

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: 11-29-2012 TIME: 09:15____
 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 07/01/2011 AND ENDING 06/30/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		1,502,579	75,153			1
2 SUBPROVIDER - IPF		777				2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY		62,102				7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY		-1	1			9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		1,565,457	75,154			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 800 EAST CARPENTER
 2 CITY: SPRINGFIELD

STATE: IL

P.O.BOX:
 ZIP CODE: 62769

COUNTY: SANGAMON

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)				
							2	3	4	5	6	7	8
3	HOSPITAL	ST. JOHN'S HOSPITAL	14-0053	44100	1	07/01/1966	N	P	O	3	
4	SUBPROVIDER - IPF	ST. JOHN'S HOSPITAL PSYCH UNIT	14-S053	44100	4	07/03/1984	N	P	O	4	
5	SUBPROVIDER - IRF									5	
6	SUBPROVIDER - (OTHER)									6	
7	SWING BEDS - SNF									7	
8	SWING BEDS - NF									8	
9	HOSPITAL-BASED SNF	ST. JOHN'S HOSPITAL TCU	14-5225	44100		06/01/1977	N	P	O	9	
10	HOSPITAL-BASED NF									10	
11	HOSPITAL-BASED OLTC									11	
12	HOSPITAL-BASED HHA	ST. JOHN'S HOME HEALTH AGENCY	14-7222	44100		01/01/1983	N	P	N	12	
13	SEPARATELY CERTIFIED ASC									13	
14	HOSPITAL-BASED HOSPICE	ST. JOHN'S HOSPITAL HOSPICE PR	14-1503	44100		05/24/1984				14	
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15	
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16	
17	HOSPITAL-BASED (CMHC)									17	
18	RENAL DIALYSIS									18	
19	OTHER									19	
20	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2011			TO: 06/30/2012					20
21	TYPE OF CONTROL				1					21	

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.								1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.								1	N 23

		IN-STATE MEDICAID		OUT-OF-STATE MEDICAID		OTHER MEDICAID	
		PAID	UNPAID	PAID	UNPAID	HMO	MEDICAID
		1	2	3	4	5	6
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	16,943	3,745	155	31	2,946	24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V	XVIII	XIX
		1	2	3
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

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 2148? 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
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)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	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.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
			47.85		
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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					
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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66
		5.88	55.43	0.095906	

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	0.88	3.29	0.211031 67
67.01 INTERNAL MEDICINE	1400	0.09	18.94	0.004729 67.01
67.02 PEDIATRICS	2000	4.10	12.10	0.253086 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 N	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1,212,271 PAID LOSSES: 400,424 SELF INSURANCE: 5,689,779			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). 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.	1 Y	2 148005	140
-----	--	--------	-------------	-----

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: 62794			143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 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.	N		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)

	TITLE XVIII	TITLE	TITLE	
	PART A	PART B	V	
	1	2	3	
			XIX	
			4	
155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC	N	N	161

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 CODE IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	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			169

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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)	Y		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 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

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
		1	2	3	4
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)	N		N	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	11/05/2012	Y	11/05/2012
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

	Y/N	DATE	
36	1	2	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?
37			IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.
38	N		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.
39			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.
40			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: SUSAN	LAST NAME: HORST	TITLE: DIRECTOR, THIRD PART	41
42	EMPLOYER: ST. JOHN'S HOSPITAL			42
43	PHONE NUMBER: 2178144395	E-MAIL ADDRESS: SUSAN.HORST@ST-JOHNS.ORG		43

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	134,597,847	-34,245	134,563,602	5,219,400.00	25.78	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	6,270,845		6,270,845	258,304.00	24.28	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44	2,466,233	49,675	2,515,908	97,559.00	25.79	9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		10,012,155	-167,197	9,844,958	344,999.00	28.54	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		2,873,709		2,873,709	60,174.00	47.76	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		3,180,621		3,180,621	21,440.00	148.35	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		8,867,217		8,867,217	112,384.00	78.90	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS							16
17	WAGE-RELATED COSTS (CORE)		39,008,683		39,008,683			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		4,159,176		4,159,176			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) OVERHEAD COSTS - DIRECT SALARIES		1,510,360		1,510,360			25
26	EMPLOYEE BENEFITS		1,184,455		1,184,455	42,187.00	28.08	26
27	ADMINISTRATIVE & GENERAL		17,824,096	-246,821	17,577,275	653,156.00	26.91	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		2,210,630		2,210,630	11,250.00	196.50	28
29	MAINTENANCE & REPAIRS		3,131,093		3,131,093	96,757.00	32.36	29
30	OPERATION OF PLANT		1,580,046		1,580,046	78,643.00	20.09	30
31	LAUNDRY & LINEN SERVICE		1,239,430		1,239,430	96,067.00	12.90	31
32	HOUSEKEEPING		2,275,051		2,275,051	208,256.00	10.92	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)		85,388		85,388	6,278.00	13.60	33
34	DIETARY		2,007,079	-468,873	1,538,206	135,911.00	11.32	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		76,645		76,645	5,720.00	13.40	35
36	CAFETERIA			468,873	468,873	41,428.00	11.32	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		3,624,500	90,467	3,714,967	96,277.00	38.59	38
39	CENTRAL SERVICES AND SUPPLY		614,390		614,390	40,563.00	15.15	39
40	PHARMACY		4,368,466		4,368,466	108,593.00	40.23	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,129,141		2,129,141	101,984.00	20.88	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	130,699,665		-34,245	130,665,420	4,984,344.0	26.22	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	12,478,388		-117,522	12,360,866	442,558.00	27.93	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	118,221,277		83,277	118,304,554	4,541,786.0	26.05	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	14,921,547			14,921,547	193,998.00	76.92	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	39,008,683			39,008,683		32.97%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	172,151,507		83,277	172,234,784	4,735,784.0	36.37	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	42,350,410		-156,354	42,194,056	1,723,070.0	24.49	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 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	9,731,506 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)	20,813,767 8
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	1,097,243 10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	295,344 11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	681,290 13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	1,599,374 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	7,752,153 17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	1,951,172 18
19 UNEMPLOYMENT INSURANCE	223,043 19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)	21
22 DAY CARE COSTS AND ALLOWANCES	133,862 22
23 TUITION REIMBURSEMENT	399,464 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	44,678,218 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 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/29/2012 09:15

