59,771

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	7,935,516					
38	RECOVERY ROOM	1,864,839					
39	DELIVERY ROOM & LABOR ROO	19,558					
40	ANESTHESIOLOGY	2,253,015					
41	RADIOLOGY-DIAGNOSTIC	14,154,977			32,556		
41 01	ULTRASOUND	839,409					
41 02	CAT SCAN	14,234,893					
41 03	MAGNETIC RESONANCE IMAGIN	4,673,871					
42	RADIOLOGY-THERAPEUTIC	14,990,723					
43	RADIOISOTOPE	10,916,472					
43 01	ONCOLOGY						
44	LABORATORY	3,462,238			3,635		
44 01	LABORATORY-PATHOLOGICAL						
46	WHOLE BLOOD & PACKED RED	576,075					
49	RESPIRATORY THERAPY	1,097,416					
50	PHYSICAL THERAPY	372,511					
53	ELECTROCARDIOLOGY	15,142,023					
55	MEDICAL SUPPLIES CHARGED	8,804,002					
55 30	IMPL. DEV. CHARGED TO PAT	7,045,073					
56	DRUGS CHARGED TO PATIENTS	13,787,892					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	1,546,573					
58 01	CARDIAC CATHETERIZATION LAB	7,726,102					
58 03	GASTROINTESTINAL SERVICE	6,839,985					
58 04	ELECTROCONVULSIVE THERAPY	597,339					
59	OP PSYCH						
59 01	OP CHEM DEPEND	667,880					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	5,285,711					
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.						
60 03	HYPERBARIC/OP WOUND CENTE	639,915					
60 04	URGENT CARE CENTER - O'FA						
61	EMERGENCY	6,112,308					
61 02	NATURAL FAMILY PLANNING						
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS						
62 01	AMBULATORY CARE UNIT	5,355,564					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	156,941,880			36,191		

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						265,391				
41	02 CAT SCAN										
41	03 MAGNETIC RESONANCE IMAGIN										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43	01 ONCOLOGY										
44	LABORATORY										
44	01 LABORATORY-PATHOLOGICAL						302,743				
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
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 DEPEND										
	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	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						568,134				

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			102,031,061			2,013	
38	RECOVERY ROOM			30,692,868				
39	DELIVERY ROOM & LABOR ROO			47,568,079				
40	ANESTHESIOLOGY			33,623,315			2,440	
41	RADIOLOGY-DIAGNOSTIC	265,391	265,391	115,375,518	.002300	.002300	61,023	140
41 01	ULTRASOUND			29,213,003			8,711	
41 02	CAT SCAN			122,648,433			173,504	
41 03	MAGNETIC RESONANCE IMAGIN			40,110,290			30,687	
42	RADIOLOGY-THERAPEUTIC			64,455,497			3,437	
43	RADIOISOTOPE			40,617,235			11,840	
43 01	ONCOLOGY							
44	LABORATORY	302,743	302,743	288,305,269	.001050	.001050	1,268,333	1,332
44 01	LABORATORY-PATHOLOGICAL							
46	WHOLE BLOOD & PACKED RED			23,932,884			6,265	
49	RESPIRATORY THERAPY			55,178,935			29,816	
50	PHYSICAL THERAPY			29,854,469			125,414	
53	ELECTROCARDIOLOGY			108,570,701			92,178	
55	MEDICAL SUPPLIES CHARGED			155,495,829			364,754	
55 30	IMPL. DEV. CHARGED TO PAT			82,328,748				
56	DRUGS CHARGED TO PATIENTS			220,121,683			2,231,966	
57	RENAL DIALYSIS			8,579,243			121,431	
58	ASC (NON-DISTINCT PART)			15,276,442				
58 01	CARDIAC CATHETERIZATION LAB			57,092,405				
58 03	GASTROINTESTINAL SERVICE			44,923,408			24,260	
58 04	ELECTROCONVULSIVE THERAPY			3,039,986			371,703	
59	OP PSYCH			1,444,731			29,927	
59 01	OP CHEM DEPEN			2,709,408			1,003	
	OUTPAT SERVICE COST CNTRS							
	CLINIC			18,688,498				
60	MEACHAM PARK CLINIC							
60 01	URGENT CARE CENTER - ST.							
60 02	URGENT CARE CENTER - ST.							
60 03	HYPERBARIC/OP WOUND CENTE			2,053,557				
60 04	URGENT CARE CENTER - O'FA							
61	EMERGENCY			97,366,752			539,410	
61 02	NATURAL FAMILY PLANNING			56,252				
61 03	PAIN THERAPY CENTER							
62	OBSERVATION BEDS (NON-DIS			20,418,747				
62 01	AMBULATORY CARE UNIT			18,668,198			16,976	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	568,134	568,134	1880,441,444			5,517,091	1,472

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		1				
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRASOUND						
41	02 CAT SCAN		10				
41	03 MAGNETIC RESONANCE IMAGIN		2				
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		10,246				
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS		4,137				
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION LAB						
58	03 GASTROINTESTINAL SERVICE						
58	04 ELECTROCONVULSIVE THERAPY		59,811				
59	OP PSYCH		144,354				
59	01 OP CHEM DEPENDEN		255				
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEACHAM PARK CLINIC						
60	02 URGENT CARE CENTER - ST.						
60	03 HYPERBARIC/OP WOUND CENTE						
60	04 URGENT CARE CENTER - O'FA						
61	EMERGENCY						
61	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		218,816				

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 ULTRASOUND						265,391				
41	02 CAT SCAN										
41	03 MAGNETIC RESONANCE IMAGIN										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43	01 ONCOLOGY										
44	LABORATORY										
44	01 LABORATORY-PATHOLOGICAL						302,743				
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
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 DEPEND										
	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	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						568,134				

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			102,031,061			1,032	
38	RECOVERY ROOM			30,692,868			691	
39	DELIVERY ROOM & LABOR ROO			47,568,079				
40	ANESTHESIOLOGY			33,623,315			310	
41	RADIOLOGY-DIAGNOSTIC	265,391	265,391	115,375,518	.002300	.002300	71,204	164
41 01	ULTRASOUND			29,213,003			4,826	
41 02	CAT SCAN			122,648,433			1,357	
41 03	MAGNETIC RESONANCE IMAGIN			40,110,290			307	
42	RADIOLOGY-THERAPEUTIC			64,455,497			1,043	
43	RADIOISOTOPE			40,617,235			7,158	
43 01	ONCOLOGY							
44	LABORATORY	302,743	302,743	288,305,269	.001050	.001050	870,413	914
44 01	LABORATORY-PATHOLOGICAL							
46	WHOLE BLOOD & PACKED RED			23,932,884			57,254	
49	RESPIRATORY THERAPY			55,178,935			6,420	
50	PHYSICAL THERAPY			29,854,469			5,401,740	
53	ELECTROCARDIOLOGY			108,570,701			50,795	
55	MEDICAL SUPPLIES CHARGED			155,495,829			287,964	
55 30	IMPL. DEV. CHARGED TO PAT			82,328,748				
56	DRUGS CHARGED TO PATIENTS			220,121,683			2,571,180	
57	RENAL DIALYSIS			8,579,243				
58	ASC (NON-DISTINCT PART)			15,276,442				
58 01	CARDIAC CATHETERIZATION LAB			57,092,405				
58 03	GASTROINTESTINAL SERVICE			44,923,408				
58 04	ELECTROCONVULSIVE THERAPY			3,039,986				
59	OP PSYCH			1,444,731				
59 01	OP CHEM DEPEN			2,709,408				
	OUTPAT SERVICE COST CNTRS							
	CLINIC			18,688,498				
60	MEACHAM PARK CLINIC							
60 02	URGENT CARE CENTER - ST.							
60 03	HYPERBARIC/OP WOUND CENTE			2,053,557				
60 04	URGENT CARE CENTER - O'FA							
61	EMERGENCY			97,366,752				
61 02	NATURAL FAMILY PLANNING			56,252				
61 03	PAIN THERAPY CENTER							
62	OBSERVATION BEDS (NON-DIS			20,418,747				
62 01	AMBULATORY CARE UNIT			18,668,198			2,827	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	568,134	568,134	1880,441,444			9,336,521	1,078

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						
55 30	IMPL. DEV. CHARGED TO PAT						
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 DEPEND						
	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 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 B

SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 ULTRASOUND					
41 02 CAT SCAN		10			
41 03 MAGNETIC RESONANCE IMAGING (MRI)		2			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 ONCOLOGY					
44 LABORATORY					
44 01 LABORATORY-PATHOLOGICAL					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,246			
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS		4,137			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC CATHETERIZATION LABORATORY					
58 03 GASTROINTESTINAL SERVICES					
58 04 ELECTROCONVULSIVE THERAPY (ECT)		59,811			
59 OP PSYCH		144,354			
59 01 OP CHEM DEPEN		255			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MEACHAM PARK CLINIC					
60 02 URGENT CARE CENTER - ST. PETERS					
60 03 HYPERBARIC/OP WOUND CENTER					
60 04 URGENT CARE CENTER - O'FALLON					
61 EMERGENCY					
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		218,816			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		218,816			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 ULTRASOUND					
41 02 CAT SCAN					
41 03 MAGNETIC RESONANCE IMAGING (MRI)					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 ONCOLOGY					
44 LABORATORY					
44 01 LABORATORY-PATHOLOGICAL					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC CATHETERIZATION LABORATORY					
58 03 GASTRO INTESTINAL SERVICES					
58 04 ELECTROCONVULSIVE THERAPY (ECT)					
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. PETERS					
60 03 HYPERBARIC/OP WOUND CENTER					
60 04 URGENT CARE CENTER - O'FALLON					
61 EMERGENCY					
61 02 NATURAL FAMILY PLANNING					
61 03 PAIN THERAPY CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 01 AMBULATORY CARE UNIT					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		434,345			
38 RECOVERY ROOM		61,076			
39 DELIVERY ROOM & LABOR ROOM		189,761			
40 ANESTHESIOLOGY		53,502			
41 RADIOLOGY-DIAGNOSTIC		281,595			
41 01 ULTRASOUND		170,225			
41 02 CAT SCAN		107,464			
41 03 MAGNETIC RESONANCE IMAGING (MRI)		44,243			
42 RADIOLOGY-THERAPEUTIC		383,180			
43 RADIOISOTOPE		105,932			
43 01 ONCOLOGY					
44 LABORATORY		342,768			
44 01 LABORATORY-PATHOLOGICAL					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		86,657			
49 RESPIRATORY THERAPY		61,711			
50 PHYSICAL THERAPY		134,629			
53 ELECTROCARDIOLOGY		144,806			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		344,907			
55 30 IMPL. DEV. CHARGED TO PATIENT		309,829			
56 DRUGS CHARGED TO PATIENTS		1,346,626			
57 RENAL DIALYSIS		1,736			
58 ASC (NON-DISTINCT PART)		98,359			
58 01 CARDIAC CATHETERIZATION LABORATORY		97,135			
58 03 GASTRO INTESTINAL SERVICES		33,228			
58 04 ELECTROCONVULSIVE THERAPY (ECT)		11,887			
59 OP PSYCH		1,550			
59 01 OP CHEM DEPEN		940			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		1,258,143			
60 01 MEACHAM PARK CLINIC					
60 02 URGENT CARE CENTER - ST. PETERS					
60 03 HYPERBARIC/OP WOUND CENTER		41,607			
60 04 URGENT CARE CENTER - O'FALLON					
61 EMERGENCY		1,038,845			
61 02 NATURAL FAMILY PLANNING					
61 03 PAIN THERAPY CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 01 AMBULATORY CARE UNIT		133,264			
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES		5,389			
102 SUBTOTAL		7,325,339			
103 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
103 PROGRAM ONLY CHARGES					
104 NET CHARGES		7,325,339			

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

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.267726
2	PROGRAM VACCINE CHARGES		87,872
3	PROGRAM COSTS		23,526

TITLE XIX - I/P HOSPITAL OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	7,766
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	770.40
85	OBSERVATION BED COST	5,982,926

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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 ADULTS & PEDIATRICS		30,440,317	
26	INTENSIVE CARE UNIT		49,902,265	
27	CORONARY CARE UNIT		8,700,455	
27 01	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.411614	15,258,223	6,280,498
38	RECOVERY ROOM	.130340	4,170,947	543,641
39	DELIVERY ROOM & LABOR ROOM	.397104	153,351	60,896
40	ANESTHESIOLOGY	.162735	4,334,005	705,294
41	RADIOLOGY-DIAGNOSTIC	.177894	7,403,999	1,317,127
41 01	ULTRASOUND	.147900	761,367	112,606
41 02	CAT SCAN	.047175	14,355,125	677,203
41 03	MAGNETIC RESONANCE IMAGING (MRI)	.077896	3,566,047	277,781
42	RADIOLOGY-THERAPEUTIC	.196344	1,987,034	390,142
43	RADIOISOTOPE	.152742	2,947,413	450,194
43 01	ONCOLOGY LABORATORY	.105693	40,706,840	4,302,428
44 01	LABORATORY-PATHOLOGICAL WHOLE BLOOD & PACKED RED BLOOD CELLS	.371022	7,052,636	2,616,683
49	RESPIRATORY THERAPY	.256326	14,078,822	3,608,768
50	PHYSICAL THERAPY	.462619	5,563,889	2,573,961
53	ELECTROCARDIOLOGY	.112417	16,974,269	1,908,196
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.265742	56,269,158	14,953,079
55 30	IMPL. DEV. CHARGED TO PATIENT	.618605	20,191,528	12,490,580
56	DRUGS CHARGED TO PATIENTS	.267726	40,907,381	10,951,969
57	RENAL DIALYSIS	.319697	2,423,646	774,832
58	ASC (NON-DISTINCT PART)	.413590	446,963	184,859
58 01	CARDIAC CATHETERIZATION LABORATORY	.143636	10,852,868	1,558,863
58 03	GASTROINTESTINAL SERVICES	.123249	2,780,429	342,685
58 04	ELECTROCONVULSIVE THERAPY (ECT)	.096330	1,474	142
59	OP PSYCH	.944529		
59 01	OP CHEM DEPEN	.477703		
60	OUTPAT SERVICE COST CNTRS CLINIC	.806759	42,279	34,109
60 01	MEACHAM PARK CLINIC			
60 02	URGENT CARE CENTER - ST. PETERS			
60 03	HYPERBARIC/OP WOUND CENTER	.671854	256	172
60 04	URGENT CARE CENTER - O'FALLON			
61	EMERGENCY	.232472	8,281,048	1,925,112
61 02	NATURAL FAMILY PLANNING	8.126840		
61 03	PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.295487		
62 01	AMBULATORY CARE UNIT	.111065	2,701,262	300,016
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		284,212,259	69,341,836
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		284,212,259	

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL	OTHER	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				7,761,631	
26	INTENSIVE CARE UNIT				10,464,276	
27	CORONARY CARE UNIT				948,738	
27 01	NEONATAL INTENSIVE CARE UNIT				8,129,356	
31	SUBPROVIDER					
31 01	SUBPROVIDER 2					
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			.410918	2,334,094	959,121
38	RECOVERY ROOM			.130340	637,477	83,089
39	DELIVERY ROOM & LABOR ROOM			.397104	1,322,709	525,253
40	ANESTHESIOLOGY			.162735	712,766	115,992
41	RADIOLOGY-DIAGNOSTIC			.177894	1,384,017	246,208
41 01	ULTRASOUND			.147900	285,683	42,253
41 02	CAT SCAN			.047175	2,754,293	129,934
41 03	MAGNETIC RESONANCE IMAGING (MRI)			.077896	779,390	60,711
42	RADIOLOGY-THERAPEUTIC			.196344	405,771	79,671
43	RADIOISOTOPE			.152742	311,116	47,520
44	ONCOLOGY LABORATORY			.105693	7,746,994	818,803
44 01	LABORATORY-PATHOLOGICAL					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			.371022	1,662,883	616,966
49	RESPIRATORY THERAPY			.256326	4,502,601	1,154,134
50	PHYSICAL THERAPY			.462619	973,737	450,469
53	ELECTROCARDIOLOGY			.112189	2,245,685	251,941
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			.265742	14,641,834	3,890,950
55 30	IMPL. DEV. CHARGED TO PATIENT			.618605	2,308,700	1,428,173
56	DRUGS CHARGED TO PATIENTS			.267726	9,900,165	2,650,532
57	RENAL DIALYSIS			.319697	191,739	61,298
58	ASC (NON-DISTINCT PART)			.413590	56,586	23,403
58 01	CARDIAC CATHETERIZATION LABORATORY			.143636	1,283,434	184,347
58 03	GASTROINTESTINAL SERVICES			.123249	305,469	37,649
58 04	ELECTROCONVULSIVE THERAPY (ECT)			.096330		
59	OP PSYCH			.944529		
59 01	OP CHEM DEPENDENT			.477703		
60	OUTPAT SERVICE COST CNTRS CLINIC			.806759		
60 01	MEACHAM PARK CLINIC					
60 02	URGENT CARE CENTER - ST. PETERS					
60 03	HYPERBARIC/OP WOUND CENTER			.668178	707	472
60 04	URGENT CARE CENTER - O'FALLON					
61	EMERGENCY			.231880		
61 02	NATURAL FAMILY PLANNING			8.126840		
61 03	PAIN THERAPY CENTER					
62	OBSERVATION BEDS (NON-DISTINCT PART)			.295487		
62 01	AMBULATORY CARE UNIT			.111065		
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES					
101	TOTAL				56,747,850	13,858,889
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES					
103	NET CHARGES				56,747,850	

