

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 01-31-2012 TIME: 12:00____
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOHN'S HOSPITAL (14-0053) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		2,148,335	205,452		1
2 SUBPROVIDER - IPF		55,206			2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY		159,843			7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		2,363,384	205,452		200

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 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60

		Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N			61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y			63

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		47.85		64

ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)

	PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
	1	2	3	4	5	
65	FAMILY MEDICINE	1350		4.28		65
65.01	INTERNAL MEDICINE	1400		13.61		65.01
65.02	PEDIATRICS	2000		13.87		65.02

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1+COL.2))	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	5.96	57.93	0.093285	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))	
1	2	3	4	5	
67 FAMILY MEDICINE	1350	1.21	6.02	0.167358	67
67.01 INTERNAL MEDICINE	1400	0.25	13.46	0.018235	67.01
67.02 PEDIATRICS	2000	2.98	15.97	0.157256	67.02

INPATIENT PSYCHIATRIC FACILITY PPS

70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.	Y	N		71

INPATIENT REHABILITATION FACILITY PPS

75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				76

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			80
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TEFRA PROVIDERS

85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N			86

TITLE V AND XIX INPATIENT SERVICES

90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y		90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N		91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			Y	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N		93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N		94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N		96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97

RURAL PROVIDERS

105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N			105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.				106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N			108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.			PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

		1	2
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2	118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	1,000,000	3,000,000 119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	14H005 140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: HOSPITAL SISTERS HEALTH SYSTEM CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 00131	141
142	STREET: 4936 LAVERNA ROAD	P.O. BOX:	142
143	CITY: SPRINGFIELD	STATE: IL	ZIP CODE: 62707 143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	Y 04/14/2011	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.

SEE 42 CFR §413.13)	PART A	PART B
155 HOSPITAL	1	2
156 SUBPROVIDER - IPF	N	N 155
157 SUBPROVIDER - IRF	N	N 156
158 SUBPROVIDER - (OTHER)	N	N 157
159 SNF	N	N 158
160 HHA	N	N 159
161 CMHC		N 160

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.		
	NAME	COUNTY	STATE
	0	1	2
			ZIP CODE
			3
			CBSA
			4
			FTE/CAMPUS
			5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.		169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 Y	2	2 Y 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 N	2	3 N	4 16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/29/2011	Y	12/29/2011 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- 22 HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. 22
- 23 HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 23
- 24 WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 24
- 25 HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 25
- 26 WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 26
- 27 HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 27

INTEREST EXPENSE

- 28 WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 28
- 29 DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. 29
- 30 HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. 30
- 31 HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. 31

PURCHASED SERVICES

- 32 HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. 32
- 33 IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. 33

PROVIDER-BASED PHYSICIANS

- 34 ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. 34
- 35 IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 35

HOME OFFICE COSTS

- 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? 36
- 37 IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 37
- 38 IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. 38
- 39 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. 39
- 40 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 40

Y/N DATE
1 2

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	134,672,732	-87,355	134,585,377	5,226,266.00	25.75	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A							4
4.01	PHYSICIANS-PART A - DIRECT TEACHING							4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	5,821,568		5,821,568	248,382.00	23.44	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44	2,629,146	48,757	2,677,903	100,878.00	26.55	9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		9,970,082	-109,546	9,860,536	346,293.00	28.47	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,232,165		1,232,165	31,291.00	39.38	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A		2,677,387		2,677,387	17,552.00	152.54	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		7,642,344		7,642,344	94,516.00	80.86	14
15	HOME OFFICE: PHYSICIAN-PART A							15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (CORE)		40,065,760		40,065,760			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		4,326,540		4,326,540			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A							22
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		1,532,943		1,532,943			25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS		1,497,671		1,497,671	48,499.00	30.88	26
27	ADMINISTRATIVE & GENERAL		18,275,177	-284,331	17,990,846	662,536.00	27.15	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		2,646,667		2,646,667	20,136.00	131.44	28
29	MAINTENANCE & REPAIRS		3,613,990		3,613,990	115,332.00	31.34	29
30	OPERATION OF PLANT		1,616,321		1,616,321	83,467.00	19.36	30
31	LAUNDRY & LINEN SERVICE		1,227,438		1,227,438	85,024.00	14.44	31
32	HOUSEKEEPING		2,107,861		2,107,861	190,340.00	11.07	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)		306,156		306,156	17,089.00	17.92	33
34	DIETARY		2,013,429	-1,357,396	656,033	57,720.00	11.37	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA			1,357,396	1,357,396	119,428.00	11.37	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		3,566,467	42,012	3,608,479	102,672.00	35.15	38
39	CENTRAL SERVICES AND SUPPLY		719,958		719,958	50,726.00	14.19	39
40	PHARMACY		4,571,239		4,571,239	113,395.00	40.31	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,427,145		2,427,145	117,365.00	20.68	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	131,803,987	-87,355	131,716,632	5,015,109.00	26.26	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	12,599,228	-60,789	12,538,439	447,171.00	28.04	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	119,204,759	-26,566	119,178,193	4,567,938.00	26.09	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	11,551,896		11,551,896	143,359.00	80.58	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	40,065,760		40,065,760		33.62%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	170,822,415	-26,566	170,795,849	4,711,297.00	36.25	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	44,589,519	-242,319	44,347,200	1,783,729.00	24.86	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	5,724,577 3
4 PRIOR YEAR PENSION SERVICE COST	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)	
5 401K/TSA PLAN ADMINISTRATION FEES	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	7
HEALTH AND INSURANCE COST	
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	20,112,235 8
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	1,031,965 10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	270,067 11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	595,713 13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	2,652,315 15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	16
TAXES	
17 FICA-EMPLOYERS PORTION ONLY	6,718,402 17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	1,686,669 18
19 UNEMPLOYMENT INSURANCE	411,820 19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION	21
22 DAY CARE COSTS AND ALLOWANCES	113,918 22
23 TUITION REIMBURSEMENT	339,291 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	39,656,972 24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 12:00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7222

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: SANGAMON

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1,709	20	157	1,886	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,341.00	331.00	665.00	2,293.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		1.99		1.99	4
5 OTHER ADMINISTRATIVE PERSONNEL		18.50		18.50	5
6 DIRECT NURSING SERVICE		26.59		26.59	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE		7.70		7.70	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE		2.80		2.80	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE		0.61		0.61	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE		0.78		0.78	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE		1.98		1.98	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)					18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.		5	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).		16580	20
20.01		19500	20.01
20.02		41180	20.02
20.03		44100	20.03
20.04		99914	20.04

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	11,328	1,858	387	171	13,744	21
22 SKILLED NURSING VISIT CHARGES	2,231,616	366,026	76,239	31,717	2,705,598	22
23 PHYSICAL THERAPY VISITS	4,213	81	49	47	4,390	23
24 PHYSICAL THERAPY VISIT CHARGES	884,730	17,010	10,290	9,870	921,900	24
25 OCCUPATIONAL THERAPY VISITS	1,864	49	11	9	1,933	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	391,440	10,290	2,310	1,890	405,930	26
27 SPEECH PATHOLOGY VISITS	301		4	9	314	27
28 SPEECH PATHOLOGY VISIT CHARGES	63,210		840	1,890	65,940	28
29 MEDICAL SOCIAL SERVICE VISITS	185	8	5	2	200	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	48,100	2,080	1,300	520	52,000	30
31 HOME HEALTH AIDE VISITS	1,995	64	4	38	2,101	31
32 HOME HEALTH AIDE VISIT CHARGES	189,525	6,080	380	2,565	198,550	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	19,886	2,060	460	276	22,682	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	3,808,621	401,486	91,359	48,452	4,349,918	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	1,199		175	21	1,395	36
37 TOTAL NUMBER OF OUTLIER EPISODES		40		1	41	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	164,845	18,508	5,148	3,256	191,757	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE
		1	2
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N	1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	2

	GROUP	SNF	SWING BED	TOTAL
	1	DAYS	SNF DAYS	(COLS.
		2	3	2 + 3)
				4
3	RUX			3
4	RUL			4
5	RVX			5
6	RVL	14		14 6
7	RHX	34		34 7
8	RHL	43		43 8
9	RMX	1,364		1,364 9
10	RML	335		335 10
11	RLX	4		4 11
12	RUC			12
13	RUB			13
14	RUA			14
15	RVC	62		62 15
16	RVB	267		267 16
17	RVA	8		8 17
18	RHC	485		485 18
19	RHB	1,199		1,199 19
20	RHA	22		22 20
21	RMC	412		412 21
22	RMB	950		950 22
23	RMA	62		62 23
24	RLB			24
25	RLA	3		3 25
26	ES3			26
27	ES2	30		30 27
28	ES1	492		492 28
29	HE2			29
30	HE1			30
31	HD2	106		106 31
32	HD1	69		69 32
33	HC2	214		214 33
34	HC1	283		283 34
35	HB2			35
36	HB1	12		12 36
37	LE2			37
38	LE1	13		13 38
39	LD2	32		32 39
40	LD1	11		11 40
41	LC2	24		24 41
42	LC1	63		63 42
43	LB2			43
44	LB1	32		32 44
45	CE2	13		13 45
46	CE1			46
47	CD2	190		190 47
48	CD1	69		69 48
49	CC2	202		202 49
50	CC1	317		317 50
51	CB2			51
52	CB1	21		21 52
53	CA2			53
54	CA1	27		27 54
55	SE3	336		336 55
56	SE2	480		480 56
57	SE1	44		44 57
58	SSC			58
59	SSB			59
60	SSA	10		10 60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2			65
66	BB1			66
67	BA2			67
68	BA1			68

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (COLS. 2 + 3) 4
		1	2	3	4
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1		23		23 74
75	PB2				75
76	PB1		4		4 76
77	PA2				77
78	PA1		45		45 78
199	AAA		13		13 199
200	TOTAL		8,439		8,439 200

		CBSA AT BEGINNING OF COST REPORTING PERIOD	CBSA ON/AFTER OF THE COST REPORTING PERIOD (IF APPLICABLE)	
		1	2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	44100	44100	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?
		1	2	3
202	STAFFING			202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (SPECIFY)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	4,444,431		207

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1503

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----						
	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
1	CONTINUOUS HOME CARE					1
2	ROUTINE HOME CARE	6,650	264		471	7,385
3	INPATIENT RESPITE CARE	38	2		40	80
4	GENERAL INPATIENT CARE	318	64		38	420
5	TOTAL HOSPICE DAYS	7,006	330		549	7,885

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	136	10		23	169
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	51.51	33.00		23.87	46.66
9	UNDUPLICATED CENSUS COUNT	136	10		23	169

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.303424	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				60,284,645	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				193,893,795	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				58,832,031	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)					8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				24,358	17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)					19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	22,199,476	1,634,214	23,833,690	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	6,735,854	495,860	7,231,714	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	184,938	107,475	292,413	22
23	COST OF CHARITY CARE	6,550,916	388,385	6,939,301	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			28,667,174	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,483,776	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			27,183,398	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			8,248,095	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			15,187,396	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			15,187,396	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		10,442,719	10,442,719	-164,072	1
1.01	00101				164,072	1.01
2	00200		14,962,006	14,962,006		2
3	00300					3
4	00400	1,497,671	49,306,626	50,804,297	-1,436,286	4
5.01	00540	1,029,706	845,442	1,875,148		5.01
5.02	00550	2,416,411	1,961,324	4,377,735		5.02
5.03	00560	574,757	166,129	740,886		5.03
5.04	00570	1,632,301	138,323	1,770,624		5.04
5.05	00580	1,858,917	28,618,841	30,477,758		5.05
5.06	00590	10,763,085	63,145,058	73,908,143	-273,374	5.06
6	00600	3,613,990	2,914,161	6,528,151		6
7	00700	1,616,321	8,306,063	9,922,384		7
8	00800	1,227,438	1,423,901	2,651,339		8
9	00900	2,107,861	1,614,653	3,722,514		9
10	01000	2,013,429	3,827,560	5,840,989	-3,937,826	10
11	01100				3,937,826	11
12	01200					12
13	01300	3,566,467	631,722	4,198,189	42,012	13
14	01400	719,958	1,601,618	2,321,576	10,446	14
15	01500	4,571,239	11,975,493	16,546,732	-11,875,300	15
16	01600	2,427,145	1,772,075	4,199,220		16
17	01700					17
19	01900					19
20	02000	1,282,194	387,790	1,669,984	-42,012	20
21	02100	5,821,568		5,821,568	1,532,943	21
22	02200		3	3	113,611	22
23	02300	105,714	13,763	119,477		23
23.01	02301	146,749	14,794	161,543		23.01
23.02	02302	82,805	11,880	94,685		23.02
23.03	02303	90,187	9,857	100,044		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	21,717,849	7,730,612	29,448,461	-4,205,047	30
31	03100	6,364,048	1,187,149	7,551,197	-216,151	31
35	02060	4,947,490	1,985,632	6,933,122	-35,047	35
40	04000	2,282,654	724,687	3,007,341	-13,746	40
43	04300				591,095	43
44	04400	2,629,146	162,888	2,792,034	28,498	44
ANCILLARY SERVICE COST CENTERS						
50	05000	8,779,475	34,033,827	42,813,302	-21,489,864	50
50.01	05001	1,009,224	2,149,521	3,158,745	-267,435	50.01
50.02	05002	141,993	168,120	310,113	-40,422	50.02
51	05100	1,683,386	182,952	1,866,338		51
52	05200				3,707,276	52
53	05300	802,213	6,799,188	7,601,401	-440,769	53
54	05400	3,383,000	3,516,616	6,899,616	-634,133	54
55	05500	807,120	696,193	1,503,313	-42,181	55
56	05600	236,002	753,001	989,003		56
57	05700	445,562	465,259	910,821	-22,876	57
58	05800	325,799	361,391	687,190		58
59	05900	3,041,912	22,019,998	25,061,910	-21,190,512	59
60	06000	4,749,616	9,325,321	14,074,937		60
62.30	06250					62.30
65	06500	3,144,422	725,998	3,870,420	-80,874	65
66	06600	4,862,635	666,537	5,529,172	-49,027	66
69	06900	1,867,766	5,097,445	6,965,211	-24,792	69
70	07000	646,745	169,365	816,110		70
71	07100				13,486,783	71
72	07200				31,454,037	72
73	07300				11,875,300	73
74	07400		565,248	565,248	-13,460	74
76	03950	1,222,103	158,703	1,380,806	-113	76
76.97	07697	449,444	28,732	478,176		76.97
76.98	07698		1,014,402	1,014,402	-31,999	76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	3,987,436	4,429,128	8,416,564	-153,872	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
101	10100	4,133,555	734,551	4,868,106	-208,921	101
SPECIAL PURPOSE COST CENTERS						
113	11300		2,911,553	2,911,553		113
116	11600	449,736	515,595	965,331	-66,659	116
117	06950	754,476	2,052,041	2,806,517		117
118						118
118		134,030,720	315,423,454	449,454,174	-12,871	118
NONREIMBURSABLE COST CENTERS						
190	19000	39,085	282,832	321,917		190

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
192	19200 PHYSICIANS' PRIVATE OFFICES	41,051	7,887,501	7,928,552		192
193	19300 NONPAID WORKERS				12,871	193
194	07950 NON REIMBURSABLE-OTHER	152,261	271,001	423,262		194
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	409,615	-384,765	24,850		194.01
200	TOTAL (SUM OF LINES 118-199)	134,672,732	323,480,023	458,152,755		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	10,278,647		10,278,647	1
1.01	00101	CAP REL COSTS - CON	164,072		164,072	1.01
2	00200	CAP REL COSTS-MVBLE EQUIP	14,962,006		14,962,006	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	49,368,011	-13,403,041	35,964,970	4
5.01	00540	COMMUNICATIONS	1,875,148	-77,027	1,798,121	5.01
5.02	00550	INFORMATION SYSTEMS	4,377,735	-54,395	4,323,340	5.02
5.03	00560	PURCHASING/RECEIVENG/STORES	740,886	-4,132	736,754	5.03
5.04	00570	ADMITTING	1,770,624		1,770,624	5.04
5.05	00580	PATIENT ACCOUNTING	30,477,758	-16,297,948	14,179,810	5.05
5.06	00590	OTHER ADMIN & GENERAL	73,634,769	-38,832,018	34,802,751	5.06
6	00600	MAINTENANCE & REPAIRS	6,528,151	-33,009	6,495,142	6
7	00700	OPERATION OF PLANT	9,922,384	-139,020	9,783,364	7
8	00800	LAUNDRY & LINEN SERVICE	2,651,339	-6,373	2,644,966	8
9	00900	HOUSEKEEPING	3,722,514	-39,408	3,683,106	9
10	01000	DIETARY	1,903,163	-515,606	1,387,557	10
11	01100	CAFETERIA	3,937,826	-2,920,657	1,017,169	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	4,240,201	-69,842	4,170,359	13
14	01400	CENTRAL SERVICES & SUPPLY	2,332,022	-56,340	2,275,682	14
15	01500	PHARMACY	4,671,432	-121,544	4,549,888	15
16	01600	MEDICAL RECORDS & LIBRARY	4,199,220	-7	4,199,213	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL	1,627,972	-1,315,214	312,758	20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD	7,354,511		7,354,511	21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	113,614		113,614	22
23	02300	PARAMED ED (CLINICAL LAB SCIENCE)	119,477	-44,914	74,563	23
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	161,543	-30,342	131,201	23.01
23.02	02302	PARAMED ED (ENDT)	94,685	-15,618	79,067	23.02
23.03	02303	PARAMED ED (PHARMACY)	100,044		100,044	23.03
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	25,243,414	-5,027,211	20,216,203	30
31	03100	INTENSIVE CARE UNIT	7,335,046	-372,719	6,962,327	31
35	02060	HIGH RISK NEONATAL	6,898,075	-1,258,755	5,639,320	35
40	04000	SUBPROVIDER - IPF	2,993,595	-523,573	2,470,022	40
43	04300	NURSERY	591,095		591,095	43
44	04400	SKILLED NURSING FACILITY	2,820,532	-29,957	2,790,575	44
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	21,323,438	-4,996,573	16,326,865	50
50.01	05001	GASTRODIAGNOSTIC UNIT	2,891,310	-962,615	1,928,695	50.01
50.02	05002	PAIN MANAGEMENT CENTER	269,691	-9,200	260,491	50.02
51	05100	RECOVERY ROOM	1,866,338		1,866,338	51
52	05200	DELIVERY ROOM & LABOR ROOM	3,707,276		3,707,276	52
53	05300	ANESTHESIOLOGY	7,160,632	-4,858,320	2,302,312	53
54	05400	RADIOLOGY-DIAGNOSTIC	6,265,483	-1,498,601	4,766,882	54
55	05500	RADIOLOGY-THERAPEUTIC	1,461,132	-150	1,460,982	55
56	05600	RADIOISOTOPE	989,003		989,003	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	887,945		887,945	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	687,190		687,190	58
59	05900	CARDIAC CATHETERIZATION	3,871,398	-6,446	3,864,952	59
60	06000	LABORATORY	14,074,937	-37,437	14,037,500	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	3,789,546	-157,665	3,631,881	65
66	06600	PHYSICAL THERAPY	5,480,145	-181,302	5,298,843	66
69	06900	ELECTROCARDIOLOGY	6,940,419	-2,371,897	4,568,522	69
70	07000	ELECTROENCEPHALOGRAPHY	816,110	-45,369	770,741	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	13,486,783		13,486,783	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	31,454,037		31,454,037	72
73	07300	DRUGS CHARGED TO PATIENTS	11,875,300		11,875,300	73
74	07400	RENAL DIALYSIS	551,788	-40,083	511,705	74
76	03950	OTHER ANCILLARY	1,380,693	-222,312	1,158,381	76
76.97	07697	CARDIAC REHABILITATION	478,176	-48,111	430,065	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	982,403	-19,380	963,023	76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	EMERGENCY	8,262,692	-2,468,885	5,793,807	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
101	10100	HOME HEALTH AGENCY	4,659,185	-45,721	4,613,464	101
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE	2,911,553	-2,911,553		113
116	11600	HOSPICE	898,672	-47,791	850,881	116
117	06950	HOME INFUSION	2,806,517	-91,302	2,715,215	117
118		SUBTOTALS (SUM OF LINES 1-117)	449,441,303	-102,209,383	347,231,920	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	321,917		321,917	190

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WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
192	19200 PHYSICIANS' PRIVATE OFFICES	7,928,552	-5,814,141	2,114,411	192
193	19300 NONPAID WORKERS	12,871	-12,871		193
194	07950 NON REIMBURSABLE-OTHER	423,262		423,262	194
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	24,850		24,850	194.01
200	TOTAL (SUM OF LINES 118-199)	458,152,755	-108,036,395	350,116,360	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1		2	3		4	5
1 COLLEGE OF NURSING DEPREC COSTS	A	CAP REL COSTS - CON	1.01			164,072 1
500 TOTAL RECLASSIFICATIONS						164,072 500
1 NONPAID WKR PT & H& W COSTS	B	NONPAID WORKERS	193		10,839	2,032 1
2		EMPLOYEE BENEFITS	4			87,355 2
3						3
4						4
5						5
6						6
500 TOTAL RECLASSIFICATIONS					10,839	89,387 500
1 MEDICAL CARE ADMIN COSTS	C	I&R SRVCES-OTHER PRGM COSTS A	22		113,611	1
2		ADULTS & PEDIATRICS	30		113,611	2
500 TOTAL RECLASSIFICATIONS					227,222	500
1 CAFETERIA COSTS	D	CAFETERIA	11		1,357,396	2,580,430 1
500 TOTAL RECLASSIFICATIONS					1,357,396	2,580,430 500
1 NURSERY AND LABOR/DELIVERY COSTS	E	NURSERY	43		591,095	1
2		DELIVERY ROOM & LABOR ROOM	52		2,370,103	1,337,173 2
500 TOTAL RECLASSIFICATIONS					2,961,198	1,337,173 500
1 HOME HEALTH SUPPLY COSTS	F	CENTRAL SERVICES & SUPPLY	14			10,446 1
2		MEDICAL SUPPLIES CHRGED TO PA	71			198,475 2
500 TOTAL RECLASSIFICATIONS						208,921 500
1 HOME HEALTH HOSPICE SALARY COSTS	G	SKILLED NURSING FACILITY	44		48,757	1
500 TOTAL RECLASSIFICATIONS					48,757	500
1 SNF MEDICAID ASSESSMENT FEE	H	OTHER ADMIN & GENERAL	5.06			20,259 1
500 TOTAL RECLASSIFICATIONS						20,259 500
1 INTERNS & RESIDENTS H&W COSTS	I	I&R SRVCES-SALARY & FRINGES A	21			1,532,943 1
500 TOTAL RECLASSIFICATIONS						1,532,943 500
1 DRUGS CHARGED TO PATIENTS	J	DRUGS CHARGED TO PATIENTS	73			11,875,300 1
500 TOTAL RECLASSIFICATIONS						11,875,300 500
1 WORKERS COMPENSATION COSTS	K	EMPLOYEE BENEFITS	4			164,586 1
500 TOTAL RECLASSIFICATIONS						164,586 500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 MEDICAL & IMPLANTABLE SUPPLY COSTS	L	MEDICAL SUPPLIES CHRGED TO PA	71		13,288,308
2		IMPL. DEV. CHARGED TO PATIENT	72		31,454,037
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
500 TOTAL RECLASSIFICATIONS					44,742,345
CODE LETTER - L					500
1 CONTINUING ED SALARY COSTS(JUDY S)	M	NURSING ADMINISTRATION	13	42,012	1
500 TOTAL RECLASSIFICATIONS				42,012	500
CODE LETTER - M					
1 LEGAL FEES	N	OTHER ADMIN & GENERAL	5.06		155,284
500 TOTAL RECLASSIFICATIONS					155,284
CODE LETTER - N					500
GRAND TOTAL (INCREASES)				4,647,424	62,870,700