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 OLTG			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		1,622	127	98	1,847	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,070.00	280.00	748.00	2,045.00	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)					4	
5 OTHER ADMINISTRATIVE PERSONNEL			16.84		16.84	5
6 DIRECT NURSING SERVICE			26.72		26.72	6
7 NURSING SUPERVISOR			1.56		1.56	7
8 PHYSICAL THERAPY SERVICE			8.35		8.35	8
9 PHYSICAL THERAPY SUPERVISOR						9
10 OCCUPATIONAL THERAPY SERVICE			2.90		2.90	10
11 OCCUPATIONAL THERAPY SUPERVISOR						11
12 SPEECH PATHOLOGY SERVICE			0.59		0.59	12
13 SPEECH PATHOLOGY SUPERVISOR						13
14 MEDICAL SOCIAL SERVICE			0.95		0.95	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR						15
16 HOME HEALTH AIDE			1.87		1.87	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		LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2				
21 SKILLED NURSING VISITS	11,249	1,527	345	149	13,270	21
22 SKILLED NURSING VISIT CHARGES	2,216,053	300,819	67,965	29,353	2,614,190	22
23 PHYSICAL THERAPY VISITS	4,029	30	57	54	4,170	23
24 PHYSICAL THERAPY VISIT CHARGES	846,090	6,300	11,970	11,340	875,700	24
25 OCCUPATIONAL THERAPY VISITS	1,819	18	12	46	1,895	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	381,990	3,780	2,520	9,660	397,950	26
27 SPEECH PATHOLOGY VISITS	206		2		208	27
28 SPEECH PATHOLOGY VISIT CHARGES	43,260		420		43,680	28
29 MEDICAL SOCIAL SERVICE VISITS	173	4	1	4	182	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	44,980	1,040	260	1,040	47,320	30
31 HOME HEALTH AIDE VISITS	1,888	74	1	39	2,002	31
32 HOME HEALTH AIDE VISIT CHARGES	179,360	7,030	95	3,705	190,190	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	19,364	1,653	418	292	21,727	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	3,711,733	318,969	83,230	55,098	4,169,030	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	1,198			23	1,221	36
37 TOTAL NUMBER OF OUTLIER EPISODES		33			33	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	164,186	26,435	5,616	3,246	199,483	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			
							TOTAL
	GROUP				SNF	SWING BED	(COLS.
	1				DAYS	SNF DAYS	2 + 3)
					2	3	4
3	RUX						3
4	RUL						4
5	RVX						5
6	RVL						6
7	RHX				16		7
8	RHL				15		8
9	RMX				24		9
10	RML				48		10
11	RLX						11
12	RUC						12
13	RUB				7		13
14	RUA						14
15	RVC				68		15
16	RVB				512		16
17	RVA						17
18	RHC				311		18
19	RHB				1,857		19
20	RHA				59		20
21	RMC				305		21
22	RMB				1,397		22
23	RMA				130		23
24	RLB						24
25	RLA				3		25
26	ES3						26
27	ES2				65		27
28	ES1				356		28
29	HE2				16		29
30	HE1				47		30
31	HD2				153		31
32	HD1				150		32
33	HC2				443		33
34	HC1				603		34
35	HB2				1		35
36	HB1				151		36
37	LE2						37
38	LE1						38
39	LD2				16		39
40	LD1				35		40
41	LC2				47		41
42	LC1				81		42
43	LB2						43
44	LB1						44
45	CE2						45
46	CE1						46
47	CD2				148		47
48	CD1				117		48
49	CC2				192		49
50	CC1				490		50
51	CB2						51
52	CB1				83		52
53	CA2				10		53
54	CA1				79		54
55	SE3						55
56	SE2						56
57	SE1						57
58	SSC						58
59	SSB						59
60	SSA						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

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PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4
69	PE2			69
70	PE1			70
71	PD2			71
72	PD1			72
73	PC2			73
74	PC1	18		18 74
75	PB2			75
76	PB1	3		3 76
77	PA2			77
78	PA1	12		12 78
199	AAA			199
200	TOTAL	8,068		8,068 200

CBSA AT
 BEGINNING
 OF COST
 REPORTING
 PERIOD
 1

CBSA ON/AFTER
 OCT 1 OF THE
 COST REPORTING
 PERIOD (IF
 APPLICABLE)
 2

SNF SERVICES

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). 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)

ASSOCIATED
 WITH
 DIRECT
 PATIENT
 CARE AND
 RELATED
 EXPENSES PERCENTAGE 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)	4,176,111		207

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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	6,973	388		729	8,090	2
3	INPATIENT RESPITE CARE	62				62	3
4	GENERAL INPATIENT CARE	203	75		44	322	4
5	TOTAL HOSPICE DAYS	7,238	463		773	8,474	5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	169	16		33	218	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	42.83	28.94		23.42	38.87	8
9	UNDUPLICATED CENSUS COUNT	169	16		33	218	9