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		2,982,928	
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.410918	10,738	4,412
38	RECOVERY ROOM	.130340	1,421	185
39	DELIVERY ROOM & LABOR ROOM	.397104		
40	ANESTHESIOLOGY	.162735	2,881	469
41	RADIOLOGY-DIAGNOSTIC	.177894	16,022	2,850
41	01 ULTRASOUND	.147900		
41	02 CAT SCAN	.047175	62,469	2,947
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.077896	8,903	694
42	RADIOLOGY-THERAPEUTIC	.196344	631	124
43	RADIOISOTOPE	.152742		
44	01 ONCOLOGY LABORATORY	.105693	523,294	55,309
44	01 LABORATORY-PATHOLOGICAL			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.371022	1,016	377
49	RESPIRATORY THERAPY	.256326	4,015	1,029
50	PHYSICAL THERAPY	.462619	7,869	3,640
53	ELECTROCARDIOLOGY	.112189	21,170	2,375
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.265742	53,346	14,176
55	30 IMPL. DEV. CHARGED TO PATIENT	.618605		
56	DRUGS CHARGED TO PATIENTS	.267726	828,378	221,778
57	RENAL DIALYSIS	.319697		
58	ASC (NON-DISTINCT PART)	.413590	1,806	747
58	01 CARDIAC CATHETERIZATION LABORATORY	.143636		
58	03 GASTROINTESTINAL SERVICES	.123249		
58	04 ELECTROCONVULSIVE THERAPY (ECT)	.096330	37,990	3,660
59	OP PSYCH	.944529	10,584	9,997
59	01 OP CHEM DEPENDENT	.477703		
60	OUTPAT SERVICE COST CNTRS CLINIC	.806759		
60	01 MEACHAM PARK CLINIC			
60	02 URGENT CARE CENTER - ST. PETERS			
60	03 HYPERBARIC/OP WOUND CENTER	.668178		
60	04 URGENT CARE CENTER - O'FALLON			
61	EMERGENCY	.231880		
61	02 NATURAL FAMILY PLANNING	8.126840		
61	03 PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.295487		
62	01 AMBULATORY CARE UNIT	.111065		
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		1,592,533	324,769
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,592,533	

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			
27	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
01	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
01	SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.410918		
38	RECOVERY ROOM	.130340		
39	DELIVERY ROOM & LABOR ROOM	.397104		
40	ANESTHESIOLOGY	.162735		
41	RADIOLOGY-DIAGNOSTIC	.177894		
41	01 ULTRASOUND	.147900		
41	02 CAT SCAN	.047175		
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.077896		
42	RADIOLOGY-THERAPEUTIC	.196344		
43	RADIOISOTOPE	.152742		
44	01 ONCOLOGY			
44	LABORATORY	.105693	2,538	268
44	01 LABORATORY-PATHOLOGICAL			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.371022		
49	RESPIRATORY THERAPY	.256326		
50	PHYSICAL THERAPY	.462619		
53	ELECTROCARDIOLOGY	.112189		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.265742	9,404	2,499
55	30 IMPL. DEV. CHARGED TO PATIENT	.618605		
56	DRUGS CHARGED TO PATIENTS	.267726	2,713	726
57	RENAL DIALYSIS	.319697		
58	ASC (NON-DISTINCT PART)	.413590		
58	01 CARDIAC CATHETERIZATION LABORATORY	.143636		
58	03 GASTROINTESTINAL SERVICES	.123249		
58	04 ELECTROCONVULSIVE THERAPY (ECT)	.096330		
59	OP PSYCH	.944529		
59	01 OP CHEM DEPEN	.477703		
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.806759		
60	01 MEACHAM PARK CLINIC			
60	02 URGENT CARE CENTER - ST. PETERS			
60	03 HYPERBARIC/OP WOUND CENTER	.668178		
60	04 URGENT CARE CENTER - O'FALLON			
61	EMERGENCY	.231880		
61	02 NATURAL FAMILY PLANNING	8.126840		
61	03 PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.295487		
62	01 AMBULATORY CARE UNIT	.111065		
65	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		14,655	3,493
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		14,655	

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)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	90,759,693	
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)	90,759,693	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	7,112,808	
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)	3,064,075	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	40,517	
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	59,771	
16 TOTAL	101,036,864	
17 PRIMARY PAYER PAYMENTS	162,066	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	100,874,798	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,194,085	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,201,206	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	979,155	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	685,409	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	94,164,916	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
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	94,164,916	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	92,900,348	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,264,568	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	3,681,362	
----- 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)		

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,498,436		46,078
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		5,498,436		46,078
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		20,604		
7 TOTAL MEDICARE PROGRAM LIABILITY		5,477,832		46,078

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)			
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		5,851,173
1.09	NET IPF PPS OUTLIER PAYMENTS		209,281
1.10	NET IPF PPS ECT PAYMENTS		96,249
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		.30
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		1.67
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		.30
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		43.331507
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		.003559
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		20,824
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		6,177,527
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		6,177,527
INPATIENT REHABILITATION FACILITY (IRF)			
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		6,177,527
5	PRIMARY PAYER PAYMENTS		2,194
6	SUBTOTAL		6,175,333
7	DEDUCTIBLES		514,628
8	SUBTOTAL		5,660,705
9	COINSURANCE		184,345
10	SUBTOTAL		5,476,360
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		5,476,360
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		1,472
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,477,832
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,498,436
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-20,604
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9				3,255
				-3,255
	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			
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23				3,255
				-3,255
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30				1,078
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
				4,169,860
34	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36				4,169,860
37	SUBTOTAL			
38	COINSURANCE			
39				533,497
40	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
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	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
46	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
47	UTILIZATION REVIEW			
48	SUBTOTAL (SEE INSTRUCTIONS)			
49				3,636,363
50	INPATIENT ROUTINE SERVICE COST			
51	MEDICARE INPATIENT ROUTINE CHARGES			
52	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
53	PAYMENT FOR SERVICES ON A CHARGE BASIS			
54	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
55	FOR PAYMENT OF PART A SERVICES			
56	RATIO OF LINE 43 TO 44			
57	TOTAL CUSTOMARY CHARGES			
58	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
59	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
60	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
61	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
62	OTHER ADJUSTMENTS (SPECIFY)			
63	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
64	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
65				3,636,363
66	SUBTOTAL			
67	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
68	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
69				3,636,363
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72				3,661,386
73	INTERIM PAYMENTS			
74	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
75	BALANCE DUE PROVIDER/PROGRAM			
76				-25,023
77	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 XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		25,672,278	
2	MEDICAL AND OTHER SERVICES		7,325,339	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		32,997,617	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		32,997,617	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		27,304,001	
11	ANCILLARY SERVICE CHARGES		90,157,346	
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		117,461,347	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		117,461,347	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		84,463,730	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		32,997,617	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		32,997,617	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		32,997,617	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		32,997,617	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		32,997,617	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		32,997,617	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		1,426,537	
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		34,424,154	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		34,424,154	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

TITLE XIX

SUBPROVIDER 1

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

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

	TITLE XIX	SNF	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		116,161	
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		116,161	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		116,161	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		329,342	
11	ANCILLARY SERVICE CHARGES		14,655	
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		343,997	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		343,997	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		227,836	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		116,161	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		116,161	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		116,161	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		116,161	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		116,161	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		116,161	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		116,161	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		116,161	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

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

TITLE XIX

SNF

OTHER
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		90.99
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.		58.03
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.		27.67
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		85.70
3.10	SEE INSTRUCTIONS		83.53
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.		1.91
3.12	SEE INSTRUCTIONS		28.88
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		29.56
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		29.35
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	29.26
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)		29.26
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		127,275.38
3.18	SEE INSTRUCTIONS		3,724,078
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		55.72
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		54.50
3.21	SEE INSTRUCTIONS	RES INIT YEARS	55.59
3.22	SEE INSTRUCTIONS		55.59
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		7,303,918
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		11,027,996

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		57,793
5	TOTAL INPATIENT DAYS		203,559
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.283913
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,130,991	3,130,991
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		16,412
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		203,559
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.		763,498
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		8,579,243
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)	129,692,171
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	167,515
16	TOTAL PART A REASONABLE COST	129,524,656

PART B REASONABLE COST

17	REASONABLE COST	35,130,658
18	PRIMARY PAYER PAYMENTS	27,350
19	TOTAL PART B REASONABLE COST	35,103,308
20	TOTAL REASONABLE COST	164,627,964
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.786772
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.213228

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)	3,894,489
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	3,064,075
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	830,414

TITLE XIX

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)		
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		90.99
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		
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.		58.03
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.		27.67
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		85.70
3.10	SEE INSTRUCTIONS		
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.		1.91
3.12	SEE INSTRUCTIONS		1.91
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		29.56
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		29.35
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	20.27
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)		20.27
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		127,275.38
3.18	SEE INSTRUCTIONS		2,579,872
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		55.72
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		54.50
3.21	SEE INSTRUCTIONS	RES INIT YEARS	36.74
3.22	SEE INSTRUCTIONS		36.74
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		4,827,234
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,407,106

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		14,417
5	TOTAL INPATIENT DAYS		203,559
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.070825
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	524,608	524,608
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		28,865
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		203,559
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.		901,929
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	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XIX

- 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)
 - 13 ORGAN ACQUISITION COSTS
 - 14 COST OF TEACHING PHYSICIANS
 - 15 PRIMARY PAYER PAYMENTS
 - 16 TOTAL PART A REASONABLE COST
- PART B REASONABLE COST
- 17 REASONABLE COST
 - 18 PRIMARY PAYER PAYMENTS
 - 19 TOTAL PART B REASONABLE COST
 - 20 TOTAL REASONABLE COST
 - 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
 - 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