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 COLLEGE OF NURSING DEPREC COSTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - A	A	CAP REL COSTS-BLDG & FIXT	1		164,072	11 1 500
1 NONPAID WKR PT & H& W COSTS 2 3 4 5 6 500 TOTAL RECLASSIFICATIONS CODE LETTER - B	B	SUBPROVIDER - IPF HOSPICE OTHER ADMIN & GENERAL ADULTS & PEDIATRICS SUBPROVIDER - IPF HOSPICE	40 116 5.06 30 40 116	8,742 2,098 57,109 11,469 2,972 15,804	2,032	1 2 3 4 5 6 500
1 MEDICAL CARE ADMIN COSTS 2 500 TOTAL RECLASSIFICATIONS CODE LETTER - C	C	OTHER ADMIN & GENERAL	5.06	227,222		1 2 500
1 CAFETERIA COSTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - D	D	DIETARY	10	1,357,396	2,580,430	1 500
1 NURSERY AND LABOR/DELIVERY COSTS 2 500 TOTAL RECLASSIFICATIONS CODE LETTER - E	E	ADULTS & PEDIATRICS	30	2,961,198	1,337,173	1 2 500
1 HOME HEALTH SUPPLY COSTS 2 500 TOTAL RECLASSIFICATIONS CODE LETTER - F	F	HOME HEALTH AGENCY	101		208,921	1 2 500
1 HOME HEALTH HOSPICE SALARY COSTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - G	G	HOSPICE	116	48,757	48,757	1 500
1 SNF MEDICAID ASSESSMENT FEE 500 TOTAL RECLASSIFICATIONS CODE LETTER - H	H	SKILLED NURSING FACILITY	44		20,259	1 500
1 INTERNS & RESIDENTS H&W COSTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - I	I	EMPLOYEE BENEFITS	4		1,532,943	1 500
1 DRUGS CHARGED TO PATIENTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - J	J	PHARMACY	15		11,875,300	1 500
1 WORKERS COMPENSATION COSTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - K	K	OTHER ADMIN & GENERAL	5.06		164,586	1 500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 MEDICAL & IMPLANTABLE SUPPLY COSTS	L	ADULTS & PEDIATRICS	30		8,818	1
2		INTENSIVE CARE UNIT	31		216,151	2
3		HIGH RISK NEONATAL	35		35,047	3
4		OPERATING ROOM	50		21,489,864	4
5		GASTRODIAGNOSTIC UNIT	50.01		267,435	5
6		PAIN MANAGEMENT CENTER	50.02		40,422	6
7		ANESTHESIOLOGY	53		440,769	7
8		RADIOLOGY-DIAGNOSTIC	54		634,133	8
9		RADIOLOGY-THERAPEUTIC	55		42,181	9
10		COMPUTED TOMOGRAPHY (CT) SCAN	57		22,876	10
11		CARDIAC CATHETERIZATION	59		21,190,512	11
12		RESPIRATORY THERAPY	65		80,874	12
13		PHYSICAL THERAPY	66		49,027	13
14		ELECTROCARDIOLOGY	69		24,792	14
15		RENAL DIALYSIS	74		13,460	15
16		OTHER ANCILLARY	76		113	16
17		HYPERBARIC OXYGEN THERAPY	76.98		31,999	17
18		EMERGENCY	91		153,872	18
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					44,742,345	500
1 CONTINUING ED SALARY COSTS(JUDY S)	M	NURSING SCHOOL	20	42,012		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				42,012		500
1 LEGAL FEES	N	EMPLOYEE BENEFITS	4		155,284	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N					155,284	500
GRAND TOTAL (DECREASES)				4,734,779	62,783,345	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	14,934,411	1,571,295		1,571,295		16,505,706		1
2 LAND IMPROVEMENTS	3,875,653	193,909		193,909		4,069,562	1,195,382	2
3 BUILDINGS AND FIXTURES	324,923,933	60,571,462		60,571,462	33,091,504	352,403,891	19,335,006	3
4 BUILDING IMPROVEMENTS	331,494	295,044		295,044		626,538	62,445	4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	203,098,714	10,932,506		10,932,506	2,849,446	211,181,774	97,339,162	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	547,164,205	73,564,216		73,564,216	35,940,950	584,787,471	117,931,995	8
9 RECONCILING ITEMS	17,294,878	51,640,775		51,640,775	32,709,775	36,225,878		9
10 TOTAL (LINE 7 MINUS LINE 9)	529,869,327	21,923,441		21,923,441	3,231,175	548,561,593	117,931,995	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	10,442,719						10,442,719 1
1.01 CAP REL COSTS - CON							1.01
2 CAP REL COSTS-MVBLE EQUIP	14,962,006						14,962,006 2
3 TOTAL (SUM OF LINES 1-2)	25,404,725						25,404,725 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7)
1 CAP REL COSTS-BLDG & FIXT	16,734,575		16,734,575	0.141900				1
1.01 CAP REL COSTS - CON	3,858,258		3,858,258	0.032716				1.01
2 CAP REL COSTS-MVBLE EQUIP	97,339,162		97,339,162	0.825384				2
3 TOTAL (SUM OF LINES 1-2)	117,931,995		117,931,995	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	10,442,719		-164,072				10,278,647 1
1.01 CAP REL COSTS - CON			164,072				164,072 1.01
2 CAP REL COSTS-MVBLE EQUIP	14,962,006						14,962,006 2
3 TOTAL	25,404,725						25,404,725 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-4,132	PURCHASING/RECEIVENG/STORES	5.03	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-1,085	INFORMATION SYSTEMS	5.02	5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-31,532	COMMUNICATIONS	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)	B	-35,282	OPERATION OF PLANT	7	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-23,039,031			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-5,649,555			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-2,920,657	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-56,340	CENTRAL SERVICES & SUPPLY	14	16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-61,595	PHARMACY	15	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-1,315,214	NURSING SCHOOL	20	19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-870,348	OTHER ADMIN & GENERAL	5.06	33
33.01 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-2,173	OPERATION OF PLANT	7	33.01
33.02 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-9,337	NURSING ADMINISTRATION	13	33.02
33.03 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-58,887	PHARMACY	15	33.03
33.05 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-17,423	ADULTS & PEDIATRICS	30	33.05
33.06 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-1,835	SUBPROVIDER - IPF	40	33.06
33.07 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-10,972	HIGH RISK NEONATAL	35	33.07
33.08 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-7,503	SKILLED NURSING FACILITY	44	33.08
33.09 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-299	OPERATING ROOM	50	33.09
33.10 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-150	RADIOLOGY-THERAPEUTIC	55	33.10
33.11 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-541	CARDIAC CATHETERIZATION	59	33.11
33.12 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-684	LABORATORY	60	33.12
33.13 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-9,405	RESPIRATORY THERAPY	65	33.13
33.14 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-8,140	PHYSICAL THERAPY	66	33.14
33.15 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-37	ELECTROCARDIOLOGY	69	33.15
33.16 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-35,738	OTHER ANCILLARY	76	33.16
33.17 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-15,000	EMERGENCY	91	33.17
33.18 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-1,226	HOME HEALTH AGENCY	101	33.18
33.19 REBATES/REFUNDS/RELEASED ASSETS/GR	B	-712	HOSPICE	116	33.19
34 MISCELLANEOUS OTH OPERATING REVENU	B	-80	EMPLOYEE BENEFITS	4	34
34.01 MISCELLANEOUS OTH OPERATING REVENU	B	-44,170	COMMUNICATIONS	5.01	34.01
34.02 MISCELLANEOUS OTH OPERATING REVENU	B	-26,575	INFORMATION SYSTEMS	5.02	34.02
34.03 MISCELLANEOUS OTH OPERATING REVENU	B	-1,110	PATIENT ACCOUNTING	5.05	34.03
34.04 MISCELLANEOUS OTH OPERATING REVENU	B	-79,698	OTHER ADMIN & GENERAL	5.06	34.04
34.05 MISCELLANEOUS OTH OPERATING REVENU	B	-33,009	MAINTENANCE & REPAIRS	6	34.05
34.06 MISCELLANEOUS OTH OPERATING REVENU	B	-66,384	OPERATION OF PLANT	7	34.06
34.07 MISCELLANEOUS OTH OPERATING REVENU	B	-39,408	HOUSEKEEPING	9	34.07
34.08 MISCELLANEOUS OTH OPERATING REVENU	B	-506,919	DIETARY	10	34.08
34.09 MISCELLANEOUS OTH OPERATING REVENU	B	-52,033	NURSING ADMINISTRATION	13	34.09

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
34.10 MISCELLANEOUS OTH OPERATING REVENU	B	-7	MEDICAL RECORDS & LIBRARY	16	34.10
34.11 MISCELLANEOUS OTH OPERATING REVENU	B	-2,220	ADULTS & PEDIATRICS	30	34.11
34.12 MISCELLANEOUS OTH OPERATING REVENU	B	-22,374	OPERATING ROOM	50	34.12
34.13 MISCELLANEOUS OTH OPERATING REVENU	B	-3,721	RADIOLOGY-DIAGNOSTIC	54	34.13
34.14 MISCELLANEOUS OTH OPERATING REVENU	B	-5,905	CARDIAC CATHETERIZATION	59	34.14
34.15 MISCELLANEOUS OTH OPERATING REVENU	B	-2,254	LABORATORY	60	34.15
34.16 MISCELLANEOUS OTH OPERATING REVENU	B	-7,260	RESPIRATORY THERAPY	65	34.16
34.17 MISCELLANEOUS OTH OPERATING REVENU	B	-80,877	PHYSICAL THERAPY	66	34.17
34.18 MISCELLANEOUS OTH OPERATING REVENU	B	-265,438	ELECTROCARDIOLOGY	69	34.18
34.19 MISCELLANEOUS OTH OPERATING REVENU	B	-18,082	ELECTROENCEPHALOGRAPHY	70	34.19
34.20 MISCELLANEOUS OTH OPERATING REVENU	B	-186,574	OTHER ANCLLLARY	76	34.20
34.21 MISCELLANEOUS OTH OPERATING REVENU	B	-46,546	CARDIAC REHABILITATION	76.97	34.21
34.22 MISCELLANEOUS OTH OPERATING REVENU	B	-81,635	EMERGENCY	91	34.22
34.23 MISCELLANEOUS OTH OPERATING REVENU	B	-10,414	HOME INFUSION	117	34.23
35 RENTAL OF HOSPITAL SPACE	B	-35,181	OPERATION OF PLANT	7	35
35.01 RENTAL OF HOSPITAL SPACE	B	-5,000	LAUNDRY & LINEN SERVICE	8	35.01
35.02 RENTAL OF HOSPITAL SPACE	B	-520	RADIOLOGY-DIAGNOSTIC	54	35.02
35.03 RENTAL OF HOSPITAL SPACE	B	63	PHYSICAL THERAPY	66	35.03
35.04 RENTAL OF HOSPITAL SPACE	B	-76,478	ELECTROCARDIOLOGY	69	35.04
36 TUITION, FEES, BOOKS, ETC.	B	-44,914	PARAMED ED (CLINICAL LAB SCIENC	23	36
36.01 TUITION, FEES, BOOKS, ETC.	B	-30,342	PARAMED ED (RESPIRATORY THERAPY	23.01	36.01
36.02 TUITION, FEES, BOOKS, ETC.	B	-15,618	PARAMED ED (ENDT)	23.02	36.02
37 SALE OF MEDICAL SUPPLIES/DRUGS	B	-1,373	LAUNDRY & LINEN SERVICE	8	37
38 INTERCOMPANY REVENUE	B	-127,308	EMPLOYEE BENEFITS	4	38
38.01 INTERCOMPANY REVENUE	B	-1,242	COMMUNICATIONS	5.01	38.01
38.02 INTERCOMPANY REVENUE	B	-24,241	INFORMATION SYSTEMS	5.02	38.02
38.03 INTERCOMPANY REVENUE	B	-806,035	OTHER ADMIN & GENERAL	5.06	38.03
38.04 INTERCOMPANY REVENUE	B	-6,273	NURSING ADMINISTRATION	13	38.04
38.05 INTERCOMPANY REVENUE	B	-1,062	PHARMACY	15	38.05
38.06 INTERCOMPANY REVENUE	B	-54,706	PHYSICAL THERAPY	66	38.06
38.07 INTERCOMPANY REVENUE	B	-1,347	EMERGENCY	91	38.07
39 BAD DEBT EXPENSE	A	-27,102,853	PATIENT ACCOUNTING	5.05	39
39.01 BAD DEBT EXPENSE	A	-15,974	EMPLOYEE BENEFITS	4	39.01
39.02 BAD DEBT EXPENSE	A	-83	COMMUNICATIONS	5.01	39.02
39.03 BAD DEBT EXPENSE	A	-127,764	OTHER ADMIN & GENERAL	5.06	39.03
39.04 BAD DEBT EXPENSE	A	-5,783	DIETARY	10	39.04
39.05 BAD DEBT EXPENSE	A	-4,066	ADULTS & PEDIATRICS	30	39.05
39.06 BAD DEBT EXPENSE	A	-460	LABORATORY	60	39.06
39.07 BAD DEBT EXPENSE	A	-2,437	ELECTROCARDIOLOGY	69	39.07
39.08 BAD DEBT EXPENSE	A	-1,565	CARDIAC REHABILITATION	76.97	39.08
39.09 BAD DEBT EXPENSE	A	-44,495	HOME HEALTH AGENCY	101	39.09
39.10 BAD DEBT EXPENSE	A	-47,079	HOSPICE	116	39.10
39.11 BAD DEBT EXPENSE	A	-80,888	HOME INFUSION	117	39.11
39.12 BAD DEBT EXPENSE	A	92,761	PHYSICIANS' PRIVATE OFFICES	192	39.12
40 MEDICAID ASSESSMENT	A	-11,152,404	OTHER ADMIN & GENERAL	5.06	40
40.01 MEDICAID ASSESSMENT	A	-20,259	SKILLED NURSING FACILITY	44	40.01
41 LOBBYING COSTS/LEGAL FEES	A	-125,069	OTHER ADMIN & GENERAL	5.06	41
41.01 NONALLOW ALCOHOL COSTS	A	-1,148	DIETARY	10	41.01
42 NONPAID WORKERS	A	-12,871	NONPAID WORKERS	193	42
43 CRNA COSTS	A	-4,858,320	ANESTHESIOLOGY	53	43
44 PHONE OPERATOR COSTS	A	-7,936	OTHER ADMIN & GENERAL	5.06	44
45 NONALOOABLE INTEREST COSTS	A	-2,911,553	INTEREST EXPENSE	113	45
45.01 SELF-FUNDED INSURANCE	A	-13,235,623	EMPLOYEE BENEFITS	4	45.01
46 ADVERTISING COSTS	A	-2,777,176	OTHER ADMIN & GENERAL	5.06	46
46.01 ADVERTISING COSTS	A	-1,756	DIETARY	10	46.01
46.02 ADVERTISING COSTS	A	-2,199	NURSING ADMINISTRATION	13	46.02
46.03 ADVERTISING COSTS	A	-26,709	PHYSICAL THERAPY	66	46.03
47 PURCHASED SVCS-HSHS MEDICAL GROUP	A	-5,906,902	PHYSICIANS' PRIVATE OFFICES	192	47
48 GOVERNMENT GRANT-SIU	A	-2,676,681	OTHER ADMIN & GENERAL	5.06	48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-108,036,395			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	5.05	PATIENT ACCOUNTING				
2	5.06	OTHER ADMIN & GENERAL				
3						
4						
5		TOTALS (SUM OF LINES 1-4)	16,754,445	22,404,000	-5,649,555	
		TRANSFER COL. 6, LINE 5 TO				
		WKST A-8, COL. 2, LINE 12.				

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
B			HOSPITAL SISTERS HEALTH SYSTEM	100.00	CORPORATE OFFICE	

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	4	EMPLOYEE BENEFITS	AGGREGATE	24,056	24,056	171,400		1
2	5.02	INFORMATION SYSTEMS	AGGREGATE	5,625	5,625	171,400	38	157
3	5.06	OTHER ADMIN & GENERAL	AGGREGATE	4,619,319	3,351,755	1,267,564	10,509	43,299
4	30	ADULTS & PEDIATRICS	AGGREGATE	5,072,968	4,936,500	136,468	843	3,473
5	31	INTENSIVE CARE UNIT	AGGREGATE	372,966	372,551	415	3	12
6	35	HIGH RISK NEONATAL	AGGREGATE	1,286,348	1,229,204	57,144	468	1,928
7	40	SUBPROVIDER - IPF	AGGREGATE	528,083	510,470	17,613	77	317
8	44	SKILLED NURSING FACILITY	AGGREGATE	5,738	5,738	171,400	43	177
9	50	OPERATING ROOM	AGGREGATE	5,067,707	4,890,143	177,564	956	4,690
10	50.01	GASTRODIAGNOSTIC UNIT	AGGREGATE	984,202	951,202	33,000	220	1,079
11	50.02	PAIN MANAGEMENT CENTER	AGGREGATE	9,200	9,200	171,400		11
12	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE	1,494,360	1,494,360	171,400		12
13	60	LABORATORY	AGGREGATE	165,000		165,000	1,241	6,548
14	65	RESPIRATORY THERAPY	AGGREGATE	141,000	141,000	171,400		14
15	66	PHYSICAL THERAPY	AGGREGATE	24,200		24,200	161	663
16	69	ELECTROCARDIOLOGY	AGGREGATE	2,221,568	1,541,565	680,003	2,355	9,703
17	70	ELECTROENCEPHALOGRAPHY	AGGREGATE	33,138	25,175	7,963	71	293
18	74	RENAL DIALYSIS	AGGREGATE	40,083	40,083	171,400		18
19	76.98	HYPERBARIC OXYGEN THERAP	AGGREGATE	35,531	5,326	30,205	196	808
20	91	EMERGENCY	AGGREGATE	2,407,820	2,322,072	85,748	448	1,846
200		TOTAL		24,538,912	21,844,662	2,694,250	17,629	74,993

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1	4	EMPLOYEE BENEFITS	AGGREGATE						24,056	1
2	5.02	INFORMATION SYSTEMS	AGGREGATE				3,131	2,494	2,494	2
3	5.06	OTHER ADMIN & GENERAL	AGGREGATE				865,982	401,582	3,753,337	3
4	30	ADULTS & PEDIATRICS	AGGREGATE				69,466	67,002	5,003,502	4
5	31	INTENSIVE CARE UNIT	AGGREGATE				247	168	372,719	5
6	35	HIGH RISK NEONATAL	AGGREGATE				38,565	18,579	1,247,783	6
7	40	SUBPROVIDER - IPF	AGGREGATE				6,345	11,268	521,738	7
8	44	SKILLED NURSING FACILITY	AGGREGATE				3,543	2,195	2,195	8
9	50	OPERATING ROOM	AGGREGATE				93,807	83,757	4,973,900	9
10	50.01	GASTRODIAGNOSTIC UNIT	AGGREGATE				21,587	11,413	962,615	10
11	50.02	PAIN MANAGEMENT CENTER	AGGREGATE						9,200	11
12	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE						1,494,360	12
13	60	LABORATORY	AGGREGATE				130,961	34,039	34,039	13
14	65	RESPIRATORY THERAPY	AGGREGATE						141,000	14
15	66	PHYSICAL THERAPY	AGGREGATE				13,267	10,933	10,933	15
16	69	ELECTROCARDIOLOGY	AGGREGATE				194,061	485,942	2,027,507	16
17	70	ELECTROENCEPHALOGRAPHY	AGGREGATE				5,851	2,112	27,287	17
18	74	RENAL DIALYSIS	AGGREGATE						40,083	18
19	76.98	HYPERBARIC OXYGEN THERAPY	AGGREGATE				16,151	14,054	19,380	19
20	91	EMERGENCY	AGGREGATE				36,917	48,831	2,370,903	20
200		TOTAL					1,499,881	1,194,369	23,039,031	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP REL CO CON 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	10,278,647	10,278,647				1
1.01	CAP REL COSTS - CON	164,072		164,072			1.01
2	CAP REL COSTS-MVBLE EQUIP	14,962,006			14,962,006		2
4	EMPLOYEE BENEFITS	35,964,970	19,484		809	35,985,263	4
5.01	COMMUNICATIONS	1,798,121	129,783		1,016,809	291,156	5.01
5.02	INFORMATION SYSTEMS	4,323,340	26,779		1,915,000	683,255	5.02
5.03	PURCHASING/RECEIVENG/STORES	736,754	177,865		9,615	162,516	5.03
5.04	ADMITTING	1,770,624	50,446		67,698	461,543	5.04
5.05	PATIENT ACCOUNTING	14,179,810	65,113		9,324	525,620	5.05
5.06	OTHER ADMIN & GENERAL	34,802,751	452,014		277,087	2,962,930	5.06
6	MAINTENANCE & REPAIRS	6,495,142	78,081		64,385	1,021,877	6
7	OPERATION OF PLANT	9,783,364	1,997,265		55,705	457,024	7
8	LAUNDRY & LINEN SERVICE	2,644,966	229,471		665,165	347,065	8
9	HOUSEKEEPING	3,683,106	52,475		16,705	596,010	9
10	DIETARY	1,387,557	192,139		60,258	185,497	10
11	CAFETERIA	1,017,169	65,798		127,932	383,812	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	4,170,359	34,163		34,594	1,020,319	13
14	CENTRAL SERVICES & SUPPLY	2,275,682	82,398		404,630	203,572	14
15	PHARMACY	4,549,888	41,744		282,686	1,292,545	15
16	MEDICAL RECORDS & LIBRARY	4,199,213	25,144		109,153	686,290	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL	312,758		160,408	13,555	350,669	20
21	I&R SRVCES-SALARY & FRINGES APPRVD	7,354,511	258,925				21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	113,614				32,124	22
23	PARAMED ED (CLINICAL LAB SCIENCE)	74,563	3,093			29,891	23
23.01	PARAMED ED (RESPIRATORY THERAPY)	131,201		3,664	274	41,494	23.01
23.02	PARAMED ED (ENDT)	79,067	1,071		4,887	23,414	23.02
23.03	PARAMED ED (PHARMACY)	100,044	6,250			25,501	23.03
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	20,216,203	1,162,757		651,695	5,332,438	30
31	INTENSIVE CARE UNIT	6,962,327	69,968		446,394	1,799,473	31
35	HIGH RISK NEONATAL	5,639,320	154,870		290,025	1,398,932	35
40	SUBPROVIDER - IPF	2,470,022	150,319		24,113	642,122	40
43	NURSERY	591,095	42,397		28,208	167,136	43
44	SKILLED NURSING FACILITY	2,790,575	159,363		45,207	757,193	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	16,326,865	430,192		2,081,665	2,482,449	50
50.01	GASTRODIAGNOSTIC UNIT	1,928,695	34,759		388,344	285,364	50.01
50.02	PAIN MANAGEMENT CENTER	260,491			13,901	40,149	50.02
51	RECOVERY ROOM	1,866,338	15,225		124,690	475,987	51
52	DELIVERY ROOM & LABOR ROOM	3,707,276	169,993		113,105	670,161	52
53	ANESTHESIOLOGY	2,302,312	18,977		301,468	226,831	53
54	RADIOLOGY-DIAGNOSTIC	4,766,882	146,972		1,074,480	956,564	54
55	RADIOLOGY-THERAPEUTIC	1,460,982	66,362		792,290	228,218	55
56	RADIOISOTOPE	989,003	29,061		315,659	66,731	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	887,945	7,555		117,133	125,985	57
58	MAGNETIC RESONANCE IMAGING (MRI)	687,190	16,936		344,891	92,122	58
59	CARDIAC CATHETERIZATION	3,864,952	181,015		952,538	860,119	59
60	LABORATORY	14,037,500	143,714		385,905	1,342,982	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	3,631,881	49,363		230,428	889,104	65
66	PHYSICAL THERAPY	5,298,843	150,699		62,307	1,374,940	66
69	ELECTROCARDIOLOGY	4,568,522	261,910		382,908	528,122	69
70	ELECTROENCEPHALOGRAPHY	770,741	9,362		71,263	182,871	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	13,486,783					71
72	IMPL. DEV. CHARGED TO PATIENT	31,454,037					72
73	DRUGS CHARGED TO PATIENTS	11,875,300					73
74	RENAL DIALYSIS	511,705			2,602		74
76	OTHER ANCILLARY	1,158,381	4,266		10,541	345,557	76
76.97	CARDIAC REHABILITATION	430,065	63,598		17,448	127,083	76.97
76.98	HYPERBARIC OXYGEN THERAPY	963,023			8,356		76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	5,793,807	127,944		278,127	1,127,471	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	4,613,464	69,258		63,620	1,168,787	101
SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE						113
116	HOSPICE	850,881	1,642		1,834	108,317	116