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 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.271712	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				58,555,934	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				204,539,011	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				55,575,724	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					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) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					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) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				208,498	17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				686,542	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	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	26,834,978	1,807,948	28,642,926		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	7,291,388	491,241	7,782,629		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,350,136	98,641	1,448,777		22
23	COST OF CHARITY CARE	5,941,252	392,600	6,333,852		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 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				33,218,070	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,749,379	26
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				31,468,691	27
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				8,550,424	28
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				14,884,276	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				14,884,276	30
31						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		13,079,655	13,079,655	-165,249	1
1.01	00101				165,249	1.01
2	00200		15,966,266	15,966,266		2
3	00300					3
4	00400	1,184,455	42,472,914	43,657,369	-1,571,280	4
5.01	00540	849,320	990,310	1,839,630	61,387	5.01
5.02	00550	2,197,423	1,200,132	3,397,555		5.02
5.03	00560	579,321	138,425	717,746		5.03
5.04	00570	1,350,032	106,178	1,456,210		5.04
5.05	00580	1,722,235	1,152,430	2,874,665		5.05
5.06	00590	11,125,765	65,018,011	76,143,776	-127,227	5.06
6	00600	3,131,093	2,726,598	5,857,691		6
7	00700	1,580,046	7,808,154	9,388,200	166,915	7
8	00800	1,239,430	1,876,520	3,115,950		8
9	00900	2,275,051	1,656,090	3,931,141		9
10	01000	2,007,079	-227,255	1,779,824	-415,784	10
11	01100				415,784	11
12	01200					12
13	01300	3,624,500	166,471	3,790,971	90,467	13
14	01400	614,390	1,501,552	2,115,942	9,807	14
15	01500	4,368,466	11,528,025	15,896,491	-11,129,766	15
16	01600	2,129,141	1,876,029	4,005,170		16
17	01700					17
19	01900					19
20	02000	1,421,099	427,083	1,848,182	-90,467	20
21	02100	6,270,845		6,270,845	1,510,361	21
22	02200				119,816	22
23	02300	105,135	13,275	118,410		23
23.01	02301	149,285	4,659	153,944		23.01
23.02	02302	75,342	9,002	84,344		23.02
23.03	02303	129,310	13,398	142,708		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	21,526,714	10,255,166	31,781,880	-5,434,720	30
31	03100	7,221,510	1,612,659	8,834,169	-222,439	31
35	02060	4,971,603	2,052,736	7,024,339	-25,168	35
40	04000	2,254,451	716,578	2,971,029	-29,026	40
43	04300				999,610	43
44	04400	2,466,233	186,085	2,652,318	25,245	44
ANCILLARY SERVICE COST CENTERS						
50	05000	7,996,098	31,565,366	39,561,464	-22,393,091	50
50.01	05001	883,997	1,960,868	2,844,865	-704,165	50.01
50.02	05002	108,602	249,574	358,176	-43,238	50.02
51	05100	1,572,716	175,763	1,748,479		51
52	05200				4,402,002	52
53	05300	784,358	7,375,773	8,160,131	-265,199	53
54	05400	3,457,866	1,965,068	5,422,934	-552,913	54
55	05500	788,482	381,277	1,169,759	-44,508	55
56	05600	234,366	752,302	986,668		56
57	05700	422,880	509,364	932,244	-87,231	57
58	05800	260,730	344,229	604,959	-2,638	58
59	05900	4,485,152	21,845,406	26,330,558	-20,872,649	59
60	06000	4,676,699	9,115,169	13,791,868		60
62.30	06250					62.30
65	06500	3,197,658	902,874	4,100,532	-47,253	65
66	06600	5,202,375	540,015	5,742,390	-60,898	66
69	06900	1,705,579	4,971,505	6,677,084	-24,175	69
70	07000	691,469	332,185	1,023,654		70
71	07100				15,149,153	71
72	07200				30,576,865	72
73	07300				11,068,743	73
74	07400	84	674,295	674,379	-32,396	74
76	03950	1,121,449	161,767	1,283,216	-107	76
76.97	07697	436,410	20,805	457,215		76.97
76.98	07698		1,006,667	1,006,667	-30,156	76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	4,124,070	4,649,149	8,773,219	-145,818	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
101	10100	3,994,624	682,286	4,676,910	-196,139	101
SPECIAL PURPOSE COST CENTERS						
113	11300		3,467,307	3,467,307		113
116	11600	465,016	482,500	947,516	-69,027	116
117	06950	742,987	2,441,523	3,184,510		117
118						118
SUBTOTALS (SUM OF LINES 1-117)						
		133,922,941	280,900,183	414,823,124	-21,323	
NONREIMBURSABLE COST CENTERS						
190	19000	37,461	276,843	314,304		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		10,296,492	10,296,492		192
193	19300 NONPAID WORKERS				21,323	193
194	07950 NON REIMBURSABLE-OTHER	71,297	255,027	326,324		194
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	566,148	-573,981	-7,833		194.01
200	TOTAL (SUM OF LINES 118-199)	134,597,847	291,154,564	425,752,411		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	12,914,406	-564,297	12,350,109	1
1.01	00101	CAP REL COSTS - CON	165,249	-9,785	155,464	1.01
2	00200	CAP REL COSTS-MVBLE EQUIP	15,966,266		15,966,266	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	42,086,089	-8,108,259	33,977,830	4
5.01	00540	COMMUNICATIONS	1,901,017	-84,224	1,816,793	5.01
5.02	00550	INFORMATION SYSTEMS	3,397,555	13,725,104	17,122,659	5.02
5.03	00560	PURCHASING/RECEIVENG/STORES	717,746	-2,047	715,699	5.03
5.04	00570	ADMITTING	1,456,210		1,456,210	5.04
5.05	00580	PATIENT ACCOUNTING	2,874,665	-1,335	2,873,330	5.05
5.06	00590	OTHER ADMIN & GENERAL	76,016,549	-41,144,789	34,871,760	5.06
6	00600	MAINTENANCE & REPAIRS	5,857,691	-11,706	5,845,985	6
7	00700	OPERATION OF PLANT	9,555,115	-171,278	9,383,837	7
8	00800	LAUNDRY & LINEN SERVICE	3,115,950	-854	3,115,096	8
9	00900	HOUSEKEEPING	3,931,141	-44,646	3,886,495	9
10	01000	DIETARY	1,364,040	-328	1,363,712	10
11	01100	CAFETERIA	415,784	-73,617	342,167	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	3,881,438	-555,903	3,325,535	13
14	01400	CENTRAL SERVICES & SUPPLY	2,125,749	-48,623	2,077,126	14
15	01500	PHARMACY	4,766,725	-58,297	4,708,428	15
16	01600	MEDICAL RECORDS & LIBRARY	4,005,170	-1	4,005,169	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL	1,757,715	-1,739,975	17,740	20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD	7,781,206		7,781,206	21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	119,816		119,816	22
23	02300	PARAMED ED (CLINICAL LAB SCIENCE)	118,410	-11,902	106,508	23
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	153,944	-15,475	138,469	23.01
23.02	02302	PARAMED ED (ENDT)	84,344	-4,028	80,316	23.02
23.03	02303	PARAMED ED (PHARMACY)	142,708		142,708	23.03
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	26,347,160	-6,164,890	20,182,270	30
31	03100	INTENSIVE CARE UNIT	8,611,730	-320,547	8,291,183	31
35	02060	HIGH RISK NEONATAL	6,999,171	-1,451,265	5,547,906	35
40	04000	SUBPROVIDER - IPF	2,942,003	-530,928	2,411,075	40
43	04300	NURSERY	999,610		999,610	43
44	04400	SKILLED NURSING FACILITY	2,677,563	-31,377	2,646,186	44
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	17,168,373	-4,657,357	12,511,016	50
50.01	05001	GASTRODIAGNOSTIC UNIT	2,140,700	-914,215	1,226,485	50.01
50.02	05002	PAIN MANAGEMENT CENTER	314,938	-23,392	291,546	50.02
51	05100	RECOVERY ROOM	1,748,479		1,748,479	51
52	05200	DELIVERY ROOM & LABOR ROOM	4,402,002		4,402,002	52
53	05300	ANESTHESIOLOGY	7,894,932	-5,511,892	2,383,040	53
54	05400	RADIOLOGY-DIAGNOSTIC	4,870,021	-47,707	4,822,314	54
55	05500	RADIOLOGY-THERAPEUTIC	1,125,251		1,125,251	55
56	05600	RADIOISOTOPE	986,668		986,668	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	845,013		845,013	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	602,321		602,321	58
59	05900	CARDIAC CATHETERIZATION	5,457,909	-3,643,266	1,814,643	59
60	06000	LABORATORY	13,791,868	-139,427	13,652,441	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	4,053,279	-147,023	3,906,256	65
66	06600	PHYSICAL THERAPY	5,681,492	-193,667	5,487,825	66
69	06900	ELECTROCARDIOLOGY	6,652,909	-2,358,650	4,294,259	69
70	07000	ELECTROENCEPHALOGRAPHY	1,023,654	-68,100	955,554	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	15,149,153		15,149,153	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	30,576,865		30,576,865	72
73	07300	DRUGS CHARGED TO PATIENTS	11,068,743		11,068,743	73
74	07400	RENAL DIALYSIS	641,983	-33,917	608,066	74
76	03950	OTHER ANCILLARY	1,283,109	-123,326	1,159,783	76
76.97	07697	CARDIAC REHABILITATION	457,215	-51,047	406,168	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	976,511	-18,605	957,906	76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	EMERGENCY	8,627,401	-3,273,954	5,353,447	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
101	10100	HOME HEALTH AGENCY	4,480,771	-3,148	4,477,623	101
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE	3,467,307	-3,467,307		113
116	11600	HOSPICE	878,489	-2,642	875,847	116
117	06950	HOME INFUSION	3,184,510	-19,794	3,164,716	117
118		SUBTOTALS (SUM OF LINES 1-117)	414,801,801	-72,123,708	342,678,093	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	314,304		314,304	190