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 1,426,537
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

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)	90,395.18	
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	36,233,686			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,619,085			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	52,211,130			
36 TOTAL CURRENT LIABILITIES	91,063,901			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	19,687,962			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	3,302,481	5,397,215		
42 TOTAL LONG-TERM LIABILITIES	22,990,443	5,397,215		
43 TOTAL LIABILITIES	114,054,344	5,397,215		
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	511,726,374			
45 SPECIFIC PURPOSE FUND		2,510,213		
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	511,726,374	2,510,213		
52 TOTAL LIABILITIES AND FUND BALANCES	625,780,718	7,907,428		

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		516,037,845		2,123,222
2 NET INCOME (LOSS)		59,007,803		
3 TOTAL		575,045,648		2,123,222
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 INVESTMENT INCOME			458,712	
7 DONATIONS	4,464,101		968,737	
8 OTHER LONG TERM CARE				
9 ROUNDING	27			
10 OTHER FUND BALANCE TRANSF	216,598			
11 TOTAL ADDITIONS		4,680,726		1,427,449
12 SUBTOTAL		579,726,374		3,550,671
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14 DEDUCTIONS (DEBIT ADJUSTM				
15 EXPENSES			1,040,458	
16 TRANSFERS	68,000,000			
17 OTHER FUND BALANCE TRANSF				
18 TOTAL DEDUCTIONS		68,000,000		1,040,458
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		511,726,374		2,510,213

	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 INVESTMENT INCOME				
7 DONATIONS				
8 OTHER LONG TERM CARE				
9 ROUNDING				
10 OTHER FUND BALANCE TRANSF				
11 TOTAL ADDITIONS				
12 SUBTOTAL				
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14 DEDUCTIONS (DEBIT ADJUSTM				
15 EXPENSES				
16 TRANSFERS				
17 OTHER FUND BALANCE TRANSF				
18 TOTAL DEDUCTIONS				
19 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	170,284,815		170,284,815
2 00 SUBPROVIDER	14,206,319		14,206,319
2 01 SUBPROVIDER 2			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	19,735,651		19,735,651
8 00 OTHER LONG TERM CARE	3,625,135		3,625,135
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	207,851,920		207,851,920
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	171,249,086		171,249,086
11 00 CORONARY CARE UNIT	31,183,332		31,183,332
11 01 NEONATAL INTENSIVE CARE UNIT	100,915,554		100,915,554
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	303,347,972		303,347,972
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	511,199,892		511,199,892
17 00 ANCILLARY SERVICES	844,013,228		844,013,228
18 00 OUTPATIENT SERVICES		1092,926,424	1092,926,424
20 00 AMBULANCE SERVICES		9,608	9,608
24 00 ASC		17,144,510	17,144,510
25 00 TOTAL PATIENT REVENUES	1355,213,120	1110,080,542	2465,293,662

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		778,280,491	
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	24,691,156		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		24,691,156	
40 00 TOTAL OPERATING EXPENSES		753,589,335	

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	699,809	HOURS OF SERVICE	18,882.00	9.08
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	43,069	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	742,878			
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	1,484,020	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	2,226,898			
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	58,957	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	49,551	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	212,725	SALARY		
23 ADMINISTRATIVE AND GENERAL	752,963	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	92,916	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES		REQUIREMENTS		
27 PHARMACY	-827,923	REQUIREMENTS		
28 OTHER ALLOCATED COST	176,667	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	2,742,754			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	2,742,754			

* 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	151,873	49,551	699,809		212,725
2	HEMODIALYSIS	151,873	49,551	699,809		212,725
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)	151,873	49,551	699,809		212,725
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS 6	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS. 1-8) 9	OVERHEAD 10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	-827,923			286,035	2,456,719
2	HEMODIALYSIS	-827,923			286,035	2,456,719
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)	1,370,951				
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	-827,923			286,035	2,456,719
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10) 11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	2,742,754
2	HEMODIALYSIS	2,742,754
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)	2,742,754
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	2,742,754

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	151,873	49,551	699,809		212,725
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					
12	INPATIENT DIALYSIS TREATMENTS					0
13	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)	1518.730000	495.510000	6998.090000		2127.250000

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	-827,923			286,035	2,456,719
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					
12	INPATIENT DIALYSIS TREATMENTS					0
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	100	100			286,035
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	-8279.230000				8.588875

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS	NOT APPLIC
1 MAINTENANCE - HEMODIALYSIS	101	2,742,754	27,155.98	46	4.01
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)	101	2,742,754		46	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE	NOT APPLIC	TOTAL PROGRAM PAYMENT
1 MAINTENANCE - HEMODIALYSIS	1,249,175	146.82	6.01	6,754
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)	1,249,175			6,754

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0020	FROM 7/ 1/2009	
SATELLITE NO:	TO 6/30/2010	WORKSHEET I-5

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	1,249,175
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	6,754
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	45
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)	45
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	5,403
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.)	1,306
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	5,817,471	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	736,860	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	514.36	
	IN THE COST REPORTING PERIOD		
4.01	NUMBER OF INTERNS AND RESIDENTS	86.66	
	(SEE INSTRUCTIONS)		
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	4.87	
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	283,311	
	(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	20.48	
	DAYS REPORTED ON S-3, PART I		
5.02	SUM OF 5 AND 5.01	22.83	
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.73	
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	275,166	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	7,112,808	
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)		

Interns & Residents to Beds Ratio Report
Date Prepared: 11/23/2010
Data File: G:\Depts\Fiscal\MCR96\ST LOUIS\JMMC\M10CARE.mcr
Fiscal Year: 07/01/2009 To 06/30/2010
Provider Name: ST. JOHN'S MERCY MEDICAL CENTER
Provider No: 26-0020

Subject: Interns & Residents to Beds Ratio Update (Operating IME)
Interns & Residents to Average Daily Census Ratio Update (Capital IME)

Please make the following changes in order to update the Provider Specific file:

Ref: CMS PUB. 100-04, SEC 20.2.3

INTERNS & RESIDENTS / BEDS RATIO FOR OPERATING PPS

1.00	Number of FTE Interns & Residents (E, A, Line 3.17)	86.66
2.00	Number of Bed Days Available	793.13151 *
3.00	Ratio of Interns & Residents / Beds - Line 1 / Line 2 (Round to four decimal places) (E, A, Line 3.18)	0.1093
4.00	Prior Year Resident/Bed Ratio (E, A, Line 3.19)	0.108984
5.00	Lesser of Current Year / Prior Year Ratio --Fiss Provider Specific File Intern/Bed Ratio (E, A, Line 3.20)	0.1090

Interns & Residents / Average Daily Census Ratio for Capital PPS

6.00	Number of FTE Interns & Residents (L, Line 4.01)	86.66
7.00	Average Daily Census for PPS Hospital (L, Line 4)	514.36000
8.00	Ratio of Interns & Residents / Average Daily Census - Line 7 / Line 8 (Round to four decimal places)	0.1685

* CMS 2552-96: Worksheet S-3, Column 2, Line 12 minus Col 2, Line 11, & Col 6, Lines 3, 4, & Col 6.02, Line 26.
(Observation Bed Days not admitted), divided by the number of days in the cost reporting period.

The information for this update was taken from:

_____ Information supplied by the provider
_____ Final Settled Cost Report for FYE: 06/30/2010
_____ Other (Specify)

Payment to Cost Ratios (PCR) for Purposes of Determining Transitional Corridor Payments Under the OutPatient Prospective Payment System (OPPS)

Status: WARNING: THIS REPORT SHOULD BE RUN FROM 1996 BASE YEAR
 Ref: PM A-01-51

CALCULATING A PCR FOR HOSPITAL COST REPORT PERIODS ENDING ON OR AFTER SEPTEMBER 30, 1996, AND BEFORE JANUARY 1, 2001

1. DETERMINING PAYMENTS: Calculate payment amounts from the cost report for each type of service as described in A through E, then determine total payments as described in F:

A. Calculate Payment for Ambulatory Surgical Center procedures.
 (Use Worksheet E, Part C)

Payment is the lesser of (Hospital):

1.00	Line 6	0
2.00	Line 7	0
3.00	Line 1	0
	.58 * Line 1	0
	Lesser of Line 6 or 7	0
	.42 * Lesser	0
	Sum of .58 + .42	0
4.00	Lesser	0

B. Calculate Payment for Radiology Services subject to Blended Payment Methodology
 (Use Worksheet E, Part D)

Payment is the lesser of (Hospital):

1.00	Line 6	0
2.00	Line 7	0
3.00	Line 2	0
	.58 * Line 2	0
	Lesser of Line 6 or 7	0
	.42 * Lesser	0
	Sum of .58 + .42	0
4.00	Lesser	0

C. Calculate Payment for Other Diagnostic Services subject to Blended Payment Methodology
 (Use Worksheet E, Part E)

Payment is the lesser of (Hospital):

1.00	Line 6	0
2.00	Line 7	0
3.00	Line 2	0
	.50 * Line 2	0
	Lesser of Line 6 or 7	0
	.50 * Lesser	0
	Sub of .50 + .42	0
4.00	Lesser	0