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP REL CO CON 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS	
					4	
117 HOME INFUSION	2,715,215	11,789		7,859	213,333	117
118 SUBTOTALS (SUM OF LINES 1-117)	347,231,920	7,739,767	164,072	14,765,275	35,800,665	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	321,917	15,053		5,407	11,052	190
192 PHYSICIANS' PRIVATE OFFICES	2,114,411	1,555,376		177,521	11,607	192
193 NONPAID WORKERS					3,065	193
194 NON REIMBURSABLE-OTHER	423,262	967,202		1,391	43,053	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT	24,850	1,249		12,412	115,821	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	350,116,360	10,278,647	164,072	14,962,006	35,985,263	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	COMMUNICAT 5.01	INFORMATIO TECHNOLOGY 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	PATIENT ACCOUNTING 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS - CON						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS	3,235,869					5.01
5.02 INFORMATION SYSTEMS	85,412	7,033,786				5.02
5.03 PURCHASING/RECEIVENG/STORES	27,384	79,966	1,194,100			5.03
5.04 ADMITTING	93,888	207,260	2,241	2,653,700		5.04
5.05 PATIENT ACCOUNTING	65,200	197,468	225		15,042,760	5.05
5.06 OTHER ADMIN & GENERAL	389,239	610,356	8,653			5.06
6 MAINTENANCE & REPAIRS	34,556	71,807	241			6
7 OPERATION OF PLANT	100,408	31,007	282			7
8 LAUNDRY & LINEN SERVICE	13,692	19,584	535			8
9 HOUSEKEEPING	14,344	22,848	6,207			9
10 DIETARY	29,992	34,271	15,686			10
11 CAFETERIA	9,780	71,807	33,302			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	44,336	78,335	919			13
14 CENTRAL SERVICES & SUPPLY	20,864		22,789			14
15 PHARMACY	51,508	146,877				15
16 MEDICAL RECORDS & LIBRARY	60,636	275,803	303			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	28,688	104,446	1,010			20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,608					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED (CLINICAL LAB SCIENCE)	1,956		8			23
23.01 PARAMED ED (RESPIRATORY THERAPY)	3,912	6,528	15			23.01
23.02 PARAMED ED (ENDT)	2,608		9			23.02
23.03 PARAMED ED (PHARMACY)						23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	237,327	1,033,035	32,666	194,805	1,104,056	30
31 INTENSIVE CARE UNIT	136,268	285,595	11,312	62,051	351,676	31
35 HIGH RISK NEONATAL	60,636	174,621	7,004	48,818	276,676	35
40 SUBPROVIDER - IPF	46,944	91,390	878	19,015	107,766	40
43 NURSERY	10,432	34,271	1,418	5,637	31,949	43
44 SKILLED NURSING FACILITY	34,556	112,606	2,475	16,756	94,966	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	198,860	489,591	64,808	283,672	1,610,636	50
50.01 GASTRODIAGNOSTIC UNIT	18,256	32,639	3,120	40,814	231,314	50.01
50.02 PAIN MANAGEMENT CENTER	9,128		1,235	6,652	37,700	50.02
51 RECOVERY ROOM	52,160		3,516	26,308	149,101	51
52 DELIVERY ROOM & LABOR ROOM	41,076	140,349	5,685	22,603	128,104	52
53 ANESTHESIOLOGY	13,692		22,320	44,705	253,365	53
54 RADIOLOGY-DIAGNOSTIC	88,672	344,345	4,101	127,768	724,123	54
55 RADIOLOGY-THERAPEUTIC	25,428	52,223	142	22,862	129,570	55
56 RADIOISOTOPE	15,648		110	52,735	298,873	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	9,780		3,707	141,380	801,270	57
58 MAGNETIC RESONANCE IMAGING (MRI)	8,476		1,470	44,007	249,410	58
59 CARDIAC CATHETERIZATION	84,760	266,011		274,196	1,554,006	59
60 LABORATORY	115,404	288,858	6,293	201,597	1,142,549	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	16,952	106,078	7,332	60,990	345,662	65
66 PHYSICAL THERAPY	108,232	194,204	596	59,754	338,653	66
69 ELECTROCARDIOLOGY	88,020	102,814	1,142	109,324	619,594	69
70 ELECTROENCEPHALOGRAPHY	13,040	35,903	263	13,097	74,226	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			265,607	130,062	737,127	71
72 IMPL. DEV. CHARGED TO PATIENT			628,714	221,598	1,255,905	72
73 DRUGS CHARGED TO PATIENTS				263,363	1,492,608	73
74 RENAL DIALYSIS	6,520	22,848	51	5,604	31,763	74
76 OTHER ANCILLARY	35,208	11,424	1,043	7,180	40,694	76
76.97 CARDIAC REHABILITATION	7,172	26,112	297	3,926	22,249	76.97
76.98 HYPERBARIC OXYGEN THERAPY	12,388	32,639	960	9,802	55,551	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	134,964	280,699	14,482	132,619	751,618	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	108,884	341,082	767			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	5,868	42,431	156			116
117 HOME INFUSION	8,476	66,911	2,218			117
118 SUBTOTALS (SUM OF LINES 1-117)	2,834,238	6,567,042	1,188,313	2,653,700	15,042,760	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,216		4,968			190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	COMMUNICAT 5.01	INFORMATIO TECHNOLOGY 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	PATIENT ACCOUNTING 5.05	
192 PHYSICIANS' PRIVATE OFFICES	351,427	416,152	131			192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER	14,996	26,112	211			194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT	29,992	24,480	477			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,235,869	7,033,786	1,194,100	2,653,700	15,042,760	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4) 4A	OTHER ADMIN + GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS - CON						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL	39,503,030	39,503,030				5.06
6 MAINTENANCE & REPAIRS	7,766,089	987,676	8,753,765			6
7 OPERATION OF PLANT	12,425,055	1,580,194	2,597,690	16,602,939		7
8 LAUNDRY & LINEN SERVICE	3,920,478	498,599	58,939	513,815	4,991,831	8
9 HOUSEKEEPING	4,391,695	558,527	485,576	117,497	595	9
10 DIETARY	1,905,400	242,325	137,731	430,223	6,220	10
11 CAFETERIA	1,709,600	217,424	292,407	147,329	13,205	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,383,025	684,602	242,521	76,496		13
14 CENTRAL SERVICES & SUPPLY	3,009,935	382,798	321,059	184,499	169,725	14
15 PHARMACY	6,365,248	809,520	48,138	93,470	7,547	15
16 MEDICAL RECORDS & LIBRARY	5,356,542	681,234	18,535	56,300		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	971,534	123,558	54,005	291,380	666	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	7,616,044	968,593		579,766		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	145,738	18,535				22
23 PARAMED ED (CLINICAL LAB SCIENCE)	109,511	13,927	1,934	6,926		23
23.01 PARAMED ED (RESPIRATORY THERAPY)	187,088	23,793	1,267	6,656		23.01
23.02 PARAMED ED (ENDT)	111,056	14,124	267	2,398		23.02
23.03 PARAMED ED (PHARMACY)	131,795	16,761		13,994		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	29,964,982	3,810,886	876,584	2,603,561	1,075,454	30
31 INTENSIVE CARE UNIT	10,125,064	1,287,685	213,886	156,668	197,461	31
35 HIGH RISK NEONATAL	8,050,902	1,023,898	166,615	346,772	83,434	35
40 SUBPROVIDER - IPF	3,552,569	451,809	138,739	336,582	74,416	40
43 NURSERY	912,543	116,055	33,690	94,932	27,531	43
44 SKILLED NURSING FACILITY	4,013,697	510,454	96,108	356,835	136,282	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,968,738	3,048,296	675,806	963,254	420,870	50
50.01 GASTRODIAGNOSTIC UNIT	2,963,305	376,867	63,139	77,830	35,985	50.01
50.02 PAIN MANAGEMENT CENTER	369,256	46,961	7,601		9,811	50.02
51 RECOVERY ROOM	2,713,325	345,075	46,271	34,090	81,125	51
52 DELIVERY ROOM & LABOR ROOM	4,998,352	635,680	135,085	380,635	110,392	52
53 ANESTHESIOLOGY	3,183,670	404,893	210,385	42,491	16,744	53
54 RADIOLOGY-DIAGNOSTIC	8,233,907	1,047,172	107,376	329,089	110,727	54
55 RADIOLOGY-THERAPEUTIC	2,778,077	353,310	17,902	148,592	11,840	55
56 RADIOISOTOPE	1,767,820	224,828	9,234	65,071	9,415	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,094,755	266,407	10,821	16,917		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,444,502	183,709	20,135	37,922		58
59 CARDIAC CATHETERIZATION	8,037,597	1,022,206	159,714	405,315	100,067	59
60 LABORATORY	17,664,802	2,246,574	169,548	321,794	770	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,337,790	678,849	240,315	110,529	957	65
66 PHYSICAL THERAPY	7,588,228	965,056	115,290	337,434	33,240	66
69 ELECTROCARDIOLOGY	6,662,356	847,305	94,675	586,450	66,383	69
70 ELECTROENCEPHALOGRAPHY	1,170,766	148,896	32,736	20,962	14,767	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,619,579	1,859,289				71
72 IMPL. DEV. CHARGED TO PATIENT	33,560,254	4,267,972				72
73 DRUGS CHARGED TO PATIENTS	13,631,271	1,733,598				73
74 RENAL DIALYSIS	581,093	73,902	11,634			74
76 OTHER ANCILLARY	1,614,294	205,303	41,170	9,551	10,448	76
76.97 CARDIAC REHABILITATION	697,950	88,764	141,846	142,405		76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,082,719	137,698	16,235		17,148	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	8,641,731	1,099,038	224,853	286,484	271,498	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	6,365,862	809,598	45,604	155,078		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	1,011,129	128,593	1,033	3,676		116
117 HOME INFUSION	3,025,801	384,815	17,135	26,398	718	117
118 SUBTOTALS (SUM OF LINES 1-117)	343,437,549	38,653,631	8,401,234	10,918,066	3,115,441	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	363,613	46,244	13,701	33,706		190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		SUBTOTAL (COLS.0-4) 4A	OTHER ADMIN + GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
192	PHYSICIANS' PRIVATE OFFICES	4,626,625	588,405	275,891	3,482,683		192
193	NONPAID WORKERS	3,065	390				193
194	NON REIMBURSABLE-OTHER	1,476,227	187,744	52,338	2,165,688	1,876,390	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	209,281	26,616	10,601	2,796		194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	350,116,360	39,503,030	8,753,765	16,602,939	4,991,831	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS - CON						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	5,553,890					9
10 DIETARY	32,513	2,754,412				10
11 CAFETERIA	69,055	684,920	3,133,940			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	18,724		84,490	6,489,858		13
14 CENTRAL SERVICES & SUPPLY	89,158		42,638		4,199,812	14
15 PHARMACY	18,724		95,311			15
16 MEDICAL RECORDS & LIBRARY	32,405		98,650			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	55,520		40,453			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			205,552			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED (CLINICAL LAB SCIENCE)	9,362		2,727			23
23.01 PARAMED ED (RESPIRATORY THERAPY)	9,362		4,405			23.01
23.02 PARAMED ED (ENDT)	9,362		2,850			23.02
23.03 PARAMED ED (PHARMACY)			3,461			23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,858,750	1,565,653	632,144	2,151,229		30
31 INTENSIVE CARE UNIT	325,135	73,759	184,346	627,343		31
35 HIGH RISK NEONATAL	105,669		132,827	452,020		35
40 SUBPROVIDER - IPF	399,959	164,533	78,808	268,190		40
43 NURSERY	56,971		18,164	61,812		43
44 SKILLED NURSING FACILITY	410,047	138,640	83,039	282,587		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	524,498		268,207	912,726		50
50.01 GASTRODIAGNOSTIC UNIT	28,086		28,513	97,031		50.01
50.02 PAIN MANAGEMENT CENTER			3,549	12,077		50.02
51 RECOVERY ROOM	26,744		45,715	155,571		51
52 DELIVERY ROOM & LABOR ROOM	228,429	52,372	72,847	247,903		52
53 ANESTHESIOLOGY	26,744		46,275	157,475		53
54 RADIOLOGY-DIAGNOSTIC	154,040		111,744	7,020		54
55 RADIOLOGY-THERAPEUTIC	22,534		16,870			55
56 RADIOISOTOPE	22,534		4,580			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	9,362		14,947			57
58 MAGNETIC RESONANCE IMAGING (MRI)			8,758			58
59 CARDIAC CATHETERIZATION	249,294	33	81,396			59
60 LABORATORY	170,478		177,738			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	22,534		101,028			65
66 PHYSICAL THERAPY	115,829		121,831			66
69 ELECTROCARDIOLOGY	16,003		56,134	23,797		69
70 ELECTROENCEPHALOGRAPHY	16,656		19,685			70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					4,199,812	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY	43,073		36,415	66,274		76
76.97 CARDIAC REHABILITATION	5,552		14,213			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	335,114	65	138,841	463,145		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	20,393		12,115	362,603		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	2,250		752	45,333		116
117 HOME INFUSION			20,681	70,557		117
118 SUBTOTALS (SUM OF LINES 1-117)	5,540,863	2,679,975	3,112,699	6,464,693	4,199,812	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,552		1,783			190

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COST CENTER DESCRIPTION	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	
192 PHYSICIANS' PRIVATE OFFICES			1,451	238		192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER	7,475	74,437	7,465	24,927		194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT			10,542			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,553,890	2,754,412	3,133,940	6,489,858	4,199,812	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS - CON						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	7,437,958					15
16 MEDICAL RECORDS & LIBRARY		6,243,666				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			1,537,116			20
21 I&R SRVCES-SALARY & FRINGES APPRVD				9,369,955		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					164,273	22
23 PARAMED ED (CLINICAL LAB SCIENCE)						23
23.01 PARAMED ED (RESPIRATORY THERAPY)						23.01
23.02 PARAMED ED (ENDT)						23.02
23.03 PARAMED ED (PHARMACY)						23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,837	3,128,363	854,836	135,804	2,381	30
31 INTENSIVE CARE UNIT	4,944	136,073	108,201	777,399	13,629	31
35 HIGH RISK NEONATAL	4,119	80,622	29,943			35
40 SUBPROVIDER - IPF	368	170,328	82,153	2,673,311	46,868	40
43 NURSERY	72	150,835	7,486	45,179	792	43
44 SKILLED NURSING FACILITY	222	161,623	184,625			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,601		100,448	2,526,012	44,286	50
50.01 GASTRODIAGNOSTIC UNIT	331					50.01
50.02 PAIN MANAGEMENT CENTER	320					50.02
51 RECOVERY ROOM	666		60,421			51
52 DELIVERY ROOM & LABOR ROOM	289		29,982	181,250	3,178	52
53 ANESTHESIOLOGY	185,668					53
54 RADIOLOGY-DIAGNOSTIC	3,226			2,673,311	46,868	54
55 RADIOLOGY-THERAPEUTIC	405					55
56 RADIOISOTOPE	58,255					56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,002					58
59 CARDIAC CATHETERIZATION	1,230		17,492			59
60 LABORATORY	14,065					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	819					65
66 PHYSICAL THERAPY	62					66
69 ELECTROCARDIOLOGY	291,141					69
70 ELECTROENCEPHALOGRAPHY	330					70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	6,827,307					73
74 RENAL DIALYSIS	1,919					74
76 OTHER ANCILLARY	5,179		30,287			76
76.97 CARDIAC REHABILITATION	5					76.97
76.98 HYPERBARIC OXYGEN THERAPY	900					76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	7,258	2,415,822	31,242	357,689	6,271	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE						116
117 HOME INFUSION						117
118 SUBTOTALS (SUM OF LINES 1-117)	7,437,540	6,243,666	1,537,116	9,369,955	164,273	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

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192 PHYSICIANS' PRIVATE OFFICES	418					192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER						194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,437,958	6,243,666	1,537,116	9,369,955	164,273	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SCHOOL OF CLINICAL LAB SCIENC 23	SCHOOL OF RESPIRATOR THERAPY 23.01	SCHOOL OF E.N.D.T. 23.02	PHARMACY RESIDENCY 23.03	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS - CON						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED (CLINICAL LAB SCIENCE)	144,387					23
23.01 PARAMED ED (RESPIRATORY THERAPY)		232,571				23.01
23.02 PARAMED ED (ENDT)			140,057			23.02
23.03 PARAMED ED (PHARMACY)				166,011		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS					48,668,464	30
31 INTENSIVE CARE UNIT					14,231,593	31
35 HIGH RISK NEONATAL					10,476,821	35
40 SUBPROVIDER - IPF					8,438,633	40
43 NURSERY					1,526,062	43
44 SKILLED NURSING FACILITY					6,374,159	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					33,468,742	50
50.01 GASTRODIAGNOSTIC UNIT					3,671,087	50.01
50.02 PAIN MANAGEMENT CENTER					449,575	50.02
51 RECOVERY ROOM					3,509,003	51
52 DELIVERY ROOM & LABOR ROOM					7,076,394	52
53 ANESTHESIOLOGY					4,274,345	53
54 RADIOLOGY-DIAGNOSTIC					12,824,480	54
55 RADIOLOGY-THERAPEUTIC					3,349,530	55
56 RADIOISOTOPE					2,161,737	56
57 COMPUTED TOMOGRAPHY (CT) SCAN					2,413,209	57
58 MAGNETIC RESONANCE IMAGING (MRI)					1,700,028	58
59 CARDIAC CATHETERIZATION					10,074,344	59
60 LABORATORY	144,387				20,910,156	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		232,571			6,725,392	65
66 PHYSICAL THERAPY					9,276,970	66
69 ELECTROCARDIOLOGY					8,644,244	69
70 ELECTROENCEPHALOGRAPHY			140,057		1,564,855	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					20,678,680	71
72 IMPL. DEV. CHARGED TO PATIENT					37,828,226	72
73 DRUGS CHARGED TO PATIENTS				166,011	22,358,187	73
74 RENAL DIALYSIS					668,548	74
76 OTHER ANCILLARY					2,061,994	76
76.97 CARDIAC REHABILITATION					1,090,735	76.97
76.98 HYPERBARIC OXYGEN THERAPY					1,254,700	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY					14,279,051	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY					7,771,253	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE					1,192,766	116
117 HOME INFUSION					3,546,105	117
118 SUBTOTALS (SUM OF LINES 1-117)	144,387	232,571	140,057	166,011	334,540,068	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					464,599	190

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192 PHYSICIANS' PRIVATE OFFICES					8,975,711	192
193 NONPAID WORKERS					3,455	193
194 NON REIMBURSABLE-OTHER					5,872,691	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT					259,836	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	144,387	232,571	140,057	166,011	350,116,360	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	25	26		
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
1.01 CAP REL COSTS - CON				1.01
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 COMMUNICATIONS				5.01
5.02 INFORMATION SYSTEMS				5.02
5.03 PURCHASING/RECEIVENG/STORES				5.03
5.04 ADMITTING				5.04
5.05 PATIENT ACCOUNTING				5.05
5.06 OTHER ADMIN & GENERAL				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED (CLINICAL LAB SCIENCE)				23
23.01 PARAMED ED (RESPIRATORY THERAPY)				23.01
23.02 PARAMED ED (ENDT)				23.02
23.03 PARAMED ED (PHARMACY)				23.03
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	-138,185	48,530,279		30
31 INTENSIVE CARE UNIT	-791,028	13,440,565		31
35 HIGH RISK NEONATAL		10,476,821		35
40 SUBPROVIDER - IPF	-2,720,179	5,718,454		40
43 NURSERY	-45,971	1,480,091		43
44 SKILLED NURSING FACILITY		6,374,159		44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	-2,570,298	30,898,444		50
50.01 GASTRODIAGNOSTIC UNIT		3,671,087		50.01
50.02 PAIN MANAGEMENT CENTER		449,575		50.02
51 RECOVERY ROOM		3,509,003		51
52 DELIVERY ROOM & LABOR ROOM	-184,428	6,891,966		52
53 ANESTHESIOLOGY		4,274,345		53
54 RADIOLOGY-DIAGNOSTIC	-2,720,179	10,104,301		54
55 RADIOLOGY-THERAPEUTIC		3,349,530		55
56 RADIOISOTOPE		2,161,737		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,413,209		57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,700,028		58
59 CARDIAC CATHETERIZATION		10,074,344		59
60 LABORATORY		20,910,156		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY		6,725,392		65
66 PHYSICAL THERAPY		9,276,970		66
69 ELECTROCARDIOLOGY		8,644,244		69
70 ELECTROENCEPHALOGRAPHY		1,564,855		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		20,678,680		71
72 IMPL. DEV. CHARGED TO PATIENT		37,828,226		72
73 DRUGS CHARGED TO PATIENTS		22,358,187		73
74 RENAL DIALYSIS		668,548		74
76 OTHER ANCILLARY		2,061,994		76
76.97 CARDIAC REHABILITATION		1,090,735		76.97
76.98 HYPERBARIC OXYGEN THERAPY		1,254,700		76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	-363,960	13,915,091		91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
101 HOME HEALTH AGENCY		7,771,253		101
SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113
116 HOSPICE		1,192,766		116
117 HOME INFUSION		3,546,105		117
118 SUBTOTALS (SUM OF LINES 1-117)	-9,534,228	325,005,840		118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		464,599		190