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/29/2012 09:15

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS (COL. 5 ± COL. 6)	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5	6	7	
192	19200 PHYSICIANS' PRIVATE OFFICES	10,296,492	-9,901,378	395,114	192
193	19300 NONPAID WORKERS	21,323		21,323	193
194	07950 NON REIMBURSABLE-OTHER	326,324		326,324	194
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	-7,833		-7,833	194.01
200	TOTAL (SUM OF LINES 118-199)	425,752,411	-82,025,086	343,727,325	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1	1	2	3	4	5	
1 COLLEGE OF NURSING DEPREC COSTS	A	CAP REL COSTS - CON	1.01			165,249 1
500 TOTAL RECLASSIFICATIONS						165,249 500
CODE LETTER - A						
1 NONPAID WORKERS	B	NONPAID WORKERS	193	21,323		1
2		EMPLOYEE BENEFITS	4			34,245 2
3						3
500 TOTAL RECLASSIFICATIONS				21,323		34,245 500
CODE LETTER - B						
1 MEDICAL CARE ADMIN COSTS	C	I&R SRVCES-OTHER PRGM COSTS A	22	119,816		1
2		ADULTS & PEDIATRICS	30	119,815		2
500 TOTAL RECLASSIFICATIONS				239,631		500
CODE LETTER - C						
1 CAFETERIA COSTS	D	CAFETERIA	11	468,873		1
2		DIETARY	10			53,089 2
500 TOTAL RECLASSIFICATIONS				468,873		53,089 500
CODE LETTER - D						
1 NURSERY AND LABOR/DELIVERY COSTS	E	NURSERY	43	538,157		461,453 1
2		DELIVERY ROOM & LABOR ROOM	52	2,369,892		2,032,110 2
500 TOTAL RECLASSIFICATIONS				2,908,049		2,493,563 500
CODE LETTER - E						
1 HOME HEALTH SUPPLY COSTS	F	CENTRAL SERVICES & SUPPLY	14			9,807 1
2		MEDICAL SUPPLIES CHRGD TO PA	71			186,332 2
500 TOTAL RECLASSIFICATIONS						196,139 500
CODE LETTER - F						
1 HOME HEALTH HOSPICE SALARY COSTS	G	SKILLED NURSING FACILITY	44	49,675		1
500 TOTAL RECLASSIFICATIONS				49,675		500
CODE LETTER - G						
1 SNF MEDICAID ASSESSMENT FEE	H	OTHER ADMIN & GENERAL	5.06			24,430 1
500 TOTAL RECLASSIFICATIONS						24,430 500
CODE LETTER - H						
1 INTERNS & RESIDENTS H&W COSTS	I	I&R SRVCES-SALARY & FRINGES A	21			1,510,361 1
500 TOTAL RECLASSIFICATIONS						1,510,361 500
CODE LETTER - I						
1 DRUGS CHARGED TO PATIENTS	J	DRUGS CHARGED TO PATIENTS	73			11,129,766 1
500 TOTAL RECLASSIFICATIONS						11,129,766 500
CODE LETTER - J						
1 WORKERS COMPENSATION COSTS	K	EMPLOYEE BENEFITS	4			137,797 1
500 TOTAL RECLASSIFICATIONS						137,797 500
CODE LETTER - K						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 MEDICAL & IMPLANTABLE SUPPLY COSTS	L	MEDICAL SUPPLIES CHRGED TO PA	71		14,962,821
2		IMPL. DEV. CHARGED TO PATIENT	72		30,576,865
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
500 TOTAL RECLASSIFICATIONS					45,539,686
CODE LETTER - L					500
1 RN-BSN PROGRAM/EDUCATION	M	NURSING ADMINISTRATION	13	90,467	1
500 TOTAL RECLASSIFICATIONS				90,467	500
CODE LETTER - M					
1 LEGAL FEES	N	OTHER ADMIN & GENERAL	5.06		232,961
500 TOTAL RECLASSIFICATIONS					232,961
CODE LETTER - N					500
1 UTILITIES/TELEPHONE FOR PDC	O	OPERATION OF PLANT	7		166,915
2		COMMUNICATIONS	5.01		61,387
500 TOTAL RECLASSIFICATIONS					228,302
CODE LETTER - O					500
GRAND TOTAL (INCREASES)				3,778,018	61,745,588

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 COLLEGE OF NURSING DEPREC COSTS	A	CAP REL COSTS-BLDG & FIXT	1		165,249	11 1
500 TOTAL RECLASSIFICATIONS					165,249	500
CODE LETTER - A						
1 NONPAID WORKERS	B	OTHER ADMIN & GENERAL	5.06	7,190		1
2 SUBPROVIDER - IPF			40	29,026		2
3 HOSPICE			116	19,352		3
500 TOTAL RECLASSIFICATIONS				55,568		500
CODE LETTER - B						
1 MEDICAL CARE ADMIN COSTS	C					1
2 OTHER ADMIN & GENERAL			5.06	239,631		2
500 TOTAL RECLASSIFICATIONS				239,631		500
CODE LETTER - C						
1 CAFETERIA COSTS	D	DIETARY	10	468,873		1
2 CAFETERIA			11		53,089	2
500 TOTAL RECLASSIFICATIONS				468,873	53,089	500
CODE LETTER - D						
1 NURSERY AND LABOR/DELIVERY COSTS	E	ADULTS & PEDIATRICS	30	2,908,049	2,493,563	1
2						2
500 TOTAL RECLASSIFICATIONS				2,908,049	2,493,563	500
CODE LETTER - E						
1 HOME HEALTH SUPPLY COSTS	F	HOME HEALTH AGENCY	101		196,139	1
2						2
500 TOTAL RECLASSIFICATIONS					196,139	500
CODE LETTER - F						
1 HOME HEALTH HOSPICE SALARY COSTS	G	HOSPICE	116	49,675		1
500 TOTAL RECLASSIFICATIONS				49,675		500
CODE LETTER - G						
1 SNF MEDICAID ASSESSMENT FEE	H	SKILLED NURSING FACILITY	44		24,430	1
500 TOTAL RECLASSIFICATIONS					24,430	500
CODE LETTER - H						
1 INTERNS & RESIDENTS H&W COSTS	I	EMPLOYEE BENEFITS	4		1,510,361	1
500 TOTAL RECLASSIFICATIONS					1,510,361	500
CODE LETTER - I						
1 DRUGS CHARGED TO PATIENTS	J	PHARMACY	15		11,129,766	1
500 TOTAL RECLASSIFICATIONS					11,129,766	500
CODE LETTER - J						
1 WORKERS COMPENSATION COSTS	K	OTHER ADMIN & GENERAL	5.06		137,797	1
500 TOTAL RECLASSIFICATIONS					137,797	500
CODE LETTER - K						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 MEDICAL & IMPLANTABLE SUPPLY COSTS	L	ADULTS & PEDIATRICS	30		152,923	1
2		INTENSIVE CARE UNIT	31		222,439	2
3		HIGH RISK NEONATAL	35		25,168	3
4		OPERATING ROOM	50		22,393,091	4
5		GASTRODIAGNOSTIC UNIT	50.01		704,165	5
6		PAIN MANAGEMENT CENTER	50.02		43,238	6
7		ANESTHESIOLOGY	53		265,199	7
8		RADIOLOGY-DIAGNOSTIC	54		552,913	8
9		RADIOLOGY-THERAPEUTIC	55		44,508	9
10		COMPUTED TOMOGRAPHY (CT) SCAN	57		87,231	10
11		MAGNETIC RESONANCE IMAGING (M	58		2,638	11
12		CARDIAC CATHETERIZATION	59		20,644,347	12
13		RESPIRATORY THERAPY	65		47,253	13
14		PHYSICAL THERAPY	66		60,898	14
15		ELECTROCARDIOLOGY	69		24,175	15
16		DRUGS CHARGED TO PATIENTS	73		61,023	16
17		RENAL DIALYSIS	74		32,396	17
18		OTHER ANCILLARY	76		107	18
19		HYPERBARIC OXYGEN THERAPY	76.98		30,156	19
20		EMERGENCY	91		145,818	20
500 TOTAL RECLASSIFICATIONS					45,539,686	500
CODE LETTER - L						
1 RN-BSN PROGRAM/EDUCATION	M	NURSING SCHOOL	20	90,467		1
500 TOTAL RECLASSIFICATIONS				90,467		500
CODE LETTER - M						
1 LEGAL FEES	N	EMPLOYEE BENEFITS	4		232,961	1
500 TOTAL RECLASSIFICATIONS					232,961	500
CODE LETTER - N						
1 UTILITIES/TELEPHONE FOR PDC	O	CARDIAC CATHETERIZATION	59		228,302	1
2						2
500 TOTAL RECLASSIFICATIONS					228,302	500
CODE LETTER - O						
GRAND TOTAL (DECREASES)				3,812,263	61,711,343	