D. Calculate Payment for All Other Services. (Use Worksheet D, Part V, Column 9) Payment is the Sum of the amounts for these lines and any subscripts of these lines:

(Hospital):

1.00	Lines 37 through 49	0
2.00	Lines 53 through 62	0
3.00	Line 63 excluding any costs that are not attributable to OPPS services, e.g., costs of FQHCs, RHCs, etc., and	0
4.00	Line 68 excluding any costs not attributable to OPPS services	0

5.00	Total	0
E. Calculate Payment for Vaccines		
1.00	Worksheet D, Part VI, Line 3	23,526
F. Calculate Total Payments		
1.00	Amounts Determined for A thru E	23,526

2. DETERMINING COSTS: Determine costs for cost centers and individual services following A through C, then calculate total costs as described in D:

A. Calculate Payment for Ambulatory Surgical Center procedures. (Use Worksheet E, Part C)		
(Hospital):		
1.00	Lines 37 through 49	0
2.00	Lines 53 through 62	0
3.00	Line 63 excluding any costs that are not attributable to OPSS services, e.g., costs of FQHCs, RHCs, and	0
4.00	Line 68 excluding any costs not attributable to OPSS services	0
B. Calculate Payment for Radiology Services subject to Blended Payment Methodology (Use Worksheet E, Part D)		
1.00	Add the cost calculated for all lines in step A	0
C. Calculate Payment for Other Diagnostic Services subject to Blended Payment Methodology (Use Worksheet E, Part E)		
1.00	Worksheet D, Part VI, Line 3	23,526
D. Calculate Payment for All Other Services. (Use Worksheet D, Part V, Column 9) Payment is the Sum of the amounts for these lines and any subscripts of these lines:		
1.00	Sum of B and C, above	23,526
2.00	Subtract the cost from Worksheet D, Part V, Line 102, Column 9 (CRNA costs)	0
3.00	The net amount is the cost for the cost reporting period that will be used in calculating the provider's PCR	23,526

3. CALCULATE THE PCR: Calculate the provider's PCR by dividing the total payments calculated in Step 1.F by the total costs calculated in Step 2.D:

A.	PCR	100%
B.	PCR	100.0%
C.	PCR	100.00%

You may need to manually adjust the costs from Worksheet D, Part V, Lines 63 and 68. These lines are to only include cost that are now reimbursed under OOPS. HFS has eliminated the RHC and FQHC costs based on the cost center code.

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).

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/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/23/2010 TIME 9:17

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 CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES UNDER THE FLORIDA MEDICAID PROGRAM, INCLUDING THE LAWS AND REGULATIONS RELATING TO CLAIMS FOR MEDICAID REIMBURSEMENTS AND PAYMENTS, 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	1,264,568	29,813	34,424,154
2	SUBPROVIDER	0	-20,604	0	1,699,787
5	HOSPITAL-BASED SNF	0	-25,023	0	116,161
100	TOTAL	0	1,218,941	29,813	36,240,102

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.

Psych Ratio of Cost to Charges (RCC) Report
 Date Prepared: 11/23/2010
 Data File: G:\Depts\Fiscal\MCR96\ST LOUIS\SJMMC\M10CARE.mcr
 Fiscal Year: 07/01/2009 To 06/30/2010
 Provider Name: ST. JOHN'S MERCY MEDICAL CENTER
 Provider No: 26-0020

Health Financial Systems
 MCRIF32

Psych Component: ST. JOHN'S MERCY PSYCH CENTER
 Psych Number: 26-S020
 Ref: Change Request #6986

PSYCH RATIO OF COST TO CHARGES (RCC) REPORT

1.00	Total program (Title XVIII) inpatient operating cost excluding inpatient pass through costs [Worksheet D-1, Title XVIII, Line 49 minus the Sum of D, IV, Title XVIII, L101, Col 7 and D, III, Column 8, Lines 25-30--if hospital Psych or Line 31.01 if sub-provider Psych component]	7,924,438
2.00	Inpatient Ancillary Service charges (for Psych unit sub-providers only) [Worksheet D-4, Title XVIII, Line 31 or 31.01, Col 2]	7,403,982
3.00	Hospital part A, Title XVIII charges (Sum of routine charges and Ancillary charges on Psych hospital Worksheet D-4, Title XVIII, Line 103 plus Line 25 - 30) NOTE: If D-4, Line 31, sub-provider equals zero, Line 3 is computed as W/S D-1, Line 41 divided by the ratio of W/S C, Line 31, Col 6 divided by Line 31 or 31.01, Col 6; Plus D-4, Col 2, Line 103.	5,517,091
4.00	Total charges (Sum of Lines 2 and 3)	12,921,073
5.00	Psych unit Ratio of Cost to Charges (Line 1 divided by Line 4)	0.613

PSYCH RESIDENTS TO AVERAGE DAILY CENSUS REPORT

1.00	W/S E-3, Part I, Line 1.15 I&R IPF PPS Med Ed Adj	0.30
2.00	W/S E-3, Part I, Line 1.16 Ave Daily Census	43.331507
3.00	Psych Residents Average Daily Census	0.0069

PSYCH NATIONAL URBAN & RURAL COST TO CHARGE RATIOS FOR THE IPF PPS FY 2011 (PER CR#6986)

1.00	Urban Median	0.5170
2.00	Urban Ceiling	1.7377
3.00	Rural Median	0.6480
4.00	Rural Ceiling	1.7383

BED SIZE

1.00	Bed Size (W/S E Part A, Line 3 Logic)	793.13
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PSYCH COST PER DISCHARGE

1.00	Psych Cost (W/S E Part I, Line 1)	0
2.00	Psych Discharges (W/S S-3 Part i, Ln 1, 14, or 14.01; C13)	806
3.00	Cost Per Discharge (Line 1 / Line 2)	0.00

Cost Center Description	COST/CHARGE RATIO (A) 1	All Other 5	PPS Services FYB to 12/31 5.01	PPS Services 1/1 to FYE 5.03	TOTAL CHARGES (C) 6
ANCILLARY SERVICE COST CENTERS (B)					
37.00 OPERATING ROOM	0.410918	0	7,935,516	0	7,935,516
38.00 RECOVERY ROOM	0.130340	0	1,864,839	0	1,864,839
39.00 DELIVERY ROOM & LABOR ROOM	0.397104	0	19,558	0	19,558
40.00 ANESTHESIOLOGY	0.162735	0	2,253,015	0	2,253,015
41.00 RADIOLOGY-DIAGNOSTIC	0.175594	0	14,154,977	0	14,154,977
41.01 ULTRASOUND	0.147900	0	839,409	0	839,409
41.02 CAT SCAN	0.047175	0	14,234,893	0	14,234,893
41.03 MAGNETIC RESONANCE IMAGING (MRI)	0.077896	0	4,673,871	0	4,673,871
42.00 RADIOLOGY-THERAPEUTIC	0.196344	0	14,990,723	0	14,990,723
43.00 RADIOISOTOPE	0.152742	0	10,916,472	0	10,916,472
43.01 ONCOLOGY	0.000000	0	0	0	0
44.00 LABORATORY	0.104643	0	3,462,238	0	3,462,238
44.01 LABORATORY-PATHOLOGICAL	0.000000	0	0	0	0
46.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.371022	0	576,075	0	576,075
49.00 RESPIRATORY THERAPY	0.256326	0	1,097,416	0	1,097,416
50.00 PHYSICAL THERAPY	0.462619	0	372,511	0	0
53.00 ELECTROCARDIOLOGY	0.112189	0	15,142,023	0	15,142,023
55.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265742	0	8,804,002	0	8,804,002
55.30 IMPL. DEV. CHARGED TO PATIENT	0.618605	0	7,045,073	0	7,045,073
56.00 DRUGS CHARGED TO PATIENTS	0.267726	0	13,787,892	0	13,787,892
57.00 RENAL DIALYSIS	0.319697	0	0	0	0
58.00 ASC (NON-DISTINCT PART)	0.413590	0	1,546,573	0	1,546,573
58.01 CARDIAC CATHERIZATION LABORATORY	0.143636	0	7,726,102	0	7,726,102
58.03 GASTRO INTESTINAL SERVICES	0.123249	0	6,839,985	0	6,839,985
58.04 ELECTROCONVULSIVE THERAPY (ECT)	0.096330	0	597,339	0	597,339
59.00 OP PSYCH	0.944529	0	0	0	0
59.01 OP CHEM DEPEN	0.477703	0	667,880	0	667,880
OUTPATIENT SERVICE COST CENTERS					
60.00 CLINIC	0.806759	0	5,285,711	0	5,285,711
60.01 MEACHAM PARK CLINIC	0.000000	0	0	0	0
60.02 URGENT CARE CENTER - ST. PETERS	0.000000	0	0	0	0
60.03 HYPERBARIC/OP WOUND CENTER	0.668178	0	639,915	0	639,915
60.04 URGENT CARE CENTER - O'FALLON	0.000000	0	0	0	0
61.00 EMERGENCY	0.231880	0	6,112,308	0	6,112,308
61.02 NATURAL FAMILY PLANNING	8.126840	0	0	0	0