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PART I

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS	TOTAL	
		25	26	
192	PHYSICIANS' PRIVATE OFFICES		8,975,711	192
193	NONPAID WORKERS		3,455	193
194	NON REIMBURSABLE-OTHER		5,872,691	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT		259,836	194.01
200	CROSS FOOT ADJUSTMENTS			200
201	NEGATIVE COST CENTER			201
202	TOTAL (SUM OF LINES 118-201)	-9,534,228	340,582,132	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP REL CO CON 1.01	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS - CON						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		19,484		809	20,293	4
5.01 COMMUNICATIONS	410,669	129,783		1,016,809	1,557,261	5.01
5.02 INFORMATION SYSTEMS	3,805,940	26,779		1,915,000	5,747,719	5.02
5.03 PURCHASING/RECEIVENG/STORES	108,778	177,865		9,615	296,258	5.03
5.04 ADMITTING		50,446		67,698	118,144	5.04
5.05 PATIENT ACCOUNTING		65,113		9,324	74,437	5.05
5.06 OTHER ADMIN & GENERAL	478,694	452,014		277,087	1,207,795	5.06
6 MAINTENANCE & REPAIRS		78,081		64,385	142,466	6
7 OPERATION OF PLANT		1,997,265		55,705	2,052,970	7
8 LAUNDRY & LINEN SERVICE	39,154	229,471		665,165	933,790	8
9 HOUSEKEEPING		52,475		16,705	69,180	9
10 DIETARY		192,139		60,258	252,397	10
11 CAFETERIA		65,798		127,932	193,730	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		34,163		34,594	68,757	13
14 CENTRAL SERVICES & SUPPLY	387,841	82,398		404,630	874,869	14
15 PHARMACY		41,744		282,686	324,430	15
16 MEDICAL RECORDS & LIBRARY		25,144		109,153	134,297	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			160,408	13,555	173,963	20
21 I&R SRVCES-SALARY & FRINGES APPRVD		258,925			258,925	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED (CLINICAL LAB SCIENCE)		3,093			3,093	23
23.01 PARAMED ED (RESPIRATORY THERAPY)			3,664	274	3,938	23.01
23.02 PARAMED ED (ENDT)		1,071		4,887	5,958	23.02
23.03 PARAMED ED (PHARMACY)		6,250			6,250	23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		1,162,757		651,695	1,814,452	30
31 INTENSIVE CARE UNIT	1,875	69,968		446,394	518,237	31
35 HIGH RISK NEONATAL		154,870		290,025	444,895	35
40 SUBPROVIDER - IPF		150,319		24,113	174,432	40
43 NURSERY		42,397		28,208	70,605	43
44 SKILLED NURSING FACILITY		159,363		45,207	204,570	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	217,656	430,192		2,081,665	2,729,513	50
50.01 GASTRODIAGNOSTIC UNIT		34,759		388,344	423,103	50.01
50.02 PAIN MANAGEMENT CENTER	37,155			13,901	51,056	50.02
51 RECOVERY ROOM		15,225		124,690	139,915	51
52 DELIVERY ROOM & LABOR ROOM		169,993		113,105	283,098	52
53 ANESTHESIOLOGY	-143	18,977		301,468	320,302	53
54 RADIOLOGY-DIAGNOSTIC	104,568	146,972		1,074,480	1,326,020	54
55 RADIOLOGY-THERAPEUTIC		66,362		792,290	858,652	55
56 RADIOISOTOPE		29,061		315,659	344,720	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		7,555		117,133	124,688	57
58 MAGNETIC RESONANCE IMAGING (MRI)		16,936		344,891	361,827	58
59 CARDIAC CATHETERIZATION	30,000	181,015		952,538	1,163,553	59
60 LABORATORY	145,201	143,714		385,905	674,820	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	785	49,363		230,428	280,576	65
66 PHYSICAL THERAPY	272,720	150,699		62,307	485,726	66
69 ELECTROCARDIOLOGY	26,563	261,910		382,908	671,381	69
70 ELECTROENCEPHALOGRAPHY	56,887	9,362		71,263	137,512	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS				2,602	2,602	74
76 OTHER ANCILLARY		4,266		10,541	14,807	76
76.97 CARDIAC REHABILITATION		63,598		17,448	81,046	76.97
76.98 HYPERBARIC OXYGEN THERAPY				8,356	8,356	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		127,944		278,127	406,071	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	11,305	69,258		63,620	144,183	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	585	1,642		1,834	4,061	116
117 HOME INFUSION		11,789		7,859	19,648	117
118 SUBTOTALS (SUM OF LINES 1-117)	6,136,233	7,739,767	164,072	14,765,275	28,805,347	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,053		5,407	20,460	190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP REL CO	CAP	SUBTOTAL	
	CAP-REL COSTS	BLDGS & FIXTURES	CON	MOVABLE EQUIPMENT		
	0	1	1.01	2	2A	
192 PHYSICIANS' PRIVATE OFFICES	767,683	1,555,376		177,521	2,500,580	192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER		967,202		1,391	968,593	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT	394	1,249		12,412	14,055	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,904,310	10,278,647	164,072	14,962,006	32,309,035	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	EMPLOYEE	COMMUNICAT	INFORMATIO	PURCHASING	ADMITTING	
	BENEFITS		TECHNOLOGY	RECEIVING			STORES
	4	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS - CON						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	20,293					4
5.01 COMMUNICATIONS	164	1,557,425				5.01
5.02 INFORMATION SYSTEMS	384	41,109	5,789,212			5.02
5.03 PURCHASING/RECEIVENG/STORES	91	13,180	65,817	375,346		5.03
5.04 ADMITTING	260	45,188	170,587	704	334,883	5.04
5.05 PATIENT ACCOUNTING	296	31,381	162,528	71		5.05
5.06 OTHER ADMIN & GENERAL	1,666	187,343	502,359	2,720		5.06
6 MAINTENANCE & REPAIRS	575	16,632	59,101	76		6
7 OPERATION OF PLANT	257	48,326	25,521	89		7
8 LAUNDRY & LINEN SERVICE	195	6,590	16,118	168		8
9 HOUSEKEEPING	335	6,904	18,805	1,951		9
10 DIETARY	104	14,435	28,207	4,931		10
11 CAFETERIA	216	4,707	59,101	10,468		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	574	21,339	64,474	289		13
14 CENTRAL SERVICES & SUPPLY	114	10,042		7,163		14
15 PHARMACY	727	24,791	120,888			15
16 MEDICAL RECORDS & LIBRARY	386	29,184	227,002	95		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	197	13,808	85,965	317		20
21 I&R SRVCES-SALARY & FRINGES APPRVD		1,255				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	18					22
23 PARAMED ED (CLINICAL LAB SCIENCE)	17	941		2		23
23.01 PARAMED ED (RESPIRATORY THERAPY)	23	1,883	5,373	5		23.01
23.02 PARAMED ED (ENDT)	13	1,255		3		23.02
23.03 PARAMED ED (PHARMACY)	14					23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,055	114,226	850,251	10,268	24,542	30
31 INTENSIVE CARE UNIT	1,012	65,586	235,061	3,556	7,817	31
35 HIGH RISK NEONATAL	787	29,184	143,723	2,202	6,150	35
40 SUBPROVIDER - IPF	361	22,594	75,219	276	2,396	40
43 NURSERY	94	5,021	28,207	446	710	43
44 SKILLED NURSING FACILITY	426	16,632	92,681	778	2,111	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,396	95,711	402,961	20,372	36,303	50
50.01 GASTRODIAGNOSTIC UNIT	160	8,787	26,864	981	5,142	50.01
50.02 PAIN MANAGEMENT CENTER	23	4,393		388	838	50.02
51 RECOVERY ROOM	268	25,105		1,105	3,314	51
52 DELIVERY ROOM & LABOR ROOM	377	19,770	115,516	1,787	2,848	52
53 ANESTHESIOLOGY	128	6,590		7,016	5,632	53
54 RADIOLOGY-DIAGNOSTIC	538	42,678	283,416	1,289	16,096	54
55 RADIOLOGY-THERAPEUTIC	128	12,238	42,983	45	2,880	55
56 RADIOISOTOPE	38	7,531		35	6,644	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	71	4,707		1,165	17,811	57
58 MAGNETIC RESONANCE IMAGING (MRI)	52	4,079		462	5,544	58
59 CARDIAC CATHETERIZATION	484	40,795	218,942		34,544	59
60 LABORATORY	755	55,544	237,747	1,978	25,397	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	500	8,159	87,308	2,305	7,684	65
66 PHYSICAL THERAPY	773	52,092	159,841	187	7,528	66
69 ELECTROCARDIOLOGY	297	42,364	84,622	359	13,773	69
70 ELECTROENCEPHALOGRAPHY	103	6,276	29,551	83	1,650	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS				83,490	16,385	71
72 IMPL. DEV. CHARGED TO PATIENT				197,623	27,917	72
73 DRUGS CHARGED TO PATIENTS					33,179	73
74 RENAL DIALYSIS		3,138	18,805	16	706	74
76 OTHER ANCILLARY	194	16,946	9,402	328	905	76
76.97 CARDIAC REHABILITATION	71	3,452	21,491	94	495	76.97
76.98 HYPERBARIC OXYGEN THERAPY		5,962	26,864	302	1,235	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	634	64,958	231,031	4,552	16,707	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	657	52,406	280,730	241		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	61	2,824	34,923	49		116
117 HOME INFUSION	120	4,079	55,071	697		117
118 SUBTOTALS (SUM OF LINES 1-117)	20,189	1,364,120	5,405,056	373,527	334,883	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6	2,510		1,562		190

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WORKSHEET B
 PART II

COST CENTER DESCRIPTION		EMPLOYEE BENEFITS 4	COMMUNICAT 5.01	INFORMATIO TECHNOLOGY 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	
192	PHYSICIANS' PRIVATE OFFICES	7	169,142	342,517	41		192
193	NONPAID WORKERS	2					193
194	NON REIMBURSABLE-OTHER	24	7,218	21,491	66		194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	65	14,435	20,148	150		194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	20,293	1,557,425	5,789,212	375,346	334,883	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PATIENT ACCOUNTING 5.05	OTHER ADMIN + GENERAL 5.06	MAIN-TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS - CON						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING	268,713					5.05
5.06 OTHER ADMIN & GENERAL		1,901,883				5.06
6 MAINTENANCE & REPAIRS		47,552	266,402			6
7 OPERATION OF PLANT		76,079	79,050	2,282,292		7
8 LAUNDRY & LINEN SERVICE		24,005	1,794	70,631	1,053,291	8
9 HOUSEKEEPING		26,890	14,778	16,152	126	9
10 DIETARY		11,667	4,192	59,140	1,313	10
11 CAFETERIA		10,468	8,899	20,252	2,786	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		32,960	7,381	10,515		13
14 CENTRAL SERVICES & SUPPLY		18,430	9,771	25,362	35,813	14
15 PHARMACY		38,974	1,465	12,849	1,592	15
16 MEDICAL RECORDS & LIBRARY		32,798	564	7,739		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		5,949	1,644	40,054	141	20
21 I&R SRVCES-SALARY & FRINGES APPRVD		46,633		79,696		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		892				22
23 PARAMED ED (CLINICAL LAB SCIENCE)		671	59	952		23
23.01 PARAMED ED (RESPIRATORY THERAPY)		1,146	39	915		23.01
23.02 PARAMED ED (ENDT)		680	8	330		23.02
23.03 PARAMED ED (PHARMACY)		807		1,924		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,714	183,476	26,677	357,894	226,924	30
31 INTENSIVE CARE UNIT	6,279	61,996	6,509	21,536	41,665	31
35 HIGH RISK NEONATAL	4,940	49,296	5,071	47,668	17,605	35
40 SUBPROVIDER - IPF	1,924	21,752	4,222	46,268	15,702	40
43 NURSERY	570	5,588	1,025	13,050	5,809	43
44 SKILLED NURSING FACILITY	1,696	24,576	2,925	49,052	28,756	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	28,874	146,761	20,567	132,412	88,805	50
50.01 GASTRODIAGNOSTIC UNIT	4,130	18,144	1,922	10,699	7,593	50.01
50.02 PAIN MANAGEMENT CENTER	673	2,261	231		2,070	50.02
51 RECOVERY ROOM	2,662	16,614	1,408	4,686	17,118	51
52 DELIVERY ROOM & LABOR ROOM	2,287	30,605	4,111	52,323	23,293	52
53 ANESTHESIOLOGY	4,524	19,494	6,403	5,841	3,533	53
54 RADIOLOGY-DIAGNOSTIC	12,930	50,416	3,268	45,238	23,364	54
55 RADIOLOGY-THERAPEUTIC	2,314	17,010	545	20,426	2,498	55
56 RADIOISOTOPE	5,337	10,824	281	8,945	1,987	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	14,307	12,826	329	2,325		57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,453	8,845	613	5,213		58
59 CARDIAC CATHETERIZATION	27,748	49,214	4,861	55,716	21,115	59
60 LABORATORY	20,401	108,162	5,160	44,235	162	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	6,172	32,683	7,314	15,194	202	65
66 PHYSICAL THERAPY	6,047	46,463	3,509	46,385	7,014	66
69 ELECTROCARDIOLOGY	11,063	40,794	2,881	80,615	14,007	69
70 ELECTROENCEPHALOGRAPHY	1,325	7,169	996	2,881	3,116	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	13,162	89,516				71
72 IMPL. DEV. CHARGED TO PATIENT	22,425	205,485				72
73 DRUGS CHARGED TO PATIENTS	26,652	83,464				73
74 RENAL DIALYSIS	567	3,558	354			74
76 OTHER ANCILLARY	727	9,884	1,253	1,313	2,205	76
76.97 CARDIAC REHABILITATION	397	4,274	4,317	19,575		76.97
76.98 HYPERBARIC OXYGEN THERAPY	992	6,629	494		3,618	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	13,421	52,913	6,843	39,381	57,287	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		38,978	1,388	21,318		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE		6,191	31	505		116
117 HOME INFUSION		18,527	521	3,629	151	117
118 SUBTOTALS (SUM OF LINES 1-117)	268,713	1,860,989	255,673	1,500,834	657,370	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,226	417	4,633		190

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WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PATIENT ACCOUNTING 5.05	OTHER ADMIN + GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
192 PHYSICIANS' PRIVATE OFFICES		28,329	8,396	478,739		192
193 NONPAID WORKERS		19				193
194 NON REIMBURSABLE-OTHER		9,039	1,593	297,702	395,921	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT		1,281	323	384		194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	268,713	1,901,883	266,402	2,282,292	1,053,291	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	KEEPING			ADMINIS-	SERVICES &	
	9	10	11	TRATION	SUPPLY	
				13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS - CON						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	155,121					9
10 DIETARY	908	377,294				10
11 CAFETERIA	1,929	93,819	406,375			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	523		10,956	217,768		13
14 CENTRAL SERVICES & SUPPLY	2,490		5,529		989,583	14
15 PHARMACY	523		12,359			15
16 MEDICAL RECORDS & LIBRARY	905		12,792			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	1,551		5,246			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			26,654			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED (CLINICAL LAB SCIENCE)	261		354			23
23.01 PARAMED ED (RESPIRATORY THERAPY)	261		571			23.01
23.02 PARAMED ED (ENDT)	261		369			23.02
23.03 PARAMED ED (PHARMACY)			449			23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	51,919	214,461	81,969	72,184		30
31 INTENSIVE CARE UNIT	9,081	10,103	23,904	21,051		31
35 HIGH RISK NEONATAL	2,951		17,224	15,168		35
40 SUBPROVIDER - IPF	11,171	22,537	10,219	8,999		40
43 NURSERY	1,591		2,355	2,074		43
44 SKILLED NURSING FACILITY	11,453	18,991	10,768	9,482		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,649		34,778	30,627		50
50.01 GASTRODIAGNOSTIC UNIT	784		3,697	3,256		50.01
50.02 PAIN MANAGEMENT CENTER			460	405		50.02
51 RECOVERY ROOM	747		5,928	5,220		51
52 DELIVERY ROOM & LABOR ROOM	6,380	7,174	9,446	8,318		52
53 ANESTHESIOLOGY	747		6,000	5,284		53
54 RADIOLOGY-DIAGNOSTIC	4,302		14,490	236		54
55 RADIOLOGY-THERAPEUTIC	629		2,188			55
56 RADIOISOTOPE	629		594			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	261		1,938			57
58 MAGNETIC RESONANCE IMAGING (MRI)			1,136			58
59 CARDIAC CATHETERIZATION	6,963	4	10,554			59
60 LABORATORY	4,761		23,047			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	629		13,100			65
66 PHYSICAL THERAPY	3,235		15,798			66
69 ELECTROCARDIOLOGY	447		7,279	799		69
70 ELECTROENCEPHALOGRAPHY	465		2,552			70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					989,583	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY	1,203		4,722	2,224		76
76.97 CARDIAC REHABILITATION	155		1,843			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,360	9	18,003	15,541		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	570		1,571	12,167		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	63		97	1,521		116
117 HOME INFUSION			2,682	2,368		117
118 SUBTOTALS (SUM OF LINES 1-117)	154,757	367,098	403,621	216,924	989,583	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	155		231			190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	13	14	
192 PHYSICIANS' PRIVATE OFFICES			188	8		192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER	209	10,196	968	836		194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT			1,367			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	155,121	377,294	406,375	217,768	989,583	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS
	15	16	20	21	22
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS - CON					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 INFORMATION SYSTEMS					5.02
5.03 PURCHASING/RECEIVENG/STORES					5.03
5.04 ADMITTING					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY	538,598				15
16 MEDICAL RECORDS & LIBRARY		445,762			16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL			328,835		20
21 I&R SRVCES-SALARY & FRINGES APPRVD				413,163	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED (CLINICAL LAB SCIENCE)					910
23.01 PARAMED ED (RESPIRATORY THERAPY)					23
23.02 PARAMED ED (ENDT)					23.01
23.03 PARAMED ED (PHARMACY)					23.02
INPATIENT ROUTINE SERV COST CENTERS					23.03
30 ADULTS & PEDIATRICS	567	223,347			30
31 INTENSIVE CARE UNIT	358	9,715			31
35 HIGH RISK NEONATAL	298	5,756			35
40 SUBPROVIDER - IPF	27	12,160			40
43 NURSERY	5	10,769			43
44 SKILLED NURSING FACILITY	16	11,539			44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,130				50
50.01 GASTRODIAGNOSTIC UNIT	24				50.01
50.02 PAIN MANAGEMENT CENTER	23				50.02
51 RECOVERY ROOM	48				51
52 DELIVERY ROOM & LABOR ROOM	21				52
53 ANESTHESIOLOGY	13,445				53
54 RADIOLOGY-DIAGNOSTIC	234				54
55 RADIOLOGY-THERAPEUTIC	29				55
56 RADIOISOTOPE	4,218				56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MRI)	362				58
59 CARDIAC CATHETERIZATION	89				59
60 LABORATORY	1,018				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	59				65
66 PHYSICAL THERAPY	4				66
69 ELECTROCARDIOLOGY	21,082				69
70 ELECTROENCEPHALOGRAPHY	24				70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS	494,382				73
74 RENAL DIALYSIS	139				74
76 OTHER ANCILLARY	375				76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY	65				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	526	172,476			91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
116 HOSPICE					116
117 HOME INFUSION					117
118 SUBTOTALS (SUM OF LINES 1-117)	538,568	445,762			118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190

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COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
	15	16	20	21	22	
192 PHYSICIANS' PRIVATE OFFICES	30					192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER						194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT						194.01
200 CROSS FOOT ADJUSTMENTS			328,835	413,163	910	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	538,598	445,762	328,835	413,163	910	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SCHOOL OF CLINICAL LAB SCIENC 23	SCHOOL OF RESPIRATOR THERAPY 23.01	SCHOOL OF E.N.D.T. 23.02	PHARMACY RESIDENCY 23.03	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS - CON						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED (CLINICAL LAB SCIENCE)	6,350					23
23.01 PARAMED ED (RESPIRATORY THERAPY)		14,154				23.01
23.02 PARAMED ED (ENDT)			8,877			23.02
23.03 PARAMED ED (PHARMACY)				9,444		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS					4,275,926	30
31 INTENSIVE CARE UNIT					1,043,466	31
35 HIGH RISK NEONATAL					792,918	35
40 SUBPROVIDER - IPF					430,259	40
43 NURSERY					147,919	43
44 SKILLED NURSING FACILITY					486,452	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					3,784,859	50
50.01 GASTRODIAGNOSTIC UNIT					515,286	50.01
50.02 PAIN MANAGEMENT CENTER					62,821	50.02
51 RECOVERY ROOM					224,138	51
52 DELIVERY ROOM & LABOR ROOM					567,354	52
53 ANESTHESIOLOGY					404,939	53
54 RADIOLOGY-DIAGNOSTIC					1,824,515	54
55 RADIOLOGY-THERAPEUTIC					962,565	55
56 RADIOISOTOPE					391,783	56
57 COMPUTED TOMOGRAPHY (CT) SCAN					180,428	57
58 MAGNETIC RESONANCE IMAGING (MRI)					392,586	58
59 CARDIAC CATHETERIZATION					1,634,582	59
60 LABORATORY					1,203,187	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					461,885	65
66 PHYSICAL THERAPY					834,602	66
69 ELECTROCARDIOLOGY					991,763	69
70 ELECTROENCEPHALOGRAPHY					193,703	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					1,192,136	71
72 IMPL. DEV. CHARGED TO PATIENT					453,450	72
73 DRUGS CHARGED TO PATIENTS					637,677	73
74 RENAL DIALYSIS					29,885	74
76 OTHER ANCILLARY					66,488	76
76.97 CARDIAC REHABILITATION					137,210	76.97
76.98 HYPERBARIC OXYGEN THERAPY					54,517	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY					1,109,713	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY					554,209	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE					50,326	116
117 HOME INFUSION					107,493	117
118 SUBTOTALS (SUM OF LINES 1-117)					26,201,040	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					32,200	190

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COST CENTER DESCRIPTION	SCHOOL OF CLINICAL LAB SCIENC 23	SCHOOL OF RESPIRATOR THERAPY 23.01	SCHOOL OF E.N.D.T. 23.02	PHARMACY RESIDENCY 23.03	SUBTOTAL 24	
192 PHYSICIANS' PRIVATE OFFICES					3,527,977	192
193 NONPAID WORKERS					21	193
194 NON REIMBURSABLE-OTHER					1,713,856	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT					52,208	194.01
200 CROSS FOOT ADJUSTMENTS	6,350	14,154	8,877	9,444	781,733	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,350	14,154	8,877	9,444	32,309,035	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL
	25	26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
1.01 CAP REL COSTS - CON			1.01
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 COMMUNICATIONS			5.01
5.02 INFORMATION SYSTEMS			5.02
5.03 PURCHASING/RECEIVENG/STORES			5.03
5.04 ADMITTING			5.04
5.05 PATIENT ACCOUNTING			5.05
5.06 OTHER ADMIN & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED (CLINICAL LAB SCIENCE)			23
23.01 PARAMED ED (RESPIRATORY THERAPY)			23.01
23.02 PARAMED ED (ENDT)			23.02
23.03 PARAMED ED (PHARMACY)			23.03
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	4,275,926		30
31 INTENSIVE CARE UNIT	1,043,466		31
35 HIGH RISK NEONATAL	792,918		35
40 SUBPROVIDER - IPF	430,259		40
43 NURSERY	147,919		43
44 SKILLED NURSING FACILITY	486,452		44
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	3,784,859		50
50.01 GASTRODIAGNOSTIC UNIT	515,286		50.01
50.02 PAIN MANAGEMENT CENTER	62,821		50.02
51 RECOVERY ROOM	224,138		51
52 DELIVERY ROOM & LABOR ROOM	567,354		52
53 ANESTHESIOLOGY	404,939		53
54 RADIOLOGY-DIAGNOSTIC	1,824,515		54
55 RADIOLOGY-THERAPEUTIC	962,565		55
56 RADIOISOTOPE	391,783		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	180,428		57
58 MAGNETIC RESONANCE IMAGING (MRI)	392,586		58
59 CARDIAC CATHETERIZATION	1,634,582		59
60 LABORATORY	1,203,187		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	461,885		65
66 PHYSICAL THERAPY	834,602		66
69 ELECTROCARDIOLOGY	991,763		69
70 ELECTROENCEPHALOGRAPHY	193,703		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,192,136		71
72 IMPL. DEV. CHARGED TO PATIENT	453,450		72
73 DRUGS CHARGED TO PATIENTS	637,677		73
74 RENAL DIALYSIS	29,885		74
76 OTHER ANCILLARY	66,488		76
76.97 CARDIAC REHABILITATION	137,210		76.97
76.98 HYPERBARIC OXYGEN THERAPY	54,517		76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	1,109,713		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
101 HOME HEALTH AGENCY	554,209		101
SPECIAL PURPOSE COST CENTERS			
113 INTEREST EXPENSE			113
116 HOSPICE	50,326		116
117 HOME INFUSION	107,493		117
118 SUBTOTALS (SUM OF LINES 1-117)	26,201,040		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,200		190