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	16,505,456	1,864,546		1,864,546		18,370,002		1
2 LAND IMPROVEMENTS	4,112,417	467,140		467,140	185,618	4,393,939	1,218,981	2
3 BUILDINGS AND FIXTURES	360,814,200	70,512,662		70,512,662	35,427,121	395,899,741	20,427,561	3
4 BUILDING IMPROVEMENTS	331,494					331,494	83,630	4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	214,563,454	15,830,975		15,830,975	3,841,649	226,552,780	108,019,780	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	596,327,021	88,675,323		88,675,323	39,454,388	645,547,956	129,749,952	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	596,327,021	88,675,323		88,675,323	39,454,388	645,547,956	129,749,952	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) 15
1 CAP REL COSTS-BLDG & FIXT	13,079,655						13,079,655 1
1.01 CAP REL COSTS - CON							1.01
2 CAP REL COSTS-MVBLE EQUIP	15,966,266						15,966,266 2
3 TOTAL (SUM OF LINES 1-2)	29,045,921						29,045,921 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
			5-7)	(SUM OF COLS. 9-14) 8					
1 CAP REL COSTS-BLDG & FIXT	396,766,914		396,766,914	0.632622				1	
1.01 CAP REL COSTS - CON	3,858,258		3,858,258	0.006152				1.01	
2 CAP REL COSTS-MVBLE EQUIP	226,552,780		226,552,780	0.361226				2	
3 TOTAL (SUM OF LINES 1-2)	627,177,952		627,177,952	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) 15
1 CAP REL COSTS-BLDG & FIXT	12,515,358		-165,249				12,350,109 1
1.01 CAP REL COSTS - CON	-9,785		165,249				155,464 1.01
2 CAP REL COSTS-MVBLE EQUIP	15,966,266						15,966,266 2
3 TOTAL	28,471,839						28,471,839 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	-2,047	PURCHASING/RECEIVENG/STORES	5.03	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-959,728	OTHER ADMIN & GENERAL	5.06	5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-36,398	COMMUNICATIONS	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)	B	-30,254	OPERATION OF PLANT	7	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-24,586,218			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-854	LAUNDRY & LINEN SERVICE	8	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1	-2,967,003			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-73,617	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)	B	-1,724,379	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		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES	A	-564,297	CAP REL COSTS-BLDG & FIXT	1	9 26
26.01 DEPREC-BLDGS AND FIXT	A	-9,785	CAP REL COSTS - CON	1.01	9 26.01
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		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 TRADE, QUANTITY & TIME DISCOUNTS	B	-22,768	OTHER ADMIN & GENERAL	5.06	33
34 ASSETS RELEASED FOR OPERATIONS	B	-415,812	NURSING ADMINISTRATION	13	34
34.01 ASSETS RELEASED FOR OPERATIONS	B	-22,575	PHARMACY	15	34.01
34.02 ASSETS RELEASED FOR OPERATIONS	B	-18,362	ADULTS & PEDIATRICS	30	34.02
34.03 ASSETS RELEASED FOR OPERATIONS	B	-3,808	SUBPROVIDER - IPF	40	34.03
34.04 ASSETS RELEASED FOR OPERATIONS	B	-1,012	HIGH RISK NEONATAL	35	34.04
34.05 ASSETS RELEASED FOR OPERATIONS	B	-951	SKILLED NURSING FACILITY	44	34.05
34.06 ASSETS RELEASED FOR OPERATIONS	B	-3,219	RADIOLOGY-DIAGNOSTIC	54	34.06
34.07 ASSETS RELEASED FOR OPERATIONS	B	-32,062	PHYSICAL THERAPY	66	34.07
34.08 ASSETS RELEASED FOR OPERATIONS	B	-6,177	ELECTROCARDIOLOGY	69	34.08
34.09 ASSETS RELEASED FOR OPERATIONS	B	-22,746	OTHER ANCILLARY	76	34.09
34.10 ASSETS RELEASED FOR OPERATIONS	B	-1,022	EMERGENCY	91	34.10
34.11 ASSETS RELEASED FOR OPERATIONS	B	-3,148	HOME HEALTH AGENCY	101	34.11
34.12 ASSETS RELEASED FOR OPERATIONS	B	-4,151	HOME INFUSION	117	34.12
35 MISC OTHER OPERATING REVENUE	B	-44	EMPLOYEE BENEFITS	4	35
35.01 MISC OTHER OPERATING REVENUE	B	-47,826	COMMUNICATIONS	5.01	35.01
35.02 MISC OTHER OPERATING REVENUE	B	-19,317	INFORMATION SYSTEMS	5.02	35.02
35.03 MISC OTHER OPERATING REVENUE	B	-1,335	PATIENT ACCOUNTING	5.05	35.03
35.04 MISC OTHER OPERATING REVENUE	B	-1,335,925	OTHER ADMIN & GENERAL	5.06	35.04
35.05 MISC OTHER OPERATING REVENUE	B	-11,706	MAINTENANCE & REPAIRS	6	35.05
35.06 MISC OTHER OPERATING REVENUE	B	-103,980	OPERATION OF PLANT	7	35.06
35.07 MISC OTHER OPERATING REVENUE	B	-44,646	HOUSEKEEPING	9	35.07
35.08 MISC OTHER OPERATING REVENUE	B	-59,646	NURSING ADMINISTRATION	13	35.08
35.09 MISC OTHER OPERATING REVENUE	B	-48,623	CENTRAL SERVICES & SUPPLY	14	35.09
35.10 MISC OTHER OPERATING REVENUE	B	-35,722	PHARMACY	15	35.10
35.11 MISC OTHER OPERATING REVENUE	B	-1	MEDICAL RECORDS & LIBRARY	16	35.11
35.12 MISC OTHER OPERATING REVENUE	B	-1,035	ADULTS & PEDIATRICS	30	35.12
35.13 MISC OTHER OPERATING REVENUE	B	-250	HIGH RISK NEONATAL	35	35.13