(A) Cost/Charge Ratio Calculated after omitting the Costs for Paramed Ed & Allied Health
 (B) Worksheet A Line Numbers. If Lines 67 or 68 present, review to ensure that "Non Implantable DME" is Excluded
 (C) Wks A Lines 45, 50 - 52, 57, 63.50 - 63.89, 64, 65 are not included in Totals
 2552-96 v22.0.122.3

Title XVIII, Part B
 Component Name: ST. JOHN'S MERCY MEDICAL CENTER
 Component No: 26-0020
 Ref: Change Request #5999

Cost Center Description	COST/CHARGE RATIO (A) 1	All Other 5	PPS Services FYB to 12/31 5.01	PPS Services 1/1 to FYE 5.03	TOTAL CHARGES (C) 6
61.03 PAIN THERAPY CENTER	0.000000	0	0	0	0
62.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.295487	0	0	0	0
62.01 AMBULATORY CARE UNIT	0.111065	0	5,355,564	0	5,355,564
OTHER REIMBURSABLE COST CENTERS					
65.00 AMBULANCE SERVICES	1.807213	0	0	0	0
101.00 TOTAL	0.000000	0	156,941,880	0	156,569,369
RCC Calculation (B)					
102.00 Total Cost (Col 7, Line 101)					
103.00 Total Charges (Col 6, Line 101)					
104.00 OPSS / Charge Ratio (OPSS Cost/Charge Ratio Max is 1.500)					
104.01 Statewide Average Operating RCC Urban:					
104.02 Rural:					
Section II - Bed Size					
1.00 Bed Size (W/S E, Part A, Line 3 Logic)					
Section III - Non Opps RCC for FISS-Core, 41 Screen, Page 3					
1.00 W/S E Part B, Line 1, Col 1					
2.00 W/S E Part B, Line 6, Col 1					
3.00 Non OPSS RCC (1 / 2)					

(A) Cost/Charge Ratio Calculated after omitting the Costs for Paramed Ed & Allied Health
 (B) Worksheet A Line Numbers. If Lines 67 or 68 present, review to ensure that "Non Implantable DME" is Excluded
 (C) Wks A Lines 45, 50 - 52, 57, 63.50 - 63.89, 64, 65 are not included in Totals
 2552-96 v22.0.122.3

		TOTAL COSTS (C) 7
Cost Center Description		
ANCILLARY SERVICE COST CENTERS (B)		
37.00	OPERATING ROOM	3,260,846
38.00	RECOVERY ROOM	243,063
39.00	DELIVERY ROOM & LABOR ROOM	7,767
40.00	ANESTHESIOLOGY	366,644
41.00	RADIOLOGY-DIAGNOSTIC	2,485,529
41.01	ULTRASOUND	124,149
41.02	CAT SCAN	671,531
41.03	MAGNETIC RESONANCE IMAGING (MRI)	364,076
42.00	RADIOLOGY-THERAPEUTIC	2,943,339
43.00	RADIOISOTOPE	1,667,404
43.01	ONCOLOGY	0
44.00	LABORATORY	362,299
44.01	LABORATORY-PATHOLOGICAL	0
46.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	213,736
49.00	RESPIRATORY THERAPY	281,296
50.00	PHYSICAL THERAPY	0
53.00	ELECTROCARDIOLOGY	1,698,768
55.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,339,593
55.30	IMPL. DEV. CHARGED TO PATIENT	4,358,117
56.00	DRUGS CHARGED TO PATIENTS	3,691,377
57.00	RENAL DIALYSIS	0
58.00	ASC (NON-DISTINCT PART)	639,647
58.01	CARDIAC CATHERIZATION LABORATORY	1,109,746
58.03	GASTRO INTESTINAL SERVICES	843,021
58.04	ELECTROCONVULSIVE THERAPY (ECT)	57,542
59.00	OP PSYCH	0
59.01	OP CHEM DEPEN	319,048
OUTPATIENT SERVICE COST CENTERS		
60.00	CLINIC	4,264,295
60.01	MEACHAM PARK CLINIC	0
60.02	URGENT CARE CENTER - ST. PETERS	0
60.03	HYPERBARIC/OP WOUND CENTER	427,577
60.04	URGENT CARE CENTER - O'FALLON	0
61.00	EMERGENCY	1,417,322
61.02	NATURAL FAMILY PLANNING	0

(A) Cost/Charge Ratio Calculated after omitting the Costs for Paramed Ed & Allied Health
 (B) Worksheet A Line Numbers. If Lines 67 or 68 present, review to ensure that "Non Implantable DME" is Excluded
 (C) Wks A Lines 45, 50 - 52, 57, 63.50 - 63.89, 64, 65 are not included in Totals
 2552-96 v22.0.122.3

Title XVIII, Part B
 Component Name: ST. JOHN'S MERCY MEDICAL CENTER
 Component No: 26-0020
 Ref: Change Request #5999

Cost Center Description	TOTAL COSTS (C) 7
61.03 PAIN THERAPY CENTER	0
62.00 OBSERVATION BEDS (NON-DISTINCT PART)	0
62.01 AMBULATORY CARE UNIT	594,816
OTHER REIMBURSABLE COST CENTERS	
65.00 AMBULANCE SERVICES	0
101.00 TOTAL	34,752,548
RCC Calculation (B)	
102.00 Total Cost (Col 7, Line 101)	34,752,548
103.00 Total Charges (Col 6, Line 101)	156,569,369
104.00 OPSS / Charge Ratio (OPSS Cost/Charge Ratio Max is 1.500)	0.222
104.01 Statewide Average Operating RCC Urban:	0.000
104.02 Rural:	0.000
Section II - Bed Size	
1.00 Bed Size (W/S E, Part A, Line 3 Logic)	793.13
Section III - Non Opps RCC for FISS-Core, 41 Screen, Page 3	
1.00 W/S E Part B, Line 1, Col 1	23,526
2.00 W/S E Part B, Line 6, Col 1	87,872
3.00 Non OPSS RCC (1 / 2)	0.268

(A) Cost/Charge Ratio Calculated after omitting the Costs for Paramed Ed & Allied Health
 (B) Worksheet A Line Numbers. If Lines 67 or 68 present, review to ensure that "Non Implantable DME" is Excluded
 (C) Wks A Lines 45, 50 - 52, 57, 63.50 - 63.89, 64, 65 are not included in Totals
 2552-96 v22.0.122.3

Cost Center Description	COST/CHARGE RATIO (A) 1	All Other 5	PPS Services FYB to 12/31 5.01	PPS Services 1/1 to FYE 5.03	TOTAL CHARGES (C) 6
ANCILLARY SERVICE COST CENTERS (B)					
37.00 OPERATING ROOM	0.000000	0	1	0	1
38.00 RECOVERY ROOM	0.000000	0	0	0	0
39.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
40.00 ANESTHESIOLOGY	0.000000	0	0	0	0
41.00 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0
41.01 ULTRASOUND	0.000000	0	0	0	0
41.02 CAT SCAN	0.000000	0	10	0	10
41.03 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	2	0	2
42.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
43.00 RADIOISOTOPE	0.000000	0	0	0	0
43.01 ONCOLOGY	0.000000	0	0	0	0
44.00 LABORATORY	0.000000	0	0	0	0
44.01 LABORATORY-PATHOLOGICAL	0.000000	0	0	0	0
46.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
49.00 RESPIRATORY THERAPY	0.000000	0	0	0	0
50.00 PHYSICAL THERAPY	0.000000	0	0	0	0
53.00 ELECTROCARDIOLOGY	0.000000	0	0	0	0
55.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	10,246	0	10,246
55.30 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0
56.00 DRUGS CHARGED TO PATIENTS	0.000000	0	4,137	0	4,137
57.00 RENAL DIALYSIS	0.000000	0	0	0	0
58.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
58.01 CARDIAC CATHERIZATION LABORATORY	0.000000	0	0	0	0
58.03 GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0
58.04 ELECTROCONVULSIVE THERAPY (ECT)	0.000000	0	59,811	0	59,811
59.00 OP PSYCH	0.000000	0	144,354	0	144,354
59.01 OP CHEM DEPEN	0.000000	0	255	0	255
OUTPATIENT SERVICE COST CENTERS					
60.00 CLINIC	0.000000	0	0	0	0
60.01 MEACHAM PARK CLINIC	0.000000	0	0	0	0
60.02 URGENT CARE CENTER - ST. PETERS	0.000000	0	0	0	0
60.03 HYPERBARIC/OP WOUND CENTER	0.000000	0	0	0	0
60.04 URGENT CARE CENTER - O'FALLON	0.000000	0	0	0	0
61.00 EMERGENCY	0.000000	0	0	0	0
61.02 NATURAL FAMILY PLANNING	0.000000	0	0	0	0

(A) Cost/Charge Ratio Calculated after omitting the Costs for Paramed Ed & Allied Health
 (B) Worksheet A Line Numbers. If Lines 67 or 68 present, review to ensure that "Non Implantable DME" is Excluded
 (C) Wks A Lines 45, 50 - 52, 57, 63.50 - 63.89, 64, 65 are not included in Totals
 2552-96 v22.0.122.3