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PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192 PHYSICIANS' PRIVATE OFFICES		3,527,977	192
193 NONPAID WORKERS		21	193
194 NON REIMBURSABLE-OTHER		1,713,856	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT		52,208	194.01
200 CROSS FOOT ADJUSTMENTS		781,733	200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		32,309,035	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP REL CO CON SQUARE FOOTAGE	CAP	EMPLOYEE	COMMUNICAT TELEPHONES 5.01
	BLDGS & FIXTURES SQUARE FEET		MOVABLE EQUIPMENT DOLLAR VALUE	GROSS SALARIES	
	1	1.01	2	4	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	1,621,678				1
1.01 CAP REL COSTS - CON		21,000			1.01
2 CAP REL COSTS-MVBLE EQUIP			14,962,007		2
4 EMPLOYEE BENEFITS	3,074		809	127,266,136	4
5.01 COMMUNICATIONS	20,476		1,016,809	1,029,706	4,963 5.01
5.02 INFORMATION SYSTEMS	4,225		1,915,000	2,416,412	131 5.02
5.03 PURCHASING/RECEIVENG/STORES	28,062		9,615	574,757	42 5.03
5.04 ADMITTING	7,959		67,698	1,632,301	144 5.04
5.05 PATIENT ACCOUNTING	10,273		9,324	1,858,917	100 5.05
5.06 OTHER ADMIN & GENERAL	71,315		277,087	10,478,752	597 5.06
6 MAINTENANCE & REPAIRS	12,319		64,385	3,613,990	53 6
7 OPERATION OF PLANT	315,112		55,705	1,616,321	154 7
8 LAUNDRY & LINEN SERVICE	36,204		665,165	1,227,438	21 8
9 HOUSEKEEPING	8,279		16,705	2,107,861	22 9
10 DIETARY	30,314		60,258	656,033	46 10
11 CAFETERIA	10,381		127,932	1,357,396	15 11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	5,390		34,594	3,608,479	68 13
14 CENTRAL SERVICES & SUPPLY	13,000		404,630	719,958	32 14
15 PHARMACY	6,586		282,686	4,571,239	79 15
16 MEDICAL RECORDS & LIBRARY	3,967		109,153	2,427,145	93 16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL		20,531	13,555	1,240,182	44 20
21 I&R SRVCES-SALARY & FRINGES APPRVD	40,851				4 21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				113,611	22
23 PARAMED ED (CLINICAL LAB SCIENCE)	488			105,714	3 23
23.01 PARAMED ED (RESPIRATORY THERAPY)		469	274	146,749	6 23.01
23.02 PARAMED ED (ENDT)	169		4,887	82,805	4 23.02
23.03 PARAMED ED (PHARMACY)	986			90,187	23.03
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	183,450		651,695	18,858,791	364 30
31 INTENSIVE CARE UNIT	11,039		446,394	6,364,048	209 31
35 HIGH RISK NEONATAL	24,434		290,025	4,947,490	93 35
40 SUBPROVIDER - IPF	23,716		24,113	2,270,940	72 40
43 NURSERY	6,689		28,208	591,095	16 43
44 SKILLED NURSING FACILITY	25,143		45,207	2,677,903	53 44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	67,872		2,081,666	8,779,475	305 50
50.01 GASTRODIAGNOSTIC UNIT	5,484		388,344	1,009,224	28 50.01
50.02 PAIN MANAGEMENT CENTER			13,901	141,993	14 50.02
51 RECOVERY ROOM	2,402		124,690	1,683,386	80 51
52 DELIVERY ROOM & LABOR ROOM	26,820		113,105	2,370,103	63 52
53 ANESTHESIOLOGY	2,994		301,468	802,213	21 53
54 RADIOLOGY-DIAGNOSTIC	23,188		1,074,480	3,383,001	136 54
55 RADIOLOGY-THERAPEUTIC	10,470		792,290	807,120	39 55
56 RADIOISOTOPE	4,585		315,659	236,002	24 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,192		117,133	445,562	15 57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,672		344,891	325,799	13 58
59 CARDIAC CATHETERIZATION	28,559		952,538	3,041,911	130 59
60 LABORATORY	22,674		385,905	4,749,615	177 60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	7,788		230,428	3,144,423	26 65
66 PHYSICAL THERAPY	23,776		62,307	4,862,636	166 66
69 ELECTROCARDIOLOGY	41,322		382,908	1,867,766	135 69
70 ELECTROENCEPHALOGRAPHY	1,477		71,263	646,745	20 70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS			2,602		10 74
76 OTHER ANCILLARY	673		10,541	1,222,103	54 76
76.97 CARDIAC REHABILITATION	10,034		17,448	449,444	11 76.97
76.98 HYPERBARIC OXYGEN THERAPY			8,356		19 76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	20,186		278,127	3,987,436	207 91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY	10,927		63,620	4,133,555	167 101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE	259		1,834	383,077	9 116
117 HOME INFUSION	1,860		7,859	754,476	13 117
118 SUBTOTALS (SUM OF LINES 1-117)	1,221,115	21,000	14,765,276	126,613,285	4,347 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375		5,407	39,085	8 190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP REL CO CON SQUARE FOOTAGE 1.01	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUNICAT TELEPHONES 5.01		
192	PHYSICIANS' PRIVATE OFFICES	245,394		177,521	41,051	539	192	
193	NONPAID WORKERS				10,839		193	
194	NON REIMBURSABLE-OTHER	152,597		1,391	152,261	23	194	
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	197		12,412	409,615	46	194.01	
200	CROSS FOOT ADJUSTMENTS						200	
201	NEGATIVE COST CENTER						201	
202	COST TO BE ALLOC PER B PT I	10,278,647	164,072	14,962,006	35,985,263	3,235,869	202	
203	UNIT COST MULT-WS B PT I	6.338279	7.812952	1.000000	0.282756	651.998590	203	
204	COST TO BE ALLOC PER B PT II				20,293	1,557,425	204	
205	UNIT COST MULT-WS B PT II				0.000159	313.807173	205	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	INFORMATIO	PURCHASING	ADMITTING	PATIENT	RECON-	
	TECHNOLOGY	RECEIVING		ACCOUNTING	CILIATION	
	PIECES OF	STORES	REVENUE	REVENUE	5A.06	
	EQUIPMENT	SUPPLIES	5.04	5.05		
	5.02	5.03				
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS - CON						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS	4,310					5.02
5.03 PURCHASING/RECEIVENG/STORES	49	59,740,335				5.03
5.04 ADMITTING	127	112,125	1,096,318,273			5.04
5.05 PATIENT ACCOUNTING	121	11,279		1,096,318,273		5.05
5.06 OTHER ADMIN & GENERAL	374	432,926			-39,503,030	5.06
6 MAINTENANCE & REPAIRS	44	12,055				6
7 OPERATION OF PLANT	19	14,094				7
8 LAUNDRY & LINEN SERVICE	12	26,763				8
9 HOUSEKEEPING	14	310,514				9
10 DIETARY	21	784,768				10
11 CAFETERIA	44	1,666,100				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	48	45,969				13
14 CENTRAL SERVICES & SUPPLY		1,140,139				14
15 PHARMACY	90					15
16 MEDICAL RECORDS & LIBRARY	169	15,174				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	64	50,515				20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED (CLINICAL LAB SCIENCE)		387				23
23.01 PARAMED ED (RESPIRATORY THERAPY)	4	762				23.01
23.02 PARAMED ED (ENDT)		447				23.02
23.03 PARAMED ED (PHARMACY)						23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	633	1,634,283	80,464,682	80,464,682		30
31 INTENSIVE CARE UNIT	175	565,925	25,630,511	25,630,511		31
35 HIGH RISK NEONATAL	107	350,420	20,164,394	20,164,394		35
40 SUBPROVIDER - IPF	56	43,907	7,854,122	7,854,122		40
43 NURSERY	21	70,938	2,328,442	2,328,442		43
44 SKILLED NURSING FACILITY	69	123,839	6,921,217	6,921,217		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	300	3,242,348	117,371,964	117,371,964		50
50.01 GASTRODIAGNOSTIC UNIT	20	156,083	16,858,381	16,858,381		50.01
50.02 PAIN MANAGEMENT CENTER		61,812	2,747,596	2,747,596		50.02
51 RECOVERY ROOM		175,894	10,866,607	10,866,607		51
52 DELIVERY ROOM & LABOR ROOM	86	284,440	9,336,310	9,336,310		52
53 ANESTHESIOLOGY		1,116,686	18,465,474	18,465,474		53
54 RADIOLOGY-DIAGNOSTIC	211	205,157	52,774,809	52,774,809		54
55 RADIOLOGY-THERAPEUTIC	32	7,122	9,443,189	9,443,189		55
56 RADIOISOTOPE		5,510	21,782,165	21,782,165		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		185,445	58,397,313	58,397,313		57
58 MAGNETIC RESONANCE IMAGING (MRI)		73,522	18,177,274	18,177,274		58
59 CARDIAC CATHETERIZATION	163		113,257,512	113,257,512		59
60 LABORATORY	177	314,824	83,270,105	83,270,105		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	65	366,839	25,192,203	25,192,203		65
66 PHYSICAL THERAPY	119	29,814	24,681,357	24,681,357		66
69 ELECTROCARDIOLOGY	63	57,132	45,156,622	45,156,622		69
70 ELECTROENCEPHALOGRAPHY	22	13,156	5,409,672	5,409,672		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		13,288,308	53,722,516	53,722,516		71
72 IMPL. DEV. CHARGED TO PATIENTS		31,454,037	91,531,594	91,531,594		72
73 DRUGS CHARGED TO PATIENTS			108,782,752	108,782,752		73
74 RENAL DIALYSIS	14	2,565	2,314,891	2,314,891		74
76 OTHER ANCILLARY	7	52,175	2,965,832	2,965,832		76
76.97 CARDIAC REHABILITATION	16	14,882	1,621,501	1,621,501		76.97
76.98 HYPERBARIC OXYGEN THERAPY	20	48,036	4,048,592	4,048,592		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	172	724,536	54,778,674	54,778,674		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	209	38,359				101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	26	7,798				116
117 HOME INFUSION	41	110,981				117
118 SUBTOTALS (SUM OF LINES 1-117)	4,024	59,450,790	1,096,318,273	1,096,318,273	-39,503,030	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		248,558				190

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION		INFORMATIO TECHNOLOGY PIECES OF EQUIPMENT 5.02	PURCHASING RECEIVING STORES SUPPLIES 5.03	ADMITTING REVENUE 5.04	PATIENT ACCOUNTING REVENUE 5.05	RECON- CILIATION 5A.06
192	PHYSICIANS' PRIVATE OFFICES	255	6,543			192
193	NONPAID WORKERS					193
194	NON REIMBURSABLE-OTHER	16	10,576			194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	15	23,868			194.01
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	7,033,786	1,194,100	2,653,700	15,042,760	202
203	UNIT COST MULT-WS B PT I	1,631.968910	0.019988	0.002421	0.013721	203
204	COST TO BE ALLOC PER B PT II	5,789,212	375,346	334,883	268,713	204
205	UNIT COST MULT-WS B PT II	1,343.204640	0.006283	0.000305	0.000245	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMIN + GENERAL ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS - CON						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL	310,613,330					5.06
6 MAINTENANCE & REPAIRS	7,766,089	6,564,743				6
7 OPERATION OF PLANT	12,425,055	1,948,095	1,169,863			7
8 LAUNDRY & LINEN SERVICE	3,920,478	44,200	36,204	4,689,009		8
9 HOUSEKEEPING	4,391,695	364,150	8,279	559	153,053	9
10 DIETARY	1,905,400	103,289	30,314	5,843	896	10
11 CAFETERIA	1,709,600	219,286	10,381	12,404	1,903	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,383,025	181,875	5,390		516	13
14 CENTRAL SERVICES & SUPPLY	3,009,935	240,773	13,000	159,429	2,457	14
15 PHARMACY	6,365,248	36,100	6,586	7,089	516	15
16 MEDICAL RECORDS & LIBRARY	5,356,542	13,900	3,967		893	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	971,534	40,500	20,531	626	1,530	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	7,616,044		40,851			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	145,738					22
23 PARAMED ED (CLINICAL LAB SCIENCE)	109,511	1,450	488		258	23
23.01 PARAMED ED (RESPIRATORY THERAPY)	187,088	950	469		258	23.01
23.02 PARAMED ED (ENDT)	111,056	200	169		258	23.02
23.03 PARAMED ED (PHARMACY)	131,795		986			23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	29,964,982	657,380	183,450	1,010,213	51,223	30
31 INTENSIVE CARE UNIT	10,125,064	160,400	11,039	185,482	8,960	31
35 HIGH RISK NEONATAL	8,050,902	124,950	24,434	78,373	2,912	35
40 SUBPROVIDER - IPF	3,552,569	104,045	23,716	69,902	11,022	40
43 NURSERY	912,543	25,265	6,689	25,861	1,570	43
44 SKILLED NURSING FACILITY	4,013,697	72,075	25,143	128,015	11,300	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,968,738	506,810	67,872	395,339	14,454	50
50.01 GASTRODIAGNOSTIC UNIT	2,963,305	47,350	5,484	33,802	774	50.01
50.02 PAIN MANAGEMENT CENTER	369,256	5,700		9,216		50.02
51 RECOVERY ROOM	2,713,325	34,700	2,402	76,204	737	51
52 DELIVERY ROOM & LABOR ROOM	4,998,352	101,305	26,820	103,695	6,295	52
53 ANESTHESIOLOGY	3,183,670	157,775	2,994	15,728	737	53
54 RADIOLOGY-DIAGNOSTIC	8,233,907	80,525	23,188	104,010	4,245	54
55 RADIOLOGY-THERAPEUTIC	2,778,077	13,425	10,470	11,122	621	55
56 RADIOISOTOPE	1,767,820	6,925	4,585	8,844	621	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,094,755	8,115	1,192		258	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,444,502	15,100	2,672			58
59 CARDIAC CATHETERIZATION	8,037,597	119,775	28,559	93,997	6,870	59
60 LABORATORY	17,664,802	127,150	22,674	723	4,698	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,337,790	180,220	7,788	899	621	65
66 PHYSICAL THERAPY	7,588,228	86,460	23,776	31,224	3,192	66
69 ELECTROCARDIOLOGY	6,662,356	71,000	41,322	62,356	441	69
70 ELECTROENCEPHALOGRAPHY	1,170,766	24,550	1,477	13,871	459	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,619,579					71
72 IMPL. DEV. CHARGED TO PATIENT	33,560,254					72
73 DRUGS CHARGED TO PATIENTS	13,631,271					73
74 RENAL DIALYSIS	581,093	8,725				74
76 OTHER ANCILLARY	1,614,294	30,875	673	9,814	1,187	76
76.97 CARDIAC REHABILITATION	697,950	106,375	10,034		153	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,082,719	12,175		16,108		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	8,641,731	168,625	20,186	255,028	9,235	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	6,365,862	34,200	10,927		562	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,011,129	775	259		62	116
117 HOME INFUSION	3,025,801	12,850	1,860	674		117
118 SUBTOTALS (SUM OF LINES 1-117)	303,934,519	6,300,368	769,300	2,926,450	152,694	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	363,613	10,275	2,375		153	190

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COST CENTER DESCRIPTION		OTHER ADMIN + GENERAL ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	
192	PHYSICIANS' PRIVATE OFFICES	4,626,625	206,900	245,394			192
193	NONPAID WORKERS	3,065					193
194	NON REIMBURSABLE-OTHER	1,476,227	39,250	152,597	1,762,559	206	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	209,281	7,950	197			194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	39,503,030	8,753,765	16,602,939	4,991,831	5,553,890	202
203	UNIT COST MULT-WS B PT I	0.127178	1.333451	14.192208	1.064581	36.287365	203
204	COST TO BE ALLOC PER B PT II	1,901,883	266,402	2,282,292	1,053,291	155,121	204
205	UNIT COST MULT-WS B PT II	0.006123	0.040581	1.950905	0.224630	1.013512	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	MEALS SERVED 10	MEALS SERVED 11	NUMBER HOUSED 13	COSTED REQUIS. 14	COSTED REQUIS. 15
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS - CON					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 INFORMATION SYSTEMS					5.02
5.03 PURCHASING/RECEIVENG/STORES					5.03
5.04 ADMITTING					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY	507,313				10
11 CAFETERIA	126,150	179,268			11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		4,833	109,088		13
14 CENTRAL SERVICES & SUPPLY		2,439		623,242	14
15 PHARMACY		5,452			12,806,900
16 MEDICAL RECORDS & LIBRARY		5,643			16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL		2,314			20
21 I&R SRVCES-SALARY & FRINGES APPRVD		11,758			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED (CLINICAL LAB SCIENCE)		156			23
23.01 PARAMED ED (RESPIRATORY THERAPY)		252			23.01
23.02 PARAMED ED (ENDT)		163			23.02
23.03 PARAMED ED (PHARMACY)		198			23.03
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	288,365	36,160	36,160		13,494
31 INTENSIVE CARE UNIT	13,585	10,545	10,545		8,512
35 HIGH RISK NEONATAL		7,598	7,598		7,092
40 SUBPROVIDER - IPF	30,304	4,508	4,508		634
43 NURSERY		1,039	1,039		124
44 SKILLED NURSING FACILITY	25,535	4,750	4,750		382
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		15,342	15,342		26,862
50.01 GASTRODIAGNOSTIC UNIT		1,631	1,631		570
50.02 PAIN MANAGEMENT CENTER		203	203		551
51 RECOVERY ROOM		2,615	2,615		1,146
52 DELIVERY ROOM & LABOR ROOM	9,646	4,167	4,167		497
53 ANESTHESIOLOGY		2,647	2,647		319,689
54 RADIOLOGY-DIAGNOSTIC		6,392	118		5,554
55 RADIOLOGY-THERAPEUTIC		965			697
56 RADIOISOTOPE		262			100,306
57 COMPUTED TOMOGRAPHY (CT) SCAN		855			
58 MAGNETIC RESONANCE IMAGING (MRI)		501			8,612
59 CARDIAC CATHETERIZATION	6	4,656			2,118
60 LABORATORY		10,167			24,218
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
65 RESPIRATORY THERAPY		5,779			1,411
66 PHYSICAL THERAPY		6,969			107
69 ELECTROCARDIOLOGY		3,211	400		501,296
70 ELECTROENCEPHALOGRAPHY		1,126			568
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				623,242	
72 IMPL. DEV. CHARGED TO PATIENT					
73 DRUGS CHARGED TO PATIENTS					11,755,465
74 RENAL DIALYSIS					3,304
76 OTHER ANCILLARY		2,083	1,114		8,917
76.97 CARDIAC REHABILITATION		813			8
76.98 HYPERBARIC OXYGEN THERAPY					1,549
76.99 LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	12	7,942	7,785		12,497
92 OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY		693	6,095		
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE		43	762		
117 HOME INFUSION		1,183	1,186		
118 SUBTOTALS (SUM OF LINES 1-117)	493,603	178,053	108,665	623,242	12,806,180
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			102		

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COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	MEALS SERVED 10	MEALS SERVED 11	NUMBER HOUSED 13	SERVICES & SUPPLY COSTED REQUIS. 14	COSTED REQUIS. 15
192 PHYSICIANS' PRIVATE OFFICES		83	4		192
193 NONPAID WORKERS					193
194 NON REIMBURSABLE-OTHER	13,710	427	419		194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT		603			194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	2,754,412	3,133,940	6,489,858	4,199,812	7,437,958
203 UNIT COST MULT-WS B PT I	5.429413	17.481871	59.491951	6.738654	0.580777
204 COST TO BE ALLOC PER B PT II	377,294	406,375	217,768	989,583	538,598
205 UNIT COST MULT-WS B PT II	0.743710	2.266857	1.996260	1.587799	0.042055

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY	NURSING SCHOOL	I&R SALARY & FRINGES ASSIGNED	I&R PROGRAM COSTS ASSIGNED	SCHOOL OF CLINICAL LAB SCIENC ASSIGNED
	DISCHARGES 16	ASSIGNED TIME 20	ASSIGNED TIME 21	ASSIGNED TIME 22	ASSIGNED TIME 23
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS - CON					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 INFORMATION SYSTEMS					5.02
5.03 PURCHASING/RECEIVENG/STORES					5.03
5.04 ADMITTING					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	32,991				16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL		40,246			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			35,050		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				35,050	22
23 PARAMED ED (CLINICAL LAB SCIENCE)					100 23
23.01 PARAMED ED (RESPIRATORY THERAPY)					23.01
23.02 PARAMED ED (ENDT)					23.02
23.03 PARAMED ED (PHARMACY)					23.03
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	16,530	22,382	508	508	30
31 INTENSIVE CARE UNIT	719	2,833	2,908	2,908	31
35 HIGH RISK NEONATAL	426	784			35
40 SUBPROVIDER - IPF	900	2,151	10,000	10,000	40
43 NURSERY	797	196	169	169	43
44 SKILLED NURSING FACILITY	854	4,834			44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		2,630	9,449	9,449	50
50.01 GASTRODIAGNOSTIC UNIT					50.01
50.02 PAIN MANAGEMENT CENTER					50.02
51 RECOVERY ROOM		1,582			51
52 DELIVERY ROOM & LABOR ROOM		785	678	678	52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC			10,000	10,000	54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MRI)					58
59 CARDIAC CATHETERIZATION		458			59
60 LABORATORY					100 60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 OTHER ANCILLARY		793			76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	12,765	818	1,338	1,338	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE					116
117 HOME INFUSION					117
118 SUBTOTALS (SUM OF LINES 1-117)	32,991	40,246	35,050	35,050	100 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 12:00