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
35.14 MISC OTHER OPERATING REVENUE	B	-530	SKILLED NURSING FACILITY	44	35.14
35.15 MISC OTHER OPERATING REVENUE	B	-26,072	OPERATING ROOM	50	35.15
35.16 MISC OTHER OPERATING REVENUE	B	-136	ANESTHESIOLOGY	53	35.16
35.17 MISC OTHER OPERATING REVENUE	B	-44,488	RADIOLOGY-DIAGNOSTIC	54	35.17
35.18 MISC OTHER OPERATING REVENUE	B	-2,503	CARDIAC CATHETERIZATION	59	35.18
35.19 MISC OTHER OPERATING REVENUE	B	-1,442	LABORATORY	60	35.19
35.20 MISC OTHER OPERATING REVENUE	B	-7,605	RESPIRATORY THERAPY	65	35.20
35.21 MISC OTHER OPERATING REVENUE	B	-113,322	PHYSICAL THERAPY	66	35.21
35.22 MISC OTHER OPERATING REVENUE	B	-242,346	ELECTROCARDIOLOGY	69	35.22
35.23 MISC OTHER OPERATING REVENUE	B	-23,561	ELECTROENCEPHALOGRAPHY	70	35.23
35.24 MISC OTHER OPERATING REVENUE	B	-100,580	OTHER ANCILLARY	76	35.24
35.25 MISC OTHER OPERATING REVENUE	B	-51,047	CARDIAC REHABILITATION	76.97	35.25
35.26 MISC OTHER OPERATING REVENUE	B	-96,118	EMERGENCY	91	35.26
35.27 MISC OTHER OPERATING REVENUE	B	-2,642	HOSPICE	116	35.27
35.28 MISC OTHER OPERATING REVENUE	B	-15,643	HOME INFUSION	117	35.28
36 RENTAL OF HOSPITAL SPACE	B	-37,044	OPERATION OF PLANT	7	36
36.01 RENTAL OF HOSPITAL SPACE	B	-4,536	PAIN MANAGEMENT CENTER	50.02	36.01
36.02 RENTAL OF HOSPITAL SPACE	B	-365,798	CARDIAC CATHETERIZATION	59	36.02
36.03 RENTAL OF HOSPITAL SPACE	B	-6,634	PHYSICAL THERAPY	66	36.03
36.04 RENTAL OF HOSPITAL SPACE	B	-106,141	ELECTROCARDIOLOGY	69	36.04
37 TUITION, FEES, BOOKS, ETC.	B	-11,902	PARAMED ED (CLINICAL LAB SCIENC	23	37
37.01 TUITION, FEES, BOOKS, ETC.	B	-15,475	PARAMED ED (RESPIRATORY THERAPY	23.01	37.01
37.02 TUITION, FEES, BOOKS, ETC.	B	-4,028	PARAMED ED (ENDT)	23.02	37.02
37.03 TUITION, FEES, BOOKS, ETC.	B	-11,278	NURSING ADMINISTRATION	13	37.03
38 INTERCOMPANY REVENUE	B	-137,725	EMPLOYEE BENEFITS	4	38
38.01 INTERCOMPANY REVENUE	B	-799,087	OTHER ADMIN & GENERAL	5.06	38.01
38.02 INTERCOMPANY REVENUE	B	-33,767	NURSING ADMINISTRATION	13	38.02
38.03 INTERCOMPANY REVENUE	B	-24,767	PHYSICAL THERAPY	66	38.03
39 MEDICAID ASSESSMENT	A	-11,152,492	OTHER ADMIN & GENERAL	5.06	39
39.01 MEDICAID ASSESSMENT	A	-24,430	SKILLED NURSING FACILITY	44	39.01
39.02 SALES & PROPERTY TAX	A	-96,254	CARDIAC CATHETERIZATION	59	39.02
40 LOBBYING COSTS/LEGAL FEES	A	-88,562	OTHER ADMIN & GENERAL	5.06	40
40.01 NONALLOWABLE ALCOHOL COSTS	A	-328	DIETARY	10	40.01
41 CRNA COSTS	A	-5,511,756	ANESTHESIOLOGY	53	41
42 PHONE OPERATORS COSTS	A	-31,703	OTHER ADMIN & GENERAL	5.06	42
43 NONALLOWABLE INTEREST	A	-3,467,307	INTEREST EXPENSE	113	43
44 SELF-FUNDED INSURANCE	A	-7,962,812	EMPLOYEE BENEFITS	4	44
45 ADVERTISING	A	-2,260,861	OTHER ADMIN & GENERAL	5.06	45
45.01 ADVERTISING	A	-35,400	NURSING ADMINISTRATION	13	45.01
45.02 ADVERTISING	A	-15,596	NURSING SCHOOL	20	45.02
45.03 ADVERTISING	A	-11,407	PHYSICAL THERAPY	66	45.03
46 PURCHASED SVCS-HSHS MEDICAL GRP	A	-9,250,979	PHYSICIANS' PRIVATE OFFICES	192	46
47 GOVERNMENT GRANT-SIU	B	-2,777,423	OTHER ADMIN & GENERAL	5.06	47
48 INTANGIBLE ASSETS	A	-3,178,711	CARDIAC CATHETERIZATION	59	48
48.01 INTANGIBLE ASSETS	A	-650,399	PHYSICIANS' PRIVATE OFFICES	192	48.01
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-82,025,086			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	5.02	INFORMATION SYSTEMS				
2	5.06	OTHER ADMIN & GENERAL	13,754,853	23,524,200	13,754,853	1
3		CONTRACTED SERVICES-IT	6,802,344		-16,721,856	2
4		CONTRACTED SERVICES-HSHS				3
5		TOTALS (SUM OF LINES 1-4)	20,557,197	23,524,200	-2,967,003	4
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
B			HOSPITAL SISTERS HEALTH SYSTEM		CORPORATE OFFICE	6
						7
						8
						9
						10

- (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	7,678	7,678	171,400			1
2	5.02 INFORMATION SYSTEMS	AGGREGATE	18,425	3,825	14,600	171,400	97	400
3	5.06 OTHER ADMIN & GENERAL	AGGREGATE	5,730,745	4,466,042	1,264,703	171,400	8,936	36,818
4	30 ADULTS & PEDIATRICS	AGGREGATE	6,340,708	6,133,090	207,618	171,400	2,369	9,761
5	31 INTENSIVE CARE UNIT	AGGREGATE	320,547	320,547		171,400		5
6	35 HIGH RISK NEONATAL	AGGREGATE	1,532,242	1,348,159	184,083	171,400	998	4,112
7	40 SUBPROVIDER - IPF	AGGREGATE	530,828	521,048	9,780	171,400	45	185
8	44 SKILLED NURSING FACILITY	AGGREGATE	11,481	644	10,837	171,400	73	301
9	50 OPERATING ROOM	AGGREGATE	4,832,932	4,472,989	359,943	204,100	2,055	10,082
10	50.01 GASTRODIAGNOSTIC UNIT	AGGREGATE	937,765	901,765	36,000	204,100	240	1,178
11	50.02 PAIN MANAGEMENT CENTER	AGGREGATE	34,760		34,760	171,400	193	795
12	60 LABORATORY	AGGREGATE	165,000		165,000	219,500	256	1,351
13	65 RESPIRATORY THERAPY	AGGREGATE	139,500	139,000	500	171,400	1	4
14	66 PHYSICAL THERAPY	AGGREGATE	12,150		12,150	171,400	81	334
15	69 ELECTROCARDIOLOGY	AGGREGATE	2,221,450	1,438,409	783,041	171,400	2,639	10,873
16	70 ELECTROENCEPHALOGRAPHY	AGGREGATE	46,187	18,684	27,503	171,400	20	82
17	74 RENAL DIALYSIS	AGGREGATE	33,917	33,917		171,400		17
18	76.98 HYPERBARIC OXYGEN THERAP	AGGREGATE	39,865		39,865	171,400	258	1,063
19	91 EMERGENCY	AGGREGATE	3,197,168	3,156,568	40,600	171,400	247	1,018
200	TOTAL	AGGREGATE	26,153,348	22,962,365	3,190,983		18,508	78,357