Title XVIII, Part B
 Component Name: ST. JOHN'S MERCY PSYCH CENTER
 Component No: 26-S020
 Ref: Change Request #5999

Cost Center Description	COST/CHARGE RATIO (A) 1	All Other 5	PPS Services FYB to 12/31 5.01	PPS Services 1/1 to FYE 5.03	TOTAL CHARGES (C) 6
61.03 PAIN THERAPY CENTER	0.000000	0	0	0	0
62.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0
62.01 AMBULATORY CARE UNIT	0.000000	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
65.00 AMBULANCE SERVICES	0.000000	0	0	0	0
101.00 TOTAL	0.000000	0	218,816	0	218,816
RCC Calculation (B)					
102.00 Total Cost (Col 7, Line 101)					
103.00 Total Charges (Col 6, Line 101)					
104.00 OPSS / Charge Ratio (OPSS Cost/Charge Ratio Max is 1.500)					
104.01 Statewide Average Operating RCC Urban:					
104.02 Rural:					

(A) Cost/Charge Ratio Calculated after omitting the Costs for Paramed Ed & Allied Health
 (B) Worksheet A Line Numbers. If Lines 67 or 68 present, review to ensure that "Non Implantable DME" is Excluded
 (C) Wks A Lines 45, 50 - 52, 57, 63.50 - 63.89, 64, 65 are not included in Totals
 2552-96 v22.0.122.3

Cost Center Description	TOTAL COSTS (C) 7
ANCILLARY SERVICE COST CENTERS	
37.00 OPERATING ROOM	0
38.00 RECOVERY ROOM	0
39.00 DELIVERY ROOM & LABOR ROOM	0
40.00 ANESTHESIOLOGY	0
41.00 RADIOLOGY-DIAGNOSTIC	0
41.01 ULTRASOUND	0
41.02 CAT SCAN	0
41.03 MAGNETIC RESONANCE IMAGING (MRI)	0
42.00 RADIOLOGY-THERAPEUTIC	0
43.00 RADIOISOTOPE	0
43.01 ONCOLOGY	0
44.00 LABORATORY	0
44.01 LABORATORY-PATHOLOGICAL	0
46.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0
49.00 RESPIRATORY THERAPY	0
50.00 PHYSICAL THERAPY	0
53.00 ELECTROCARDIOLOGY	0
55.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,723
55.30 IMPL. DEV. CHARGED TO PATIENT	0
56.00 DRUGS CHARGED TO PATIENTS	1,108
57.00 RENAL DIALYSIS	0
58.00 ASC (NON-DISTINCT PART)	0
58.01 CARDIAC CATHERIZATION LABORATORY	0
58.03 GASTRO INTESTINAL SERVICES	0
58.04 ELECTROCONVULSIVE THERAPY (ECT)	5,762
59.00 OP PSYCH	136,347
59.01 OP CHEM DEPEN	122
OUTPATIENT SERVICE COST CENTERS	
60.00 CLINIC	0
60.01 MEACHAM PARK CLINIC	0
60.02 URGENT CARE CENTER - ST. PETERS	0
60.03 HYPERBARIC/OP WOUND CENTER	0
60.04 URGENT CARE CENTER - O'FALLON	0
61.00 EMERGENCY	0
61.02 NATURAL FAMILY PLANNING	0

(A) Cost/Charge Ratio Calculated after omitting the Costs for Paramed Ed & Allied Health
 (B) Worksheet A Line Numbers. If Lines 67 or 68 present, review to ensure that "Non Implantable DME" is Excluded
 (C) Wks A Lines 45, 50 - 52, 57, 63.50 - 63.89, 64, 65 are not included in Totals
 2552-96 v22.0.122.3

Title XVIII, Part B
 Component Name: ST. JOHN'S MERCY PSYCH CENTER
 Component No: 26-S020
 Ref: Change Request #5999

Cost Center Description	TOTAL COSTS (C) 7
61.03 PAIN THERAPY CENTER	0
62.00 OBSERVATION BEDS (NON-DISTINCT PART)	0
62.01 AMBULATORY CARE UNIT	0
OTHER REIMBURSABLE COST CENTERS (B)	
65.00 AMBULANCE SERVICES	0
101.00 TOTAL	146,062
RCC Calculation	
102.00 Total Cost (Col 7, Line 101)	146,062
103.00 Total Charges (Col 6, Line 101)	218,816
104.00 OPPTS / Charge Ratio (OPPTS Cost/Charge Ratio Max is 1.500)	0.668
104.01 Statewide Average Operating RCC Urban:	0.000
104.02 Rural:	0.000

(A) Cost/Charge Ratio Calculated after omitting the Costs for Paramed Ed & Allied Health
 (B) Worksheet A Line Numbers. If Lines 67 or 68 present, review to ensure that "Non Implantable DME" is Excluded
 (C) Wks A Lines 45, 50 - 52, 57, 63.50 - 63.89, 64, 65 are not included in Totals
 2552-96 v22.0.122.3

Ref: Change Request #7134

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1.00	Total program (Title XVIII) inpatient operating cost excluding capital related, nonphysician anesthetist and medical education cost (Worksheet D-1, Part II, Line 53 minus Line 42 nursery costs)	107,062,462
2.00	Hospital Part A Title XVIII charges (Sum of routine charges and ancillary charges on Worksheet D-4 for hospital Title XVIII component)	373,255,296
3.00	Ratio of cost to charges (Line 1/Line 2) (Operating Max is 1.175)	0.287

II. COST TO CHARGE RATIO FOR CAPITAL

1.00	Total medicare inpatient PPS capital related costs (W/S D Part I, Lines 25-30, and 33, Sum of columns 10 and 12; Plus D Part II, Line 101, Sum of columns 6 and 8)	8,678,999
2.00	Total medicare inpatient PPS capital related costs (Worksheet L, Part IV Line 1. If zero then L, Part III Line 3)	0
3.00	Hospital Part A Title XVIII charges (Sum of routine charges and ancillary charges on Worksheet D-4 for hospital Title XVIII component)	373,255,296
4.00	Ratio of cost to charges (Line 1/Line 3) (Capital Max is 0.159)	0.023

III. MEDICAID PATIENT DAYS TO TOTAL DAYS

1.00	Percentage (W/S E Part A, Line 4.01 Formula)	20.48
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IV. BED SIZE

1.00	Bed Size (W/S E, Part A, Line 3 Logic)	793.13
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Pass Thru Per Diem Report
Date Prepared: 11/23/2010
Data File: G:\Depts\Fiscal\MCR96\ST LOUIS\JMMC\M10CARE.mcr
Fiscal Year: 07/01/2009 To 06/30/2010
Provider Name: ST. JOHN'S MERCY MEDICAL CENTER
Provider No: 26-0020

Health Financial Systems
MCRIF32

MEDICAL EDUCATION PASS-THRU PER DIEM (PTA EDU)

1.00	Direct Medical Education (E, A, Lines 11 + 11.01)	3,104,592
2.00	Medicare Days (E-3, IV, Lines 4 + 6.02 + 6.06)	74,205
3.00	Direct Med Ed Pass-Thru Per Diem	41.84
4.00	Routine Service Pass-Thru (E, A, Line 14)	0
5.00	Ancillary Service Pass-Thru (E, A, Line 15)	59,771
6.00	Total Allied Health Education Costs	59,771
7.00	Medicare Days (S-3, I, Line 12, Col 4)	49,383
8.00	Allied Health Ed Pass-Thru per Diem	1.21
9.00	Total Medical Education Pass-Thru Per Diem	43.05

ORGAN ACQUISITION PASS-THRU-PER DIEM (PTA ORG)

10.00	Net Organ Acquisition Cost (E, A, Line 12)	0
11.00	Medicare Days (S-3, I, Line 12, Col 4)	49,383
12.00	Organ Acquisition Pass-Thru Per Diem	0.00
13.00	Total Pass-Thru Per Diem	43.05

Special Rehab Hospital PPS Report
 Date Prepared: 11/23/2010
 Data File: G:\Depts\Fiscal\MCR96\ST LOUIS\JMMC\M10CARE.mcr
 Fiscal Year: 07/01/2009 To 06/30/2010
 Provider Name: ST. JOHN'S MERCY MEDICAL CENTER
 Provider No: 26-0020

Provider Based Rehabilitation Component

Type of Hospital: GENERAL - SHORT TERM
 Status: As Submitted
 Change Request: #7076
 SubProvider:
 SubProvider Number:
 Type of SubProvider:

EXTRACTED DATA FOR REHABILITATION PPS

1.00	Total Program Inpatient Costs, (D-1, Part II, Line 49)	0
2.00	Inpatient Program Pass Through Cost, (D, Part III, Column 8, Line [SubProvider] or Line 25 [Hospital])	0
3.00	Total Program Pass Through Cost, (D, Part IV, Column 7, Line 101)	0
4.01	Inpatient Routine Program Charges (D-4, Col 2, Ln 31[SubProvider] or Ln 25[Hospital]; or From P S & R)	0
4.02	Inpatient Ancillary Charges (D-4, Column 2, Line 103)	0
4.03	Ratio of Cost to Charges (Line 1 minus Sum of 2 & 3 divided by Sum of 4.01 & 4.02)	0.000
5.00	Inpatient Days (S-3, Column 5, Line 14.xx + 2.01 [SubProvider] or Line 1.00 + 2.00 [Hospital])	0
6.00	Total Days (S-3, Column 6, Line 14.xx [SubProvider] or Line 1.00 [Hospital])	0
7.00	Ratio of IRF Days to Total Days (Line 5 divided by Line 6)	0.000
8.00	RCC Max is:	0.000
9.00	National Cost to Charge Ratio: Urban	0.000
10.00	National Cost to Charge Ratio: Rural	0.000

ALTERNATIVE COST TO CHARGE CALCULATION (THIS IS ONLY USED IF LINE 4.01, ABOVE IS ZERO)

1.00	Total Program Inpatient Routine Service Cost (D-1, Part II Line 41)	0
2.00	Total Costs (C, Line 31.01, Col 3)	0
3.00	Total Charges (C, Line 31.01, Col 6)	0
4.00	Cost to Charge Ratio (Line 2 / Line 3)	0.000000
5.00	Routine Charges (Line 1 / Line 4)	0
6.00	Ancillary Charges (d-4, Line 101, Col 2)	0
7.00	Ratio of Cost to Charges (Inpatient Costs from above divided by sum of Lines 6 & 5)	0.000

REHAB RESIDENTS TO AVERAGE DAILY CENSUS REPORT

1.00	W/S E-3, Part I, Line 1.39 I&R IPF PPS Med Ed Adj	0.00
2.00	W/S E-3, Part I, Line 1.40 Ave Daily Census	0.000000
3.00	Rehab Residents Average Daily Census	0

BED SIZE

1.00	Bed Size (Wks E, Pt A, Line 3 Logic)	0.00
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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	41,926,365	5,483,855	36,442,510	548,386	2,113,666	39,264,313
38	RECOVERY ROOM	4,000,517	225,742	3,774,775	22,574	218,937	3,759,006
39	DELIVERY ROOM & LABOR ROO	18,889,485	1,744,826	17,144,659	174,483	994,390	17,720,612
40	ANESTHESIOLOGY	5,471,702	833,551	4,638,151	83,355	269,013	5,119,334
41	RADIOLOGY-DIAGNOSTIC	20,524,633	4,035,164	16,489,469	403,516	956,389	19,164,728
41 01	ULTRASOUND	4,320,607	773,158	3,547,449	77,316	205,752	4,037,539
41 02	CAT SCAN	5,785,944	1,104,579	4,681,365	110,458	271,519	5,403,967
41 03	MAGNETIC RESONANCE IMAGIN	3,124,429	1,031,312	2,093,117	103,131	121,401	2,899,897
42	RADIOLOGY-THERAPEUTIC	12,655,421	4,045,354	8,610,067	404,535	499,384	11,751,502
43	RADIOISOTOPE	6,203,947	1,017,817	5,186,130	101,782	300,796	5,801,369
43 01	ONCOLOGY						
44	LABORATORY	30,471,898	1,859,750	28,612,148	185,975	1,659,505	28,626,418
44 01	LABORATORY-PATHOLOGICAL						
46	WHOLE BLOOD & PACKED RED	8,879,635	431,290	8,448,345	43,129	490,004	8,346,502
49	RESPIRATORY THERAPY	14,143,776	894,598	13,249,178	89,460	768,452	13,285,864
50	PHYSICAL THERAPY	13,811,241	807,632	13,003,609	80,763	754,209	12,976,269
53	ELECTROCARDIOLOGY	12,180,462	1,531,941	10,648,521	153,194	617,614	11,409,654
55	MEDICAL SUPPLIES CHARGED	41,321,738	1,254,085	40,067,653	125,409	2,323,924	38,872,405
55 30	IMPL. DEV. CHARGED TO PAT	50,928,981	1,399,092	49,529,889	139,909	2,872,734	47,916,338
56	DRUGS CHARGED TO PATIENTS	58,932,366	1,603,012	57,329,354	160,301	3,325,103	55,446,962
57	RENAL DIALYSIS	2,742,754	225,010	2,517,744	22,501	146,029	2,574,224
58	ASC (NON-DISTINCT PART)	6,318,178	875,715	5,442,463	87,572	315,663	5,914,943
58 01	CARDIAC CATHETERIZATION LAB	8,200,537	1,607,147	6,593,390	160,715	382,417	7,657,405
58 03	GASTRO INTESTINAL SERVICE	5,536,768	1,018,868	4,517,900	101,887	262,038	5,172,843
58 04	ELECTROCONVULSIVE THERAPY	292,842	63,088	229,754	6,309	13,326	273,207
59	OP PSYCH	1,364,590	216,979	1,147,611	21,698	66,561	1,276,331
59 01	OP CHEM DEPEN	1,294,293	222,057	1,072,236	22,206	62,190	1,209,897
	OUTPAT SERVICE COST CNTRS						
	CLINIC	15,077,118	896,506	14,180,612	89,651	822,475	14,164,992
60 01	MEACHAM PARK CLINIC						
60 02	URGENT CARE CENTER - ST.						
60 03	HYPERBARI C/OP WOUND CENTE	1,372,142	151,621	1,220,521	15,162	70,790	1,286,190
60 04	URGENT CARE CENTER - O'FA						
61	EMERGENCY	22,577,389	1,867,922	20,709,467	186,792	1,201,149	21,189,448
61 02	NATURAL FAMILY PLANNING	457,151	10,943	446,208	1,094	25,880	430,177
61 03	PAIN THERAPY CENTER						
62	OBSERVATION BEDS (NON-DIS	6,033,483	529,794	5,503,689	52,979	319,214	5,661,290
62 01	AMBULATORY CARE UNIT	2,073,375	432,503	1,640,872	43,250	95,171	1,934,954
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	44,096	848	43,248	85	2,508	41,503
101	SUBTOTAL	426,957,863	38,195,759	388,762,104	3,819,577	22,548,203	400,590,083
102	LESS OBSERVATION BEDS	6,033,483	529,794	5,503,689	52,979	319,214	5,661,290
103	TOTAL	420,924,380	37,665,965	383,258,415	3,766,598	22,228,989	394,928,793

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	102,031,061	.384827	.405543
38	RECOVERY ROOM	30,692,868	.122472	.129605
39	DELIVERY ROOM & LABOR ROO	47,568,079	.372532	.393436
40	ANESTHESIOLOGY	33,623,315	.152255	.160256
41	RADIOLOGY-DIAGNOSTIC	115,375,518	.166107	.174397
41 01	ULTRASOUND	29,213,003	.138210	.145254
41 02	CAT SCAN	122,648,433	.044061	.046274
41 03	MAGNETIC RESONANCE IMAGIN	40,110,290	.072298	.075325
42	RADIOLOGY-THERAPEUTIC	64,455,497	.182320	.190067
43	RADIOISOTOPE	40,617,235	.142830	.150236
43 01	ONCOLOGY			
44	LABORATORY	288,305,269	.099292	.105048
44 01	LABORATORY-PATHOLOGICAL			
46	WHOLE BLOOD & PACKED RED	23,932,884	.348746	.369220
49	RESPIRATORY THERAPY	55,178,935	.240778	.254704
50	PHYSICAL THERAPY	29,854,469	.434651	.459914
53	ELECTROCARDIOLOGY	108,570,701	.105090	.110778
55	MEDICAL SUPPLIES CHARGED	155,495,829	.249990	.264935
55 30	IMPL. DEV. CHARGED TO PAT	82,328,748	.582012	.616906
56	DRUGS CHARGED TO PATIENTS	220,121,683	.251892	.266998
57	RENAL DIALYSIS	8,579,243	.300053	.317074
58	ASC (NON-DISTINCT PART)	15,276,442	.387194	.407857
58 01	CARDIAC CATHETERIZATION LAB	57,092,405	.134123	.140821
58 03	GASTROINTESTINAL SERVICE	44,923,408	.115148	.120981
58 04	ELECTROCONVULSIVE THERAPY	3,039,986	.089871	.094255
59	OP PSYCH	1,444,731	.883439	.929510
59 01	OP CHEM DEPEND	2,709,408	.446554	.469507
	OUTPAT SERVICE COST CNTRS			
	CLINIC	18,688,498	.757952	.801962
60 01	MEACHAM PARK CLINIC			
60 02	URGENT CARE CENTER - ST.			
60 03	HYPERBARIC/OP WOUND CENTE	2,053,557	.626323	.660795
60 04	URGENT CARE CENTER - O'FA			
61	EMERGENCY	97,366,752	.217625	.229961
61 02	NATURAL FAMILY PLANNING	56,252	7.647319	8.107392
61 03	PAIN THERAPY CENTER			
62	OBSERVATION BEDS (NON-DIS	20,418,747	.277259	.292893
62 01	AMBULATORY CARE UNIT	18,668,198	.103650	.108748
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	24,400	1.700943	1.803730
101	SUBTOTAL	1880,465,844		
102	LESS OBSERVATION BEDS	20,418,747		
103	TOTAL	1860,047,097		