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	NURSING	I&R	I&R	SCHOOL OF	
	RECORDS + LIBRARY	SCHOOL	SALARY & FRINGES	PROGRAM COSTS	CLINICAL LAB SCIENC	
	DISCHARGES	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	
	16	TIME	TIME	TIME	TIME	
		20	21	22	23	
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER						194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,243,666	1,537,116	9,369,955	164,273	144,387	202
203 UNIT COST MULT-WS B PT I	189.253615	38.193013	267.331098	4.686819	1,443.870000	203
204 COST TO BE ALLOC PER B PT II	445,762	328,835	413,163	910	6,350	204
205 UNIT COST MULT-WS B PT II	13.511624	8.170626	11.787817	0.025963	63.500000	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SCHOOL OF	SCHOOL OF	PHARMACY	
	RESPIRATOR THERAPY ASSIGNED TIME	E.N.D.T. ASSIGNED TIME	RESIDENCY ASSIGNED TIME	
	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
1.01 CAP REL COSTS - CON				1.01
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 COMMUNICATIONS				5.01
5.02 INFORMATION SYSTEMS				5.02
5.03 PURCHASING/RECEIVENG/STORES				5.03
5.04 ADMITTING				5.04
5.05 PATIENT ACCOUNTING				5.05
5.06 OTHER ADMIN & GENERAL				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED (CLINICAL LAB SCIENCE)				23
23.01 PARAMED ED (RESPIRATORY THERAPY)	100			23.01
23.02 PARAMED ED (ENDT)		100		23.02
23.03 PARAMED ED (PHARMACY)			100	23.03
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
35 HIGH RISK NEONATAL				35
40 SUBPROVIDER - IPF				40
43 NURSERY				43
44 SKILLED NURSING FACILITY				44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM				50
50.01 GASTRODIAGNOSTIC UNIT				50.01
50.02 PAIN MANAGEMENT CENTER				50.02
51 RECOVERY ROOM				51
52 DELIVERY ROOM & LABOR ROOM				52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC				54
55 RADIOLOGY-THERAPEUTIC				55
56 RADIOISOTOPE				56
57 COMPUTED TOMOGRAPHY (CT) SCAN				57
58 MAGNETIC RESONANCE IMAGING (MRI)				58
59 CARDIAC CATHETERIZATION				59
60 LABORATORY				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	100			65
66 PHYSICAL THERAPY				66
69 ELECTROCARDIOLOGY				69
70 ELECTROENCEPHALOGRAPHY		100		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENT				72
73 DRUGS CHARGED TO PATIENTS			100	73
74 RENAL DIALYSIS				74
76 OTHER ANCILLARY				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY				91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
101 HOME HEALTH AGENCY				101
SPECIAL PURPOSE COST CENTERS				
116 HOSPICE				116
117 HOME INFUSION				117
118 SUBTOTALS (SUM OF LINES 1-117)	100	100	100	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SCHOOL OF RESPIRATOR THERAPY ASSIGNED TIME	SCHOOL OF E.N.D.T. ASSIGNED TIME	PHARMACY RESIDENCY ASSIGNED TIME	
	23.01	23.02	23.03	
192 PHYSICIANS' PRIVATE OFFICES				192
193 NONPAID WORKERS				193
194 NON REIMBURSABLE-OTHER				194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT				194.01
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	232,571	140,057	166,011	202
203 UNIT COST MULT-WS B PT I	2,325.710000	1,400.570000	1,660.110000	203
204 COST TO BE ALLOC PER B PT II	14,154	8,877	9,444	204
205 UNIT COST MULT-WS B PT II	141.540000	88.770000	94.440000	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	48,530,279		48,530,279	67,002	48,597,281	30
31 INTENSIVE CARE UNIT	13,440,565		13,440,565	168	13,440,733	31
35 HIGH RISK NEONATAL	10,476,821		10,476,821	18,579	10,495,400	35
40 SUBPROVIDER - IPF	5,718,454		5,718,454	11,268	5,729,722	40
43 NURSERY	1,480,091		1,480,091		1,480,091	43
44 SKILLED NURSING FACILITY	6,374,159		6,374,159	2,195	6,376,354	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	30,898,444		30,898,444	83,757	30,982,201	50
50.01 GASTRODIAGNOSTIC UNIT	3,671,087		3,671,087	11,413	3,682,500	50.01
50.02 PAIN MANAGEMENT CENTER	449,575		449,575		449,575	50.02
51 RECOVERY ROOM	3,509,003		3,509,003		3,509,003	51
52 DELIVERY ROOM & LABOR ROOM	6,891,966		6,891,966		6,891,966	52
53 ANESTHESIOLOGY	4,274,345		4,274,345		4,274,345	53
54 RADIOLOGY-DIAGNOSTIC	10,104,301		10,104,301		10,104,301	54
55 RADIOLOGY-THERAPEUTIC	3,349,530		3,349,530		3,349,530	55
56 RADIOISOTOPE	2,161,737		2,161,737		2,161,737	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,413,209		2,413,209		2,413,209	57
58 MAGNETIC RESONANCE IMAGING	1,700,028		1,700,028		1,700,028	58
59 CARDIAC CATHETERIZATION	10,074,344		10,074,344		10,074,344	59
60 LABORATORY	20,910,156		20,910,156	34,039	20,944,195	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	6,725,392		6,725,392		6,725,392	65
66 PHYSICAL THERAPY	9,276,970		9,276,970	10,933	9,287,903	66
69 ELECTROCARDIOLOGY	8,644,244		8,644,244	485,942	9,130,186	69
70 ELECTROENCEPHALOGRAPHY	1,564,855		1,564,855	2,112	1,566,967	70
71 MEDICAL SUPPLIES CHRGD TO	20,678,680		20,678,680		20,678,680	71
72 IMPL. DEV. CHARGED TO PATIE	37,828,226		37,828,226		37,828,226	72
73 DRUGS CHARGED TO PATIENTS	22,358,187		22,358,187		22,358,187	73
74 RENAL DIALYSIS	668,548		668,548		668,548	74
76 OTHER ANCILLARY	2,061,994		2,061,994		2,061,994	76
76.97 CARDIAC REHABILITATION	1,090,735		1,090,735		1,090,735	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,254,700		1,254,700	14,054	1,268,754	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	13,915,091		13,915,091	48,831	13,963,922	91
92 OBSERVATION BEDS	2,065,369		2,065,369		2,065,369	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	7,771,253		7,771,253		7,771,253	101
113 INTEREST EXPENSE						113
116 HOSPICE	1,192,766		1,192,766		1,192,766	116
117 HOME INFUSION	3,546,105		3,546,105		3,546,105	117
200 SUBTOTAL (SEE INSTRUCTIONS)	327,071,209		327,071,209	790,293	327,861,502	200
201 LESS OBSERVATION BEDS	2,065,369		2,065,369		2,065,369	201
202 TOTAL (SEE INSTRUCTIONS)	325,005,840		325,005,840	790,293	325,796,133	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	75,844,157		75,844,157			30
31 INTENSIVE CARE UNIT	24,675,783		24,675,783			31
35 HIGH RISK NEONATAL	20,072,599		20,072,599			35
40 SUBPROVIDER - IPF	7,823,747		7,823,747			40
43 NURSERY	2,233,274		2,233,274			43
44 SKILLED NURSING FACILITY	6,913,597		6,913,597			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	62,228,205	51,776,218	114,004,423	0.271028	0.271028	0.271763 50
50.01 GASTRODIAGNOSTIC UNIT	3,788,898	12,185,154	15,974,052	0.229816	0.229816	0.230530 50.01
50.02 PAIN MANAGEMENT CENTER	16,357	2,612,845	2,629,202	0.170993	0.170993	0.170993 50.02
51 RECOVERY ROOM	4,305,960	6,206,810	10,512,770	0.333785	0.333785	0.333785 51
52 DELIVERY ROOM & LABOR ROOM	7,306,225	501,286	7,807,511	0.882735	0.882735	0.882735 52
53 ANESTHESIOLOGY	7,130,240	10,748,818	17,879,058	0.239070	0.239070	0.239070 53
54 RADIOLOGY-DIAGNOSTIC	20,561,923	30,844,507	51,406,430	0.196557	0.196557	0.196557 54
55 RADIOLOGY-THERAPEUTIC	619,576	8,471,807	9,091,383	0.368429	0.368429	0.368429 55
56 RADIOISOTOPE	2,889,676	18,542,938	21,432,614	0.100862	0.100862	0.100862 56
57 COMPUTED TOMOGRAPHY (CT) SC	21,928,026	34,596,507	56,524,533	0.042693	0.042693	0.042693 57
58 MAGNETIC RESONANCE IMAGING	7,158,137	9,999,594	17,157,731	0.099082	0.099082	0.099082 58
59 CARDIAC CATHETERIZATION	60,763,114	51,216,173	111,979,287	0.089966	0.089966	0.089966 59
60 LABORATORY	50,262,302	31,154,111	81,416,413	0.256830	0.256830	0.257248 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	23,255,956	1,511,343	24,767,299	0.271543	0.271543	0.271543 65
66 PHYSICAL THERAPY	10,892,790	12,994,142	23,886,932	0.388370	0.388370	0.388828 66
69 ELECTROCARDIOLOGY	15,867,045	22,435,424	38,302,469	0.225684	0.225684	0.238371 69
70 ELECTROENCEPHALOGRAPHY	1,045,440	4,098,226	5,143,666	0.304230	0.304230	0.304640 70
71 MEDICAL SUPPLIES CHRGD TO	36,656,860	15,979,971	52,636,831	0.392856	0.392856	0.392856 71
72 IMPL. DEV. CHARGED TO PATIE	59,459,797	30,331,945	89,791,742	0.421288	0.421288	0.421288 72
73 DRUGS CHARGED TO PATIENTS	80,333,766	26,878,633	107,212,399	0.208541	0.208541	0.208541 73
74 RENAL DIALYSIS	2,165,638	140,242	2,305,880	0.289932	0.289932	0.289932 74
76 OTHER ANCILLARY	455,364	2,536,672	2,992,036	0.689161	0.689161	0.689161 76
76.97 CARDIAC REHABILITATION	622,847	945,828	1,568,675	0.695322	0.695322	0.695322 76.97
76.98 HYPERBARIC OXYGEN THERAPY	30,930	3,869,098	3,900,028	0.321716	0.321716	0.325319 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	14,735,705	38,615,548	53,351,253	0.260820	0.260820	0.261736 91
92 OBSERVATION BEDS	671,727	3,653,128	4,324,855	0.477558	0.477558	0.477558 92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		5,663,567	5,663,567			101
113 INTEREST EXPENSE						113
116 HOSPICE		2,071,772	2,071,772			116
117 HOME INFUSION		4,634,804	4,634,804			117
200 SUBTOTAL (SEE INSTRUCTIONS)	632,715,661	445,217,111	1,077,932,772			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	632,715,661	445,217,111	1,077,932,772			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	(COL.5 x COL.6)	(COL.5 x COL.6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,275,926		4,275,926	63,742	67.08	31,451	2,109,733
31 INTENSIVE CARE UNIT	1,043,466		1,043,466	9,630	108.36	5,577	604,324
32 CORONARY CARE UNIT							
33 BURN INTENSIVE CARE UNIT							
34 SURGICAL INTENSIVE CARE UNIT							
35 HIGH RISK NEONATAL	792,918		792,918	10,804	73.39		
40 SUBPROVIDER - IPF	430,259		430,259	8,131	52.92	4,640	245,549
41 SUBPROVIDER - IRF							
42 SUBPROVIDER I							
43 NURSERY	147,919		147,919	2,883	51.31		
44 SKILLED NURSING FACILITY	486,452		486,452	10,545	46.13	8,439	389,291
45 NURSING FACILITY							
200 TOTAL (LINES 30-199)	7,176,940		7,176,940	105,735		50,107	3,348,897

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0053) [] SUB (OTHER)
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF
 BOXES [] TITLE XIX [] IRF

[XX] PPS
 [] TEFRA

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,784,859	114,004,423	0.033199	29,901,720	992,707	50
50.01 GASTRODIAGNOSTIC UNIT	515,286	15,974,052	0.032258	2,344,100	75,616	50.01
50.02 PAIN MANAGEMENT CENTER	62,821	2,629,202	0.023894	6,459	154	50.02
51 RECOVERY ROOM	224,138	10,512,770	0.021321	1,661,149	35,417	51
52 DELIVERY ROOM & LABOR ROOM	567,354	7,807,511	0.072668	110,789	8,051	52
53 ANESTHESIOLOGY	404,939	17,879,058	0.022649	2,738,880	62,033	53
54 RADIOLOGY-DIAGNOSTIC	1,824,515	51,406,430	0.035492	10,551,099	374,480	54
55 RADIOLOGY-THERAPEUTIC	962,565	9,091,383	0.105877	311,914	33,025	55
56 RADIOISOTOPE	391,783	21,432,614	0.018280	1,840,271	33,640	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	180,428	56,524,533	0.003192	10,666,087	34,046	57
58 MAGNETIC RESONANCE IMAGING (M	392,586	17,157,731	0.022881	3,361,509	76,915	58
59 CARDIAC CATHETERIZATION	1,634,582	111,979,287	0.014597	40,567,562	592,165	59
60 LABORATORY	1,203,187	81,416,413	0.014778	24,458,338	361,445	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	461,885	24,767,299	0.018649	9,940,052	185,372	65
66 PHYSICAL THERAPY	834,602	23,886,932	0.034940	4,380,875	153,068	66
69 ELECTROCARDIOLOGY	991,763	38,302,469	0.025893	9,854,772	255,170	69
70 ELECTROENCEPHALOGRAPHY	193,703	5,143,666	0.037659	411,794	15,508	70
71 MEDICAL SUPPLIES CHRGD TO PA	1,192,136	52,636,831	0.022648	19,063,494	431,750	71
72 IMPL. DEV. CHARGED TO PATIENT	453,450	89,791,742	0.005050	34,965,933	176,578	72
73 DRUGS CHARGED TO PATIENTS	637,677	107,212,399	0.005948	36,488,735	217,035	73
74 RENAL DIALYSIS	29,885	2,305,880	0.012960	1,495,571	19,383	74
76 OTHER ANCILLARY	66,488	2,992,036	0.022222	144,886	3,220	76
76.97 CARDIAC REHABILITATION	137,210	1,568,675	0.087469	410,386	35,896	76.97
76.98 HYPERBARIC OXYGEN THERAPY	54,517	3,900,028	0.013979	15,930	223	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,109,713	53,351,253	0.020800	6,202,933	129,021	91
92 OBSERVATION BEDS	181,726	4,324,855	0.042019	210,437	8,842	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	18,493,798	927,999,472	927,999,472	252,105,675	4,310,760	200

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 12:00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS	854,836				854,836	30
31 INTENSIVE CARE UNIT	108,201				108,201	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 HIGH RISK NEONATAL	29,943				29,943	35
40 SUBPROVIDER - IPF	82,153				82,153	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY	7,486				7,486	43
44 SKILLED NURSING FACILITY	184,625				184,625	44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)	1,267,244				1,267,244	200

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 12:00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 ÷ COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	63,742	13.41	31,451	421,758	30
31 INTENSIVE CARE UNIT	9,630	11.24	5,577	62,685	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 HIGH RISK NEONATAL	10,804	2.77			35
40 SUBPROVIDER - IPF	8,131	10.10	4,640	46,864	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,883	2.60			43
44 SKILLED NURSING FACILITY	10,545	17.51	8,439	147,767	44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	105,735		50,107	679,074	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0053) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN			MEDICAL	COST	COST	
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS.1-4)	COLS.2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM		100,448			100,448	100,448	50
50.01 GASTRODIAGNOSTIC UNIT							50.01
50.02 PAIN MANAGEMENT CENTER							50.02
51 RECOVERY ROOM		60,421			60,421	60,421	51
52 DELIVERY ROOM & LABOR ROOM		29,982			29,982	29,982	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION		17,492			17,492	17,492	59
60 LABORATORY			144,387		144,387	144,387	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			232,571		232,571	232,571	65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY			140,057		140,057	140,057	70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			166,011		166,011	166,011	73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY		30,287			30,287	30,287	76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY		31,242			31,242	31,242	91
92 OBSERVATION BEDS		36,330			36,330	36,330	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)		306,202	683,026		989,228	989,228	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0053) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	114,004,423	0.000881	0.000881	29,901,720	26,343	13,321,316	11,736	50
50.01	GASTRODIAGNOSTIC UNIT	15,974,052			2,344,100		4,038,975		50.01
50.02	PAIN MANAGEMENT CENTER	2,629,202			6,459		878,329		50.02
51	RECOVERY ROOM	10,512,770	0.005747	0.005747	1,661,149	9,547	1,290,573	7,417	51
52	DELIVERY ROOM & LABOR ROOM	7,807,511	0.003840	0.003840	110,789	425	9,171	35	52
53	ANESTHESIOLOGY	17,879,058			2,738,880		2,289,110		53
54	RADIOLOGY-DIAGNOSTIC	51,406,430			10,551,099		5,033,819		54
55	RADIOLOGY-THERAPEUTIC	9,091,383			311,914		2,911,700		55
56	RADIOISOTOPE	21,432,614			1,840,271		10,054,321		56
57	COMPUTED TOMOGRAPHY (CT) SCA	56,524,533			10,666,087		9,924,870		57
58	MAGNETIC RESONANCE IMAGING (	17,157,731			3,361,509		2,638,856		58
59	CARDIAC CATHETERIZATION	111,979,287	0.000156	0.000156	40,567,562	6,329	26,072,563	4,067	59
60	LABORATORY	81,416,413	0.001773	0.001773	24,458,338	43,365	2,730,959	4,842	60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
65	RESPIRATORY THERAPY	24,767,299	0.009390	0.009390	9,940,052	93,337	433,918	4,074	65
66	PHYSICAL THERAPY	23,886,932			4,380,875		365,200		66
69	ELECTROCARDIOLOGY	38,302,469			9,854,772		9,332,655		69
70	ELECTROENCEPHALOGRAPHY	5,143,666	0.027229	0.027229	411,794	11,213	1,180,068	32,132	70
71	MEDICAL SUPPLIES CHRGED TO P	52,636,831			19,063,494		5,685,322		71
72	IMPL. DEV. CHARGED TO PATIEN	89,791,742			34,965,933		14,801,932		72
73	DRUGS CHARGED TO PATIENTS	107,212,399	0.001548	0.001548	36,488,735	56,485	7,495,484	11,603	73
74	RENAL DIALYSIS	2,305,880			1,495,571		78,609		74
76	OTHER ANCILLARY	2,992,036	0.010123	0.010123	144,886	1,467	998,579	10,109	76
76.97	CARDIAC REHABILITATION	1,568,675			410,386		454,010		76.97
76.98	HYPERBARIC OXYGEN THERAPY	3,900,028			15,930		2,694,161		76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
91	EMERGENCY	53,351,253	0.000586	0.000586	6,202,933	3,635	7,304,893	4,281	91
92	OBSERVATION BEDS	4,324,855	0.008400	0.008400	210,437	1,768	495,164	4,159	92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	927,999,472			252,105,675	253,914	132,514,557	94,455	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0053) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS				
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS		
	1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.271028	13,321,316		1,212	3,610,450	328		50	
50.01 GASTRODIAGNOSTIC UNIT	0.229816	4,038,975			928,221			50.01	
50.02 PAIN MANAGEMENT CENTER	0.170993	878,329			150,188			50.02	
51 RECOVERY ROOM	0.333785	1,290,573			430,774			51	
52 DELIVERY ROOM & LABOR ROOM	0.882735	9,171			8,096			52	
53 ANESTHESIOLOGY	0.239070	2,289,110			547,258			53	
54 RADIOLOGY-DIAGNOSTIC	0.196557	5,033,819		-630	989,432	-124		54	
55 RADIOLOGY-THERAPEUTIC	0.368429	2,911,700			1,072,755			55	
56 RADIOISOTOPE	0.100862	10,054,321		3,184	1,014,099	321		56	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042693	9,924,870			423,722			57	
58 MAGNETIC RESONANCE IMAGING (MRI)	0.099082	2,638,856			261,463			58	
59 CARDIAC CATHETERIZATION	0.089966	26,072,563			2,345,644			59	
60 LABORATORY	0.256830	2,730,959		1,792	701,392	460		60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30	
65 RESPIRATORY THERAPY	0.271543	433,918		-670	117,827	-182		65	
66 PHYSICAL THERAPY	0.388370	365,200		1,099	141,833	427		66	
69 ELECTROCARDIOLOGY	0.225684	9,332,655		873	2,106,231	197		69	
70 ELECTROENCEPHALOGRAPHY	0.304230	1,180,068			359,012			70	
71 MEDICAL SUPPLIES CHRGD TO PATI	0.392856	5,685,322		-8,515	2,233,513	-3,345		71	
72 IMPL. DEV. CHARGED TO PATIENT	0.421288	14,801,932		-33,834	6,235,876	-14,254		72	
73 DRUGS CHARGED TO PATIENTS	0.208541	7,495,484		8,456	1,563,116	1,763	18,066	73	
74 RENAL DIALYSIS	0.289932	78,609			22,791			74	
76 OTHER ANCILLARY	0.689161	998,579		960	688,182	662		76	
76.97 CARDIAC REHABILITATION	0.695322	454,010			315,683			76.97	
76.98 HYPERBARIC OXYGEN THERAPY	0.321716	2,694,161		22,605	866,755	7,272		76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
91 EMERGENCY	0.260820	7,304,893		-259	1,905,262	-68		91	
92 OBSERVATION BEDS	0.477558	495,164			236,470			92	
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)		132,514,557		-3,727	86,632	29,276,045	-6,543	18,066	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		132,514,557		-3,727	86,632	29,276,045	-6,543	18,066	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S053) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	3,784,859	114,004,423	0.033199	12,107	402	50
50.01	GASTRODIAGNOSTIC UNIT	515,286	15,974,052	0.032258	6,002	194	50.01
50.02	PAIN MANAGEMENT CENTER	62,821	2,629,202	0.023894			50.02
51	RECOVERY ROOM	224,138	10,512,770	0.021321	15,749	336	51
52	DELIVERY ROOM & LABOR ROOM	567,354	7,807,511	0.072668			52
53	ANESTHESIOLOGY	404,939	17,879,058	0.022649	47,203	1,069	53
54	RADIOLOGY-DIAGNOSTIC	1,824,515	51,406,430	0.035492	126,039	4,473	54
55	RADIOLOGY-THERAPEUTIC	962,565	9,091,383	0.105877			55
56	RADIOISOTOPE	391,783	21,432,614	0.018280	13,751	251	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	180,428	56,524,533	0.003192	165,860	529	57
58	MAGNETIC RESONANCE IMAGING (M	392,586	17,157,731	0.022881	102,674	2,349	58
59	CARDIAC CATHETERIZATION	1,634,582	111,979,287	0.014597			59
60	LABORATORY	1,203,187	81,416,413	0.014778	587,681	8,685	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	461,885	24,767,299	0.018649	80,345	1,498	65
66	PHYSICAL THERAPY	834,602	23,886,932	0.034940	89,470	3,126	66
69	ELECTROCARDIOLOGY	991,763	38,302,469	0.025893	95,282	2,467	69
70	ELECTROENCEPHALOGRAPHY	193,703	5,143,666	0.037659	12,819	483	70
71	MEDICAL SUPPLIES CHRGD TO PA	1,192,136	52,636,831	0.022648	212,337	4,809	71
72	IMPL. DEV. CHARGED TO PATIENT	453,450	89,791,742	0.005050	3,200	16	72
73	DRUGS CHARGED TO PATIENTS	637,677	107,212,399	0.005948	1,399,178	8,322	73
74	RENAL DIALYSIS	29,885	2,305,880	0.012960	1,536	20	74
76	OTHER ANCILLARY	66,488	2,992,036	0.022222	122,788	2,729	76
76.97	CARDIAC REHABILITATION	137,210	1,568,675	0.087469			76.97
76.98	HYPERBARIC OXYGEN THERAPY	54,517	3,900,028	0.013979			76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	1,109,713	53,351,253	0.020800	208,428	4,335	91
92	OBSERVATION BEDS	181,726	4,324,855	0.042019			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	18,493,798	927,999,472	927,999,472	3,302,449	46,093	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S053) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN			MEDICAL	COST	COST	
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS.1-4)	COLS.2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM		100,448			100,448	100,448	50
50.01 GASTRODIAGNOSTIC UNIT							50.01
50.02 PAIN MANAGEMENT CENTER							50.02
51 RECOVERY ROOM		60,421			60,421	60,421	51
52 DELIVERY ROOM & LABOR ROOM		29,982			29,982	29,982	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION		17,492			17,492	17,492	59
60 LABORATORY			144,387		144,387	144,387	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			232,571		232,571	232,571	65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY			140,057		140,057	140,057	70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			166,011		166,011	166,011	73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY		30,287			30,287	30,287	76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY		31,242			31,242	31,242	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)		269,872	683,026		952,898	952,898	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S053) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13				
ANCILLARY SERVICE COST CENTERS											
50	OPERATING ROOM	114,004,423	0.000881	0.000881	12,107	11		50			
50.01	GASTRODIAGNOSTIC UNIT	15,974,052			6,002			50.01			
50.02	PAIN MANAGEMENT CENTER	2,629,202						50.02			
51	RECOVERY ROOM	10,512,770	0.005747	0.005747	15,749	91		51			
52	DELIVERY ROOM & LABOR ROOM	7,807,511	0.003840	0.003840				52			
53	ANESTHESIOLOGY	17,879,058			47,203			53			
54	RADIOLOGY-DIAGNOSTIC	51,406,430			126,039			54			
55	RADIOLOGY-THERAPEUTIC	9,091,383						55			
56	RADIOISOTOPE	21,432,614			13,751			56			
57	COMPUTED TOMOGRAPHY (CT) SCA	56,524,533			165,860			57			
58	MAGNETIC RESONANCE IMAGING (	17,157,731			102,674			58			
59	CARDIAC CATHETERIZATION	111,979,287	0.000156	0.000156				59			
60	LABORATORY	81,416,413	0.001773	0.001773	587,681	1,042		60			
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30			
65	RESPIRATORY THERAPY	24,767,299	0.009390	0.009390	80,345	754		65			
66	PHYSICAL THERAPY	23,886,932			89,470			66			
69	ELECTROCARDIOLOGY	38,302,469			95,282			69			
70	ELECTROENCEPHALOGRAPHY	5,143,666	0.027229	0.027229	12,819	349		70			
71	MEDICAL SUPPLIES CHRGED TO P	52,636,831			212,337			71			
72	IMPL. DEV. CHARGED TO PATIEN	89,791,742			3,200			72			
73	DRUGS CHARGED TO PATIENTS	107,212,399	0.001548	0.001548	1,399,178	2,166		73			
74	RENAL DIALYSIS	2,305,880			1,536			74			
76	OTHER ANCILLARY	2,992,036	0.010123	0.010123	122,788	1,243		76			
76.97	CARDIAC REHABILITATION	1,568,675						76.97			
76.98	HYPERBARIC OXYGEN THERAPY	3,900,028						76.98			
76.99	LITHOTRIPSY							76.99			
OUTPATIENT SERVICE COST CENTERS											
91	EMERGENCY	53,351,253	0.000586	0.000586	208,428	122		91			
92	OBSERVATION BEDS	4,324,855						92			
OTHER REIMBURSABLE COST CENTERS											
200	TOTAL (SUM OF LINES 50-199)	927,999,472			3,302,449	5,778		200			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5225) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM		100,448			100,448	100,448	50
50.01 GASTRODIAGNOSTIC UNIT							50.01
50.02 PAIN MANAGEMENT CENTER							50.02
51 RECOVERY ROOM		60,421			60,421	60,421	51
52 DELIVERY ROOM & LABOR ROOM		29,982			29,982	29,982	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION		17,492			17,492	17,492	59
60 LABORATORY			144,387		144,387	144,387	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			232,571		232,571	232,571	65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY			140,057		140,057	140,057	70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			166,011		166,011	166,011	73
74 RENAL DIALYSIS							74
76 OTHER ANCILLARY		30,287			30,287	30,287	76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY		31,242			31,242	31,242	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)		269,872	683,026		952,898	952,898	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [] IRF	[] SUB (OTHER) [XX] SNF (14-5225) [] NF	[] ICF/MR	[] PPS [] TEFRA						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13				
ANCILLARY SERVICE COST CENTERS											
50	OPERATING ROOM	114,004,423	0.000881	0.000881	7,154	6		50			
50.01	GASTRODIAGNOSTIC UNIT	15,974,052			473			50.01			
50.02	PAIN MANAGEMENT CENTER	2,629,202			1,357			50.02			
51	RECOVERY ROOM	10,512,770	0.005747	0.005747	708	4		51			
52	DELIVERY ROOM & LABOR ROOM	7,807,511	0.003840	0.003840				52			
53	ANESTHESIOLOGY	17,879,058			2,470			53			
54	RADIOLOGY-DIAGNOSTIC	51,406,430			151,857			54			
55	RADIOLOGY-THERAPEUTIC	9,091,383						55			
56	RADIOISOTOPE	21,432,614			8,603			56			
57	COMPUTED TOMOGRAPHY (CT) SCA	56,524,533			43,716			57			
58	MAGNETIC RESONANCE IMAGING (	17,157,731			13,584			58			
59	CARDIAC CATHETERIZATION	111,979,287	0.000156	0.000156				59			
60	LABORATORY	81,416,413	0.001773	0.001773	548,403	972		60			
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30			
65	RESPIRATORY THERAPY	24,767,299	0.009390	0.009390	589,342	5,534		65			
66	PHYSICAL THERAPY	23,886,932			2,896,516			66			
69	ELECTROCARDIOLOGY	38,302,469			59,011			69			
70	ELECTROENCEPHALOGRAPHY	5,143,666	0.027229	0.027229	4,574	125		70			
71	MEDICAL SUPPLIES CHRGED TO P	52,636,831			1,100,498			71			
72	IMPL. DEV. CHARGED TO PATIEN	89,791,742			478			72			
73	DRUGS CHARGED TO PATIENTS	107,212,399	0.001548	0.001548	3,482,385	5,391		73			
74	RENAL DIALYSIS	2,305,880			2,326			74			
76	OTHER ANCILLARY	2,992,036	0.010123	0.010123	4,243	43		76			
76.97	CARDIAC REHABILITATION	1,568,675						76.97			
76.98	HYPERBARIC OXYGEN THERAPY	3,900,028			8,142			76.98			
76.99	LITHOTRIPSY							76.99			
OUTPATIENT SERVICE COST CENTERS											
91	EMERGENCY	53,351,253	0.000586	0.000586	2,522	1		91			
92	OBSERVATION BEDS	4,324,855						92			
OTHER REIMBURSABLE COST CENTERS											
200	TOTAL (SUM OF LINES 50-199)	927,999,472			8,928,362	12,076		200			