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							7,678	1
2	5.02	INFORMATION SYSTEMS	AGGREGATE				7,993	6,607		10,432	2
3	5.06	OTHER ADMIN & GENERAL	AGGREGATE				736,361	528,342		4,994,384	3
4	30	ADULTS & PEDIATRICS	AGGREGATE				195,215	12,403		6,145,493	4
5	31	INTENSIVE CARE UNIT	AGGREGATE							320,547	5
6	35	HIGH RISK NEONATAL	AGGREGATE				82,239	101,844		1,450,003	6
7	40	SUBPROVIDER - IPF	AGGREGATE				3,708	6,072		527,120	7
8	44	SKILLED NURSING FACILITY	AGGREGATE				6,015	4,822		5,466	8
9	50	OPERATING ROOM	AGGREGATE				201,647	158,296		4,631,285	9
10	50.01	GASTRODIAGNOSTIC UNIT	AGGREGATE				23,550	12,450		914,215	10
11	50.02	PAIN MANAGEMENT CENTER	AGGREGATE				15,904	18,856		18,856	11
12	60	LABORATORY	AGGREGATE				27,015	137,985		137,985	12
13	65	RESPIRATORY THERAPY	AGGREGATE				82	418		139,418	13
14	66	PHYSICAL THERAPY	AGGREGATE				6,675	5,475		5,475	14
15	69	ELECTROCARDIOLOGY	AGGREGATE				217,464	565,577		2,003,986	15
16	70	ELECTROENCEPHALOGRAPHY	AGGREGATE				1,648	25,855		44,539	16
17	74	RENAL DIALYSIS	AGGREGATE							33,917	17
18	76.98	HYPERBARIC OXYGEN THERAPY	AGGREGATE				21,260	18,605		18,605	18
19	91	EMERGENCY	AGGREGATE				20,354	20,246		3,176,814	19
200		TOTAL					1,567,130	1,623,853		24,586,218	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	12,350,109	12,350,109				1
1.01	CAP REL COSTS - CON	155,464		155,464			1.01
2	CAP REL COSTS-MVBLE EQUIP	15,966,266			15,966,266		2
4	EMPLOYEE BENEFITS	33,977,830	23,016		854	34,001,700	4
5.01	COMMUNICATIONS	1,816,793	153,310		971,217	227,195	5.01
5.02	INFORMATION SYSTEMS	17,122,659	31,634		2,275,113	587,815	5.02
5.03	PURCHASING/RECEIVNG/STORES	715,699	210,108		10,457	154,970	5.03
5.04	ADMITTING	1,456,210	59,591		39,553	361,136	5.04
5.05	PATIENT ACCOUNTING	2,873,330	76,917		9,575	460,701	5.05
5.06	OTHER ADMIN & GENERAL	34,871,760	533,956		261,675	2,910,139	5.06
6	MAINTENANCE & REPAIRS	5,845,985	92,236		63,505	837,574	6
7	OPERATION OF PLANT	9,383,837	2,359,335		72,457	422,665	7
8	LAUNDRY & LINEN SERVICE	3,115,096	271,070		594,257	331,550	8
9	HOUSEKEEPING	3,886,495	61,987		2,839	608,581	9
10	DIETARY	1,363,712	226,970		15,666	411,478	10
11	CAFETERIA	342,167	77,726		4,774	125,419	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	3,325,535	40,356		35,214	993,761	13
14	CENTRAL SERVICES & SUPPLY	2,077,126	97,335		319,054	164,351	14
15	PHARMACY	4,708,428	49,311		317,765	1,168,573	15
16	MEDICAL RECORDS & LIBRARY	4,005,169	29,702		81,329	569,549	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL	17,740		151,992	16,254	355,947	20
21	I&R SRVCES-SALARY & FRINGES APPRVD	7,781,206					21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	119,816	305,863			32,051	22
23	PARAMED ED (CLINICAL LAB SCIENCE)	106,508	3,654			28,124	23
23.01	PARAMED ED (RESPIRATORY THERAPY)	138,469		3,472	286	39,934	23.01
23.02	PARAMED ED (ENDT)	80,316	1,265		616	20,154	23.02
23.03	PARAMED ED (PHARMACY)	142,708	7,382			34,591	23.03
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	20,182,270	1,374,187		621,096	5,012,556	30
31	INTENSIVE CARE UNIT	8,291,183	82,652		423,788	1,931,768	31
35	HIGH RISK NEONATAL	5,547,906	182,944		279,995	1,329,914	35
40	SUBPROVIDER - IPF	2,411,075	177,569		27,015	595,306	40
43	NURSERY	999,610	46,309		28,692	143,958	43
44	SKILLED NURSING FACILITY	2,646,186	188,253		46,500	673,010	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	12,511,016	508,177		2,044,728	2,138,972	50
50.01	GASTRODIAGNOSTIC UNIT	1,226,485	41,060		331,822	236,471	50.01
50.02	PAIN MANAGEMENT CENTER	291,546			42,935	29,051	50.02
51	RECOVERY ROOM	1,748,479	17,984		128,205	420,705	51
52	DELIVERY ROOM & LABOR ROOM	4,402,002	203,931		126,354	633,951	52
53	ANESTHESIOLOGY	2,383,040	22,417		327,871	209,817	53
54	RADIOLOGY-DIAGNOSTIC	4,822,314	173,615		1,739,053	924,986	54
55	RADIOLOGY-THERAPEUTIC	1,125,251	78,392		526,293	210,921	55
56	RADIOISOTOPE	986,668	34,329		396,242	62,693	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	845,013	8,925		173,896	113,121	57
58	MAGNETIC RESONANCE IMAGING (MRI)	602,321	20,006		463,560	69,746	58
59	CARDIAC CATHETERIZATION	1,814,643	421,976		1,152,366	1,199,787	59
60	LABORATORY	13,652,441	169,767		410,769	1,251,026	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	3,906,256	58,311		242,615	855,380	65
66	PHYSICAL THERAPY	5,487,825	178,018		61,511	1,391,646	66
69	ELECTROCARDIOLOGY	4,294,259	309,390		413,130	456,246	69
70	ELECTROENCEPHALOGRAPHY	955,554	11,059		106,048	184,969	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	15,149,153					71
72	IMPL. DEV. CHARGED TO PATIENT	30,576,865					72
73	DRUGS CHARGED TO PATIENTS	11,068,743					73
74	RENAL DIALYSIS	608,066			2,632	22	74
76	OTHER ANCILLARY	1,159,783	5,039		10,845	299,990	76
76.97	CARDIAC REHABILITATION	406,168	75,127		26,288	116,741	76.97
76.98	HYPERBARIC OXYGEN THERAPY	957,906			4,579		76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	5,353,447	151,138		279,421	1,103,197	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	4,477,623	81,814		64,587	1,068,570	101
SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE						113
116	HOSPICE	875,847	1,939		1,913	105,928	116