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [XX] SNF (14-5225) [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.271028						50
50.01 GASTRODIAGNOSTIC UNIT	0.229816						50.01
50.02 PAIN MANAGEMENT CENTER	0.170993						50.02
51 RECOVERY ROOM	0.333785						51
52 DELIVERY ROOM & LABOR ROOM	0.882735						52
53 ANESTHESIOLOGY	0.239070						53
54 RADIOLOGY-DIAGNOSTIC	0.196557						54
55 RADIOLOGY-THERAPEUTIC	0.368429						55
56 RADIOISOTOPE	0.100862						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042693						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.099082						58
59 CARDIAC CATHETERIZATION	0.089966						59
60 LABORATORY	0.256830						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.271543						65
66 PHYSICAL THERAPY	0.388370						66
69 ELECTROCARDIOLOGY	0.225684						69
70 ELECTROENCEPHALOGRAPHY	0.304230						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.392856						71
72 IMPL. DEV. CHARGED TO PATIENT	0.421288						72
73 DRUGS CHARGED TO PATIENTS	0.208541						73
74 RENAL DIALYSIS	0.289932						74
76 OTHER ANCILLARY	0.689161						76
76.97 CARDIAC REHABILITATION	0.695322						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.321716						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.260820						91
92 OBSERVATION BEDS	0.477558						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0053) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	63,742	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	63,742	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	63,742	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	31,451	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	48,597,281	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	48,597,281	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	75,688,308	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	75,688,308	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.642071	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,187.42	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	48,597,281	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0053) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 762.41 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 23,978,557 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 23,978,557 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	13,440,733	9,630	1,395.71	5,577	7,783,875	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 HIGH RISK NEONATAL	10,495,400	10,804	971.44			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					62,333,589	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					94,096,021	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 3,198,500 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 4,564,674 51
 52 TOTAL PROGRAM EXCLUDABLE COST 7,763,174 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 86,332,847 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,709 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 762.41 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,065,369 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST	4,275,926	48,597,281	0.087987	2,065,369	181,726 90
91 NURSING SCHOOL COST	854,836	48,597,281	0.017590	2,065,369	36,330 91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S053) [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	8,131	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,131	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,131	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,640	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	5,729,722	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,729,722	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,560,900	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,560,900	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.757810	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	929.89	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,729,722	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S053)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	704.68 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,269,715 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	3,269,715 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	815,204 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,084,919 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	292,413 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51,871 51
52	TOTAL PROGRAM EXCLUDABLE COST	344,284 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,740,635 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5225) [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	10,545	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,545	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,545	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,439	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	6,376,354	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,376,354	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,687,506	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,687,506	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.953473	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	634.19	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	6,376,354	37

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 12:00

WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5225) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	6,376,354	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	604.68	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	5,102,895	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	5,102,895	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	5,102,895	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	2,643,177	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	7,746,072	86

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0053) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		39,184,418		30
31 INTENSIVE CARE UNIT		13,750,620		31
35 HIGH RISK NEONATAL				35
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.271763	29,901,720	8,126,181	50
50.01 GASTRODIAGNOSTIC UNIT	0.230530	2,344,100	540,385	50.01
50.02 PAIN MANAGEMENT CENTER	0.170993	6,459	1,104	50.02
51 RECOVERY ROOM	0.333785	1,661,149	554,467	51
52 DELIVERY ROOM & LABOR ROOM	0.882735	110,789	97,797	52
53 ANESTHESIOLOGY	0.239070	2,738,880	654,784	53
54 RADIOLOGY-DIAGNOSTIC	0.196557	10,551,099	2,073,892	54
55 RADIOLOGY-THERAPEUTIC	0.368429	311,914	114,918	55
56 RADIOISOTOPE	0.100862	1,840,271	185,613	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042693	10,666,087	455,367	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.099082	3,361,509	333,065	58
59 CARDIAC CATHETERIZATION	0.089966	40,567,562	3,649,701	59
60 LABORATORY	0.257248	24,458,338	6,291,859	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.271543	9,940,052	2,699,152	65
66 PHYSICAL THERAPY	0.388828	4,380,875	1,703,407	66
69 ELECTROCARDIOLOGY	0.238371	9,854,772	2,349,092	69
70 ELECTROENCEPHALOGRAPHY	0.304640	411,794	125,449	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.392856	19,063,494	7,489,208	71
72 IMPL. DEV. CHARGED TO PATIENT	0.421288	34,965,933	14,730,728	72
73 DRUGS CHARGED TO PATIENTS	0.208541	36,488,735	7,609,397	73
74 RENAL DIALYSIS	0.289932	1,495,571	433,614	74
76 OTHER ANCILLARY	0.689161	144,886	99,850	76
76.97 CARDIAC REHABILITATION	0.695322	410,386	285,350	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.325319	15,930	5,182	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.261736	6,202,933	1,623,531	91
92 OBSERVATION BEDS	0.477558	210,437	100,496	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		252,105,675	62,333,589	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		252,105,675		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S053) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
35 HIGH RISK NEONATAL				35
40 SUBPROVIDER - IPF		4,504,176		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.271763	12,107	3,290	50
50.01 GASTRODIAGNOSTIC UNIT	0.230530	6,002	1,384	50.01
50.02 PAIN MANAGEMENT CENTER	0.170993			50.02
51 RECOVERY ROOM	0.333785	15,749	5,257	51
52 DELIVERY ROOM & LABOR ROOM	0.882735			52
53 ANESTHESIOLOGY	0.239070	47,203	11,285	53
54 RADIOLOGY-DIAGNOSTIC	0.196557	126,039	24,774	54
55 RADIOLOGY-THERAPEUTIC	0.368429			55
56 RADIOISOTOPE	0.100862	13,751	1,387	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042693	165,860	7,081	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.099082	102,674	10,173	58
59 CARDIAC CATHETERIZATION	0.089966			59
60 LABORATORY	0.257248	587,681	151,180	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.271543	80,345	21,817	65
66 PHYSICAL THERAPY	0.388828	89,470	34,788	66
69 ELECTROCARDIOLOGY	0.238371	95,282	22,712	69
70 ELECTROENCEPHALOGRAPHY	0.304640	12,819	3,905	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.392856	212,337	83,418	71
72 IMPL. DEV. CHARGED TO PATIENT	0.421288	3,200	1,348	72
73 DRUGS CHARGED TO PATIENTS	0.208541	1,399,178	291,786	73
74 RENAL DIALYSIS	0.289932	1,536	445	74
76 OTHER ANCILLARY	0.689161	122,788	84,621	76
76.97 CARDIAC REHABILITATION	0.695322			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.325319			76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.261736	208,428	54,553	91
92 OBSERVATION BEDS	0.477558			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,302,449	815,204	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,302,449		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5225) [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
35 HIGH RISK NEONATAL				35
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.271028	7,154	1,939	50
50.01 GASTRODIAGNOSTIC UNIT	0.229816	473	109	50.01
50.02 PAIN MANAGEMENT CENTER	0.170993	1,357	232	50.02
51 RECOVERY ROOM	0.333785	708	236	51
52 DELIVERY ROOM & LABOR ROOM	0.882735			52
53 ANESTHESIOLOGY	0.239070	2,470	591	53
54 RADIOLOGY-DIAGNOSTIC	0.196557	151,857	29,849	54
55 RADIOLOGY-THERAPEUTIC	0.368429			55
56 RADIOISOTOPE	0.100862	8,603	868	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042693	43,716	1,866	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.099082	13,584	1,346	58
59 CARDIAC CATHETERIZATION	0.089966			59
60 LABORATORY	0.256830	548,403	140,846	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.271543	589,342	160,032	65
66 PHYSICAL THERAPY	0.388370	2,896,516	1,124,920	66
69 ELECTROCARDIOLOGY	0.225684	59,011	13,318	69
70 ELECTROENCEPHALOGRAPHY	0.304230	4,574	1,392	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.392856	1,100,498	432,337	71
72 IMPL. DEV. CHARGED TO PATIENT	0.421288	478	201	72
73 DRUGS CHARGED TO PATIENTS	0.208541	3,482,385	726,220	73
74 RENAL DIALYSIS	0.289932	2,326	674	74
76 OTHER ANCILLARY	0.689161	4,243	2,924	76
76.97 CARDIAC REHABILITATION	0.695322			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.321716	8,142	2,619	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.260820	2,522	658	91
92 OBSERVATION BEDS	0.477558			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		8,928,362	2,643,177	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		8,928,362		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0053)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	66,664,135	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,603,293	2
3	MANAGED CARE SIMULATED PAYMENTS	2,360,944	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	344.65	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	59.19	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	59.19	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	93.39	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	59.19	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	59.83	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	59.65	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	59.56	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.94	17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	60.50	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.175540	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.166833	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.166833	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	6,008,702	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	34.20	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	6,008,702	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0394	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2840	31
32	SUM OF LINES 30 AND 31	0.3234	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1590	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	10,599,597	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	85,875,727	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	85,875,727	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,400,364	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0053)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	1,704,130	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	93,832	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	484,443	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	253,914	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	94,812,410	59
60	PRIMARY PAYER PAYMENTS	86,630	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	94,725,780	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,049,916	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	244,074	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,269,483	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	888,638	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	938,985	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	89,320,428	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)	15,100	68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	89,305,328	71
72	INTERIM PAYMENTS	87,156,993	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	2,148,335	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	1,350,073	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0053) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

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		87,707,616		24,380,485
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.			01/28/2011	58,025
PROGRAM .01		NONE		3.01
TO .02				3.02
PROVIDER .03				3.03
TO .04				3.04
PROVIDER .05				3.05
.06				3.06
.07				3.07
.08				3.08
.09				3.09
.50				3.50
.51 01/25/2011		28,637		3.51
PROVIDER .52 06/03/2011		521,986	06/03/2011	236,444
TO .53				3.53
PROGRAM .54				3.54
.55				3.55
.56				3.56
.57				3.57
.58				3.58
.59				3.59
.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-550,623		-178,419
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		87,156,993		24,202,066

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				5.01
TO .02				5.02
PROVIDER .03				5.03
.04				5.04
.05				5.05
.06				5.06
.07				5.07
.08				5.08
.09				5.09
PROVIDER .50				5.50
TO .51				5.51
PROGRAM .52				5.52
.53				5.53
.54				5.54
.55				5.55
.56				5.56
.57				5.57
.58				5.58
.59				5.59
.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT				
PROGRAM .01				6.01
TO .02				6.02
PROVIDER .03				6.03
TO .04				6.04
PROGRAM .05				6.05
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S053) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	
		1	2
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			3,340,064
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
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.	.01 01/28/2011		39,291
	.02		NONE
	.03		3.01
	.04		3.02
	.05		3.03
	.06		3.04
	.07		3.05
	.08		3.06
	.09		3.07
	.50		3.08
	.51		3.09
	.52		NONE
	.53		3.50
	.54		3.51
	.55		3.52
	.56		3.53
	.57		3.54
	.58		3.55
	.59		3.56
	.99		3.57
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)			39,291
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)			3,379,355

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01		5.01
	TO .02		5.02
	PROVIDER .03		5.03
	.04		5.04
	.05		5.05
	.06		5.06
	.07		5.07
	.08		5.08
	.09		5.09
	PROVIDER .50		5.50
	TO .51		5.51
	PROGRAM .52		5.52
	.53		5.53
	.54		5.54
	.55		5.55
	.56		5.56
	.57		5.57
	.58		5.58
	.59		5.59
	.99		5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)			
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01		6.01
	TO .02		6.02
	PROVIDER .03		
	PROVIDER .04		
	TO .05		
	PROGRAM .06		
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [XX] SNF (14-5225)
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A
 PART B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,984,105			1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
	SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4	TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,984,105			4

TO BE COMPLETED BY CONTRACTOR

5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99				5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
	SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6	DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM				6.01 6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 12:00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0053) CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	16,929 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	37,028 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,307 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	81,467 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,077,932,772 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	23,833,690 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IPF (14-S053)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	3,484,469	1
2	NET IPF PPS OUTLIER PAYMENT	82,952	2
3	NET IPF PPS ECT PAYMENT	66,425	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	1.09	4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	2.59	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	1.09	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	22.276712	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.024907	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	86,788	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	3,720,634	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	3,720,634	16
17	PRIMARY PAYER PAYMENTS	1,853	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	3,718,781	18
19	DEDUCTIBLES	263,088	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	3,455,693	20
21	COINSURANCE	73,774	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	3,381,919	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	3,381,919	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	52,642	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,434,561	31
32	INTERIM PAYMENTS	3,379,355	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	55,206	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	3,276,968 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	147,767 2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	12,076 3
4	SUBTOTAL (SUM OF LINES 1-3)	3,436,811 4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	292,863 7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10
11	UTILIZATION REVIEW	11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	3,143,948 12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	3,143,948 15
16	INTERIM PAYMENTS	2,984,105 16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	159,843 18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	19

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		72.35 1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		12.38 3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		59.97 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		95.98 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		59.97 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	44.53	48.50	93.03 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	27.82	30.30	58.12 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	27.82	30.30	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	29.04	29.96	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	30.42	29.08	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	29.09	29.78	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.41	0.53	16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	29.50	30.31	17
18	PER RESIDENT AMOUNT	76,042.88	76,042.88	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	2,243,265	2,304,860	4,548,125 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			36.01 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			4,548,125 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	41,668	1,307	26
27	TOTAL INPATIENT DAYS	89,598	89,598	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.465055	0.014587	28
29	PROGRAM DIRECT GME AMOUNT	2,115,128	66,343	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		9,374	30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT			2,172,097 31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			2,305,880 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			106,720,646 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			88,483 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			106,632,163 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			29,287,568 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			5,491 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			29,282,077 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			135,914,240 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.784555 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.215445 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			2,172,097 48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,704,130 49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			467,967 50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	248,356			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	82,315,264			4
5	OTHER RECEIVABLES	6,478,144			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-18,430,000			6
7	INVENTORY	10,118,425			7
8	PREPAID EXPENSES	6,828,778			8
9	OTHER CURRENT ASSETS	57,125,000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	144,683,967			11
FIXED ASSETS					
12	LAND	16,730,473			12
13	LAND IMPROVEMENTS	3,844,796			13
14	ACCUMULATED DEPRECIATION	-3,348,253			14
15	BUILDINGS	350,767,195			15
16	ACCUMULATED DEPRECIATION	-177,957,297			16
17	LEASEHOLD IMPROVEMENTS	3,488,766			17
18	ACCUMULATED AMORTIZATION	-240,435			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	216,880,258			23
24	ACCUMULATED DEPRECIATION	-154,258,586			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	255,906,917			30
OTHER ASSETS					
31	INVESTMENTS	322,992,067			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	60,103,643			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	383,095,710			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	783,686,594			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	16,615,155			37
38	SALARIES, WAGES & FEES PAYABLE	12,380,070			38
39	PAYROLL TAXES PAYABLE	2,239,302			39
40	NOTES & LOANS PAYABLE (SHORT TERM)	57,125,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	11,963,859			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	100,323,386			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	137,696,900			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	71,244,607			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	208,941,507			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	309,264,893			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	474,421,701			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	474,421,701			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	783,686,594			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		430,645,206							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		38,610,764							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		469,255,970							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTRIBUTIONS		50,971							5
6 CHANGE IN TEMP RESTRICTED AS		5,114,760							6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		5,165,731							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		474,421,701							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		474,421,701							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	79,414,293		79,414,293	2
3 SUBPROVIDER IPF	7,854,002		7,854,002	3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY	4,444,431		4,444,431	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	91,712,726		91,712,726	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	26,247,149		26,247,149	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 HIGH RISK NEONATAL	20,269,534		20,269,534	16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	46,516,683		46,516,683	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	138,229,409		138,229,409	18
19 ANCILLARY SERVICES	488,652,287	407,681,275	896,333,562	19
20 OUTPATIENT SERVICES	15,084,479	39,771,395	54,855,874	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY		10,298,371	10,298,371	23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
27.01 HOSPICE	2,478,072	2,071,772	4,549,844	27.01
28 OBSERVATION BEDS	700,059	3,740,415	4,440,474	28
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	645,144,306	463,563,228	1,108,707,534	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		458,152,755	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		458,152,755	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,108,707,534	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	703,573,694	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	405,133,840	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	458,152,755	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-53,018,915	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	1,923,422	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	4,132	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	35,282	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	888,603	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	3,427,576	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	56,340	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	7	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	1,476,168	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	3,345,371	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SALE FROM SCRAP)	1,373	24
24.01	OTHER (GRANTS)	3,346,929	24.01
24.02	OTHER (GIFT SHOP)	379,016	24.02
24.03	OTHER (MISCELLANEOUS OPERATING REVENUE)	3,715,253	24.03
24.04	OTHER (OTHER NON-OP REVENUE)	67,502,350	24.04
24.05	OTHER (NET ASSETS RELEASED FROM RESTRICTIO)	51,404	24.05
24.06	OTHER (PENSION-RELATED CHANGES)	28,772,218	24.06
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	114,925,444	25
26	TOTAL (LINE 5 PLUS LINE 25)	61,906,529	26
27	OTHER EXPENSES (TRANSFER TO/FROM AFFILIATES)	23,295,765	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	23,295,765	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	38,610,764	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7222

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 TRANSPORTATION (SEE INSTRUCTIONS)						5
6 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	1,094,767		413		497,548	1,592,728
7 SKILLED NURSING CARE	1,956,922		146,028			2,102,950
8 PHYSICAL THERAPY	665,941		46,168			712,109
9 OCCUPATIONAL THERAPY	267,849		18,707			286,556
10 SPEECH PATHOLOGY	53,825		4,310			58,135
11 MEDICAL SOCIAL SERVICES	42,611		3,107			45,718
12 HOME HEALTH AIDE	51,640		18,270			69,910
13 SUPPLIES (SEE INSTRUCTIONS)						13
14 DRUGS						14
15 DME						15
16 HHA NONREIMBURSABLE SERVICES						16
17 HOME DIALYSIS AIDE SERVICES						17
18 RESPIRATORY THERAPY						18
19 PRIVATE DUTY NURSING						19
20 CLINIC						20
21 HEALTH PROMOTION ACTIVITIES						21
22 DAY CARE PROGRAM						22
23 HOME DELIVERED MEALS PROGRAM						23
24 HOMEMAKER SERVICE						24
25 ALL OTHERS						25
26 TOTAL (SUM OF LINES 1-23)	4,133,555		237,003		497,548	4,868,106

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7222

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-208,921	1,383,807	-45,721	1,338,086	5
6		2,102,950		2,102,950	6
7		712,109		712,109	7
8		286,556		286,556	8
9		58,135		58,135	9
10		45,718		45,718	10
11		69,910		69,910	11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-208,921	4,659,185	-45,721	4,613,464	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7222

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
1									1
2									2
3									3
4									4
5	1,338,086					1,338,086	1,338,086		5
6	2,102,950					2,102,950	835,815	2,938,765	6
7	712,109					712,109	283,028	995,137	7
8	286,556					286,556	113,892	400,448	8
9	58,135					58,135	23,106	81,241	9
10	45,718					45,718	18,171	63,889	10
11	69,910					69,910	27,786	97,696	11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23							36,288	36,288	23
24	4,613,464					4,613,464		4,613,464	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7222

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-1,338,086	3,366,680	5
6 SKILLED NURSING CARE						2,102,950	6
7 PHYSICAL THERAPY						712,109	7
8 OCCUPATIONAL THERAPY						286,556	8
9 SPEECH PATHOLOGY						58,135	9
10 MEDICAL SOCIAL SERVICES						45,718	10
11 HOME HEALTH AIDE						69,910	11
12 SUPPLIES (SEE INSTRUCTIONS)							12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS					91,302	91,302	23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-1,246,784	3,366,680	24
25 COST TO BE ALLOC (PER W/S H)						1,338,086	25
26 UNIT COST MULTIPLIER						0.397450	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7222

WORKSHEET H-2
 PART I

HHA COST CENTER	PHARMACY RESIDENCY 23.03	SUBTOTAL (SUM OF COL.4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL.4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1	ADMINISTRATIVE AND GENERAL	1,602,547		1,602,547			1
2	SKILLED NURSING CARE	3,936,212		3,936,212	1,022,574	4,958,786	2
3	PHYSICAL THERAPY	1,333,943		1,333,943	346,541	1,680,484	3
4	OCCUPATIONAL THERAPY	536,744		536,744	139,439	676,183	4
5	SPEECH PATHOLOGY	108,728		108,728	28,246	136,974	5
6	MEDICAL SOCIAL SERVICES	85,596		85,596	22,237	107,833	6
7	HOME HEALTH AIDE	126,580		126,580	32,884	159,464	7
8	SUPPLIES						8
9	DRUGS						9
10	DME						10
11	HOME DIALYSIS AIDE SERVICES						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIES						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGRAM						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS	40,903		40,903	10,626	51,529	19
20	TOTAL (SUM OF LINES 1-19)	7,771,253		7,771,253	1,602,547	7,771,253	20
21	UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.				0.259787		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7222

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL CON SQUARE FOOTAGE	CO MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICAT TELEPHONES	INFORMATIO TECHNOLOGY PIECES OF EQUIPMENT	PURCHASING RECEIVING STORES SUPPLIES	
	1	1.01	2	3	4	5.01	5.02	5.03	
1 ADMINISTRATIVE AND GENERAL	10,927		63,620		1,094,767	167	209	38,359	1
2 SKILLED NURSING CARE					1,956,922				2
3 PHYSICAL THERAPY					665,941				3
4 OCCUPATIONAL THERAPY					267,849				4
5 SPEECH PATHOLOGY					53,825				5
6 MEDICAL SOCIAL SERVICES					42,611				6
7 HOME HEALTH AIDE					51,640				7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	10,927		63,620		4,133,555	167	209	38,359	20
21 TOTAL COST TO BE ALLOCATED	69,258		63,620		1,168,787	108,884	341,082	767	21
22 UNIT COST MULTIPLIER	6.338245		1.000000		0.282756		1,631.971292		22
22 UNIT COST MULTIPLIER						652.000000		0.019995	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7222

WORKSHEET H-2
 PART II

HHA COST CENTER	ADMITTING REVENUE 5.04	PATIENT ACCOUNTING REVENUE 5.05	RECON- CILIATION 4A.06	OTHER ADMIN + GENERAL ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	
1 ADMINISTRATIVE AND GENERAL				893,163	34,200	10,927		562	1
2 SKILLED NURSING CARE				3,492,095					2
3 PHYSICAL THERAPY				1,183,436					3
4 OCCUPATIONAL THERAPY				476,184					4
5 SPEECH PATHOLOGY				96,460					5
6 MEDICAL SOCIAL SERVICES				75,938					6
7 HOME HEALTH AIDE				112,298					7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS				36,288					19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)				6,365,862	34,200	10,927		562	20
21 TOTAL COST TO BE ALLOCATED				809,598	45,604	155,078		20,393	21
22 UNIT COST MULTIPLIER					1.333450				22
22 UNIT COST MULTIPLIER				0.127178		14.192184		36.286477	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7222

WORKSHEET H-2
 PART II

HHA COST CENTER	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS- TRATION NUMBER HOUSED 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY DISCHARGES 16	SOCIAL SERVICE TIME SPENT 17	
1 ADMINISTRATIVE AND GENERAL		693		6,095					1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)		693		6,095					20
21 TOTAL COST TO BE ALLOCATED		12,115		362,603					21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		17.481962		59.491879					22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7222

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	COSTS (FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS (COLS. 1+2) 3	VISITS 4	COST PER VISIT (COL.3 ÷ COL.4) 5	
1	SKILLED NURSING CARE	2	4,958,786	2	4,958,786	24,937	198.85	1
2	PHYSICAL THERAPY	3	1,680,484		1,680,484	7,042	238.64	2
3	OCCUPATIONAL THERAPY	4	676,183		676,183	2,656	254.59	3
4	SPEECH PATHOLOGY	5	136,974		136,974	507	270.17	4
5	MEDICAL SOCIAL SERVICES	6	107,833		107,833	360	299.54	5
6	HOME HEALTH AIDE	7	159,464		159,464	2,518	63.33	6
7	TOTAL (SUM OF LINES 1-6)		7,719,724		7,719,724	38,020		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
8.02	SKILLED NURSING CARE							8.02
8.03	SKILLED NURSING CARE							8.03
8.04	SKILLED NURSING CARE							8.04
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
9.02	PHYSICAL THERAPY							9.02
9.03	PHYSICAL THERAPY							9.03
9.04	PHYSICAL THERAPY							9.04
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
10.02	OCCUPATIONAL THERAPY							10.02
10.03	OCCUPATIONAL THERAPY							10.03
10.04	OCCUPATIONAL THERAPY							10.04
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
11.02	SPEECH PATHOLOGY							11.02
11.03	SPEECH PATHOLOGY							11.03
11.04	SPEECH PATHOLOGY							11.04
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
12.02	MEDICAL SOCIAL SERVICES							12.02
12.03	MEDICAL SOCIAL SERVICES							12.03
12.04	MEDICAL SOCIAL SERVICES							12.04
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
13.02	HOME HEALTH AIDE							13.02
13.03	HOME HEALTH AIDE							13.03
13.04	HOME HEALTH AIDE							13.04
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	COSTS (FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS (COLS. 1+2) 3	CHARGES (FROM HHA RECORD) 4	(COL.3 ÷ COL.4) 5	
15	COST OF MEDICAL SUPPLIES	8		2		280,148		15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7222

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS				COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART A		PART B		PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR		
1 SKILLED NURSING CARE	8,769	4,975		1,743,716	989,279		2,732,995	
2 PHYSICAL THERAPY	3,262	1,128		778,444	269,186		1,047,630	
3 OCCUPATIONAL THERAPY	1,398	535		355,917	136,206		492,123	
4 SPEECH PATHOLOGY	261	53		70,514	14,319		84,833	
5 MEDICAL SOCIAL SERVICES	116	84		34,747	25,161		59,908	
6 HOME HEALTH AIDE	812	1,289		51,424	81,632		133,056	
7 TOTAL (SUM OF LINES 1-6)	14,618	8,064		3,034,762	1,515,783		4,550,545	

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS				TOTAL PROGRAM COST
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR		
8 SKILLED NURSING CARE	16580	21	6		8	
8.01 SKILLED NURSING CARE	19500	1,705	1,143		8.01	
8.02 SKILLED NURSING CARE	41180	200	106		8.02	
8.03 SKILLED NURSING CARE	44100	6,273	3,493		8.03	
8.04 SKILLED NURSING CARE	99914	570	227		8.04	
9 PHYSICAL THERAPY	16580	7	6		9	
9.01 PHYSICAL THERAPY	19500	1,015	196		9.01	
9.02 PHYSICAL THERAPY	41180	56	24		9.02	
9.03 PHYSICAL THERAPY	44100	1,871	856		9.03	
9.04 PHYSICAL THERAPY	99914	313	46		9.04	
10 OCCUPATIONAL THERAPY	16580	6	6		10	
10.01 OCCUPATIONAL THERAPY	19500	527	148		10.01	
10.02 OCCUPATIONAL THERAPY	41180	10	8		10.02	
10.03 OCCUPATIONAL THERAPY	44100	742	327		10.03	
10.04 OCCUPATIONAL THERAPY	99914	113	46		10.04	
11 SPEECH PATHOLOGY	16580				11	
11.01 SPEECH PATHOLOGY	19500	29			11.01	
11.02 SPEECH PATHOLOGY	41180				11.02	
11.03 SPEECH PATHOLOGY	44100	220	49		11.03	
11.04 SPEECH PATHOLOGY	99914	12	4		11.04	
12 MEDICAL SOCIAL SERVICES	16580		1		12	
12.01 MEDICAL SOCIAL SERVICES	19500	38	13		12.01	
12.02 MEDICAL SOCIAL SERVICES	41180		2		12.02	
12.03 MEDICAL SOCIAL SERVICES	44100	69	63		12.03	
12.04 MEDICAL SOCIAL SERVICES	99914	9	5		12.04	
13 HOME HEALTH AIDE	16580				13	
13.01 HOME HEALTH AIDE	19500	270	422		13.01	
13.02 HOME HEALTH AIDE	41180	9	191		13.02	
13.03 HOME HEALTH AIDE	44100	503	666		13.03	
13.04 HOME HEALTH AIDE	99914	30	10		13.04	
14 TOTAL (SUM OF LINES 8-13)		14,618	8,064		14	

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES				COST OF SERVICES		
	PART A		PART B		PART B		
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
15 COST OF MEDICAL SUPPLIES	81,519		110,238				15
16 COST OF DRUGS							16

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

	FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	
	1	1	2	3	4	
1 PHYSICAL THERAPY	66	0.388370			COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67				COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68				COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGED TO PAT	71	0.392856			COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.208541			COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7222

WORKSHEET H-4
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				1
2 TOTAL CHARGES				2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)				7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,928,606	1,003,267	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	55,636	37,186	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	30,467	25,859	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	14,794	6,283	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	29,612	21,784	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	107		16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	2,059,222	1,094,379	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	2,059,222	1,094,379	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	2,059,222	1,094,379	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	2,059,222	1,094,379	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	2,059,222	1,094,379	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	2,059,222	1,094,379	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1503

WORKSHEET K

	SALARIES (FROM WKST K-1)	EMPLOYEE BENEFITS (FROM WKST K-2)	TRANS- PORTATION (SEE INSTR.)	CONTRACTED SERVICES (FROM WKST K-3)	OTHER	TOTAL (COLS. 1-5)
	1	2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL					515,595	515,595 6
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES						9
10 NURSING CARE	271,985					271,985 10
11 NURSING CARE-CONTINUOUS HOME CARE						11
12 PHYSICAL THERAPY						12
13 OCCUPATIONAL THERAPY						13
14 SPEECH/LANGUAGE PATHOLOGY						14
15 MEDICAL SOCIAL SERVICES	74,829					74,829 15
16 SPIRITUAL COUNSELING	89,612					89,612 16
17 DIETARY COUNSELING						17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	13,310					13,310 19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE						20
21 OTHER						21
OTHER HOSPICE SERVICE COSTS						
22 DRUGS, BIOLOGICAL & INFUSION THERAPY						22
23 ANALGESICS						23
24 SEDATIVES/HYPNOTICS						24
25 OTHER - SPECIFY						25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27 PATIENT TRANSPORTATION						27
28 IMAGING SERVICES						28
29 LABS AND DIAGNOSTICS						29
30 MEDICAL SUPPLIES						30
31 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						31
32 RADIATION THERAPY						32
33 CHEMOTHERAPY						33
34 OTHER						34
HOSPICE NONREIMBURSABLE SERVICE						
35 BEREAVEMENT PROGRAM COSTS						35
36 VOLUNTEER PROGRAM COSTS						36
37 FUNDRAISING						37
38 OTHER PROGRAM COSTS						38
39 TOTAL (SUM OF LINES 1-38)	449,736				515,595	965,331 39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1503

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5					5
6	-17,903	497,692	-47,791	449,901	6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15	-25,515	49,314		49,314	15
16	-23,241	66,371		66,371	16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39	-133,318	898,672	-95,582	850,881	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1503

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								7
9	INPATIENT - GENERAL CARE								8
10	INPATIENT - RESPITE CARE								9
11	VISITING SERVICES								10
12	PHYSICIAN SERVICES								11
13	NURSING CARE				271,985				12
14	NURSING CARE-CONT.HOME CARE								13
15	PHYSICAL THERAPY								14
16	OCCUPATIONAL THERAPY								15
17	SPEECH/LANGUAGE PATHOLOGY								16
18	MEDICAL SOCIAL SERVICES		74,829						17
19	SPIRITUAL COUNSELING							89,612	18
20	DIETARY COUNSELING								19
21	COUNSELING - OTHER								20
22	HH AIDE AND HOME MAKER						13,310		21
23	HH AIDE & HMKR-CONT.HME CARE								22
24	OTHER								23
25	OTHER HOSPICE SERVICE COSTS								24
26	DRUGS, BIOL. & INFUS. THER.								25
27	ANALGESICS								26
28	SEDATIVES / HYPNOTICS								27
29	OTHER - SPECIFY								28
30	DURABLE MED. EQUIP./OXYGEN								29
31	PATIENT TRANSPORTATION								30
32	IMAGING SERVICES								31
33	LABS AND DIAGNOSTICS								32
34	MEDICAL SUPPLIES								33
35	OUTPAT.SERV.(INCL.E/R DEPT.)								34
36	RADIATION THERAPY								35
37	CHEMOTHERAPY								36
38	OTHER								37
39	HOSPICE NONREIMBURSABLE SERVICE								38
40	BEREAVEMENT PROGRAM COSTS								39
41	VOLUNTEER PROGRAM COSTS								40
42	FUNDRAISING								41
43	OTHER PROGRAM COSTS								42
44	TOTAL (SUM OF LINES 1-38)		74,829		271,985		13,310	89,612	449,736

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1503 WORKSHEET K-3

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

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1503

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS	CAP REL BLDGCOSTS	CAP REL MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5)	ADMIN & GENERAL	TOTAL (COL.5 ± COL.6)
	0	1	2	3	4	5	5A	6	7	
1 GENERAL SERVICE COST CENTER										1
2 CAP REL COSTS-BLDG AND FIXT.										2
3 CAP REL COSTS-MOVABLE EQUIP.										3
4 PLANT OPERATION & MAINT.										4
5 TRANSPORTATION - STAFF										5
6 VOLUNTEER SERVICE COORD.										6
7 ADMINISTRATIVE AND GENERAL	449,901						449,901	449,901		7
8 INPATIENT CARE SERVICE										8
9 INPATIENT - GENERAL CARE										9
10 INPATIENT - RESPITE CARE										10
11 VISITING SERVICES										11
12 PHYSICIAN SERVICES										12
13 NURSING CARE	271,985						271,985	305,167	577,152	13
14 NURSING CARE-CONTINUOUS HOME										14
15 PHYSICAL THERAPY										15
16 OCCUPATIONAL THERAPY										16
17 SPEECH/LANGUAGE PATHOLOGY										17
18 MEDICAL SOCIAL SERVICES	49,314						49,314	55,331	104,645	18
19 SPIRITUAL COUNSELING	66,371						66,371	74,469	140,840	19
20 DIETARY COUNSELING										20
21 COUNSELING - OTHER										21
22 HH AIDE AND HOMEMAKER	13,310						13,310	14,934	28,244	22
23 HH AIDE & HMKR-CONT. HOME CA										23
24 OTHER										24
25 OTHER HOSPICE SERVICE COSTS										25
26 DRUGS, BIOL. & INFUS. THER.										26
27 ANALGESICS										27
28 SEDATIVES / HYPNOTICS										28
29 OTHER - SPECIFY										29
30 DURABLE MED. EQUIP./OXYGEN										30
31 PATIENT TRANSPORTATION										31
32 IMAGING SERVICES										32
33 LABS AND DIAGNOSTICS										33
34 MEDICAL SUPPLIES										34
35 OUTPAT.SERV.(INCL.E/R DEPT.)										35
36 RADIATION THERAPY										36
37 CHEMOTHERAPY										37
38 OTHER										38
39 HOSPICE NONREIMBURSABLE SERV.										39
40 BEREAVEMENT PROGRAM COSTS										40
41 VOLUNTEER PROGRAM COSTS										41
42 FUNDRAISING										42
43 OTHER PROGRAM COSTS										43
44 TOTAL (SUM OF LINES 1-38)	850,881						850,881		850,881	44

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1503

WORKSHEET K-4
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPOR- TATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTER							
1 CAP REL COSTS-BLDG AND FIXT.							1
2 CAP REL COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION & MAINT.							3
4 TRANSPORTATION - STAFF							4
5 VOLUNTEER SERVICE COORD.							5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE						-449,901	400,980 6
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE VISITING SERVICES							8
9 PHYSICIAN SERVICES							9
10 NURSING CARE							271,985 10
11 NURSING CARE-CONTINUOUS HOME							11
12 PHYSICAL THERAPY							12
13 OCCUPATIONAL THERAPY							13
14 SPEECH/LANGUAGE PATHOLOGY							14
15 MEDICAL SOCIAL SERVICES							49,314 15
16 SPIRITUAL COUNSELING							66,371 16
17 DIETARY COUNSELING							17
18 COUNSELING - OTHER							18
19 HH AIDE AND HOMEMAKER							13,310 19
20 HH AIDE & HMKR-CONT. HOME CA							20
21 OTHER							21
OTHER HOSPICE SERVICE COSTS							
22 DRUGS, BIOL. & INFUS. THER.							22
23 ANALGESICS							23
24 SEDATIVES / HYPNOTICS							24
25 OTHER - SPECIFY							25
26 DURABLE MED. EQUIP./OXYGEN							26
27 PATIENT TRANSPORTATION							27
28 IMAGING SERVICES							28
29 LABS AND DIAGNOSTICS							29
30 MEDICAL SUPPLIES							30
31 OUTPAT.SERV.(INCL.E/R DEPT.)							31
32 RADIATION THERAPY							32
33 CHEMOTHERAPY							33
34 OTHER							34
HOSPICE NONREIMBURSABLE SERVICE							
35 BEREAVEMENT PROGRAM COSTS							35
36 VOLUNTEER PROGRAM COSTS							36
37 FUNDRAISING							37
38 OTHER PROGRAM COSTS							38
39 COST TO BE ALLOCATED							449,901 39
40 UNIT COST MULTIPLIER							1.122004 40

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

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PHARMACY RESIDENCY 23.03	SUBTOTAL (COLS. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL		111,579		111,579			1
2 INPATIENT - GENERAL CARE							2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES							4
5 NURSING CARE		736,766		736,766	76,034	812,800	5
6 NURSING CARE-CONTINUOUS HOM							6
7 PHYSICAL THERAPY							7
8 OCCUPATIONAL THERAPY							8
9 SPEECH/LANGUAGE PATHOLOGY							9
10 MEDICAL SOCIAL SERV. - DIRE		141,673		141,673	14,621	156,294	10
11 SPIRITUAL COUNSELING		166,693		166,693	17,203	183,896	11
12 DIETARY COUNSELING							12
13 COUNSELING - OTHER							13
14 HOME HLTH AIDE & HOMEMAKERS		36,055		36,055	3,721	39,776	14
15 HH AIDE & HMKR-CONT. HOME C							15
16 OTHER							16
17 DRUGS,BIOLOGICALS & INFUSIO							17
18 ANALGESICS							18
19 SEDATIVES / HYPNOTICS							19
20 OTHER - SPECIFY							20
21 DURABLE MED. EQUIP./OXYGEN							21
22 PATIENT TRANSPORTATION							22
23 IMAGING SERVICES							23
24 LABS AND DIAGNOSTICS							24
25 MEDICAL SUPPLIES							25
26 OUTPAT. SERV.(INCL.E/R DEPT							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER							29
30 BEREAVEMENT PROGRAM COSTS							30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 TOTALS (SUM OF LINES 1-33)		1,192,766		1,192,766		1,192,766	34
35 UNIT COST MULTIPLIER					0.103200		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1503

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL CON SQUARE FOOTAGE	CO MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICAT TELEPHONES	INFORMATIO TECHNOLOGY PIECES OF EQUIPMENT	RECEIVING STORES SUPPLIES	
	1	1.01	2	3	4	5.01	5.02	5.03	
1 ADMINISTRATIVE AND GENERAL	259		1,834			9	26	25,812	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE					271,985				5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY									7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE					74,829				10
11 SPIRITUAL COUNSELING					25,051				11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS					13,310				14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO									17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT. SERV.(INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)	259		1,834		385,175	9	26	25,812	34
35 TOTAL COST TO BE ALLOCATED	1,642		1,834		108,317	5,868	42,431	156	35
36 UNIT COST MULTIPLIER	6.339768		1.000000		0.281215	652.0000001	631.96153	0.006044	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1503

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	ADMITTING REVENUE 5.04	PATIENT ACCOUNTING REVENUE 5.05	RECON- CILIATION 4A.06	OTHER ADMIN + GENERAL ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	
1 ADMINISTRATIVE AND GENERAL				51,931	775	259		62	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE				653,638					5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY									7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE				125,688					10
11 SPIRITUAL COUNSELING				147,885					11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS				31,987					14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO									17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT. SERV.(INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)				1,011,129	775	259		62	34
35 TOTAL COST TO BE ALLOCATED				128,593	1,033	3,676		2,250	35
36 UNIT COST MULTIPLIER				0.127178	1.332903	14.193050		36.290323	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1503

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS- TRATION NUMBER HOUSED 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY DISCHARGES 16	SOCIAL SERVICE TIME SPENT 17
1 ADMINISTRATIVE AND GENERAL		43		762				1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		43		762				34
35 TOTAL COST TO BE ALLOCATED		752		45,333				35
36 UNIT COST MULTIPLIER		17.488372		59.492126				36

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1503

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.388370		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68			3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.208541		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.256830		6
7	MEDICAL SUPPLIES	71	0.392856		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55	0.368429		9
10	OTHER ANCILLARY	76	0.689161		10
10.97	CARDIAC REHABILITATION	76.97	0.695322		10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.321716		10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1503

WORKSHEET K-6

COMPUTATION OF PER DIEM COST		TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1	TOTAL COST (SEE INSTRUCTIONS)				1,192,766	1
2	TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				7,885	2
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				151.27	3
4	UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	7,006				4
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,059,798				5
6	UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		330			6
7	AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		49,919			7
8	UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)					8
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)					9
10	UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)					10
11	AGGREGATE NF COST (LINE 3 TIMES LINE 10)					11
12	OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			549		12
13	AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			83,047		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-005) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	5,395,302	1
2	CAPITAL DRG OUTLIER PAYMENTS	217,348	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	226.42	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	60.50	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0783	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	422,452	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0394	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2840	8
9	SUM OF LINES 7 AND 8	0.3234	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0677	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	365,262	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,400,364	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS - CON						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES AP						21
22 I&R SRVCES-OTHER PRGM COSTS AP						22
23 PARAMED ED (CLINICAL LAB SCIEN						23
23.01 PARAMED ED (RESPIRATORY THERAP						23.01
23.02 PARAMED ED (ENDT)						23.02
23.03 PARAMED ED (PHARMACY)						23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
35 HIGH RISK NEONATAL						35
40 SUBPROVIDER - IPF						40
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 GASTRODIAGNOSTIC UNIT						50.01
50.02 PAIN MANAGEMENT CENTER						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MR						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PAT						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE						116
117 HOME INFUSION						117
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190

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KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER						194
194.01 NON REIMBURSABLE-FUND DEVELOPM						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204