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/29/2012 09:15

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	3,164,716	13,926		12,402	198,751	117
118	SUBTOTALS (SUM OF LINES 1-117)	342,678,093	9,350,978	155,464	15,609,611	33,815,457	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	314,304	17,782		5,997	10,021	190
192	PHYSICIANS' PRIVATE OFFICES	395,114	1,837,336		334,507		192
193	NONPAID WORKERS	21,323				5,704	193
194	NON REIMBURSABLE-OTHER	326,324	1,142,538		3,228	19,072	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	-7,833	1,475		12,923	151,446	194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	343,727,325	12,350,109	155,464	15,966,266	34,001,700	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	3,168,515					5.01
5.02 INFORMATION SYSTEMS	70,142	20,087,363				5.02
5.03 PURCHASING/RECEIVENG/STORES	26,782	242,260	1,360,276			5.03
5.04 ADMITTING	77,156	512,783	2,303	2,508,732		5.04
5.05 PATIENT ACCOUNTING	65,679	476,444	251		3,962,897	5.05
5.06 OTHER ADMIN & GENERAL	369,839	1,679,667	7,937			5.06
6 MAINTENANCE & REPAIRS	38,259	209,958	333			6
7 OPERATION OF PLANT	99,474	76,716	288			7
8 LAUNDRY & LINEN SERVICE	11,478	48,452	69			8
9 HOUSEKEEPING	14,666	64,603	3,723			9
10 DIETARY	25,506	226,109	374			10
11 CAFETERIA	11,478	68,640	114			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	43,998	189,770	926			13
14 CENTRAL SERVICES & SUPPLY	18,492		27,884			14
15 PHARMACY	53,563	403,766	6,772			15
16 MEDICAL RECORDS & LIBRARY	56,114	686,402	403			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	26,782	258,410	1,443			20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	2,551					22
23 PARAMED ED (CLINICAL LAB SCIENCE)	1,913		11			23
23.01 PARAMED ED (RESPIRATORY THERAPY)	3,826		25			23.01
23.02 PARAMED ED (ENDT)	5,101		19			23.02
23.03 PARAMED ED (PHARMACY)			3			23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	265,903	3,270,502	39,357	161,394	254,928	30
31 INTENSIVE CARE UNIT	139,009	916,549	25,771	65,575	103,579	31
35 HIGH RISK NEONATAL	52,925	415,879	9,064	45,071	71,192	35
40 SUBPROVIDER - IPF	45,274	286,674	978	18,211	28,765	40
43 NURSERY	8,290	100,942	1,533	4,359	6,885	43
44 SKILLED NURSING FACILITY	31,883	298,787	2,981	14,210	22,446	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	193,210	1,433,370	40,524	271,806	429,329	50
50.01 GASTRODIAGNOSTIC UNIT	15,304	4,038	1,569	38,453	60,738	50.01
50.02 PAIN MANAGEMENT CENTER	16,579		484	4,707	7,435	50.02
51 RECOVERY ROOM	53,563		4,155	27,395	43,272	51
52 DELIVERY ROOM & LABOR ROOM	35,071	452,218	6,749	16,595	26,213	52
53 ANESTHESIOLOGY	14,028		27,178	44,524	70,327	53
54 RADIOLOGY-DIAGNOSTIC	95,648	763,118	5,488	127,742	201,774	54
55 RADIOLOGY-THERAPEUTIC	24,231	161,506	1	16,286	25,725	55
56 RADIOISOTOPE	15,304		136	49,916	78,844	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	9,565	104,979	2,904	144,380	228,054	57
58 MAGNETIC RESONANCE IMAGING (MRI)	8,290	52,490	1,311	36,812	58,146	58
59 CARDIAC CATHETERIZATION	107,126	678,327		314,486	496,994	59
60 LABORATORY	111,590	819,645	7,535	183,432	289,738	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	16,579	286,674	4,895	60,617	95,747	65
66 PHYSICAL THERAPY	107,126	597,574		63,988	101,071	66
69 ELECTROCARDIOLOGY	100,112	419,917	1,083	111,521	176,152	69
70 ELECTROENCEPHALOGRAPHY	17,217	84,791	269	11,637	18,381	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			359,168	121,780	192,356	71
72 IMPL. DEV. CHARGED TO PATIENT			733,991	187,826	296,679	72
73 DRUGS CHARGED TO PATIENTS				222,688	351,745	73
74 RENAL DIALYSIS	6,377	60,565		5,628	8,889	74
76 OTHER ANCILLARY	35,709	76,716	1,265	7,644	12,075	76
76.97 CARDIAC REHABILITATION	7,014	80,753	282	3,870	6,113	76.97
76.98 HYPERBARIC OXYGEN THERAPY	13,391	84,791	1,114	8,746	13,814	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	131,995	835,796	17,360	117,433	185,491	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	100,112	884,248	930			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	6,377	121,130	195			116
117 HOME INFUSION	6,377	169,582	2,772			117
118 SUBTOTALS (SUM OF LINES 1-117)	2,813,978	18,605,541	1,353,920	2,508,732	3,962,897	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,101		5,434			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	311,814	1,275,901	175			192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER	13,391	141,318	127			194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT	24,231	64,603	620			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,168,515	20,087,363	1,360,276	2,508,732	3,962,897	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	40,634,973	40,634,973				5.06
6 MAINTENANCE & REPAIRS	7,087,850	950,254	8,038,104			6
7 OPERATION OF PLANT	12,414,772	1,664,424	1,624,176	15,703,372		7
8 LAUNDRY & LINEN SERVICE	4,371,972	586,142	27,513	474,696	5,460,323	8
9 HOUSEKEEPING	4,642,894	622,464	387,025	108,552	252	9
10 DIETARY	2,269,815	304,310	375,127	397,468	12,912	10
11 CAFETERIA	630,318	84,505	114,340	136,112	3,936	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,629,560	620,676	361,981	70,672		13
14 CENTRAL SERVICES & SUPPLY	2,704,242	362,552	369,260	170,452	8,822	14
15 PHARMACY	6,708,178	899,352	59,111	86,354	6,354	15
16 MEDICAL RECORDS & LIBRARY	5,428,668	727,811	13,756	52,014		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	828,568	111,084	38,748	269,196	467	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	7,781,206	1,043,211				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	460,281	61,709	1,021	535,626	9,815	22
23 PARAMED ED (CLINICAL LAB SCIENCE)	140,210	18,798	1,628	6,399		23
23.01 PARAMED ED (RESPIRATORY THERAPY)	186,012	24,938	894	6,149		23.01
23.02 PARAMED ED (ENDT)	107,471	14,408	4,883	2,216		23.02
23.03 PARAMED ED (PHARMACY)	184,684	24,760		12,928		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,182,193	4,180,534	879,365	2,406,467	889,948	30
31 INTENSIVE CARE UNIT	11,979,874	1,606,118	291,860	144,740	198,798	31
35 HIGH RISK NEONATAL	7,934,890	1,063,815	153,491	320,371	79,181	35
40 SUBPROVIDER - IPF	3,590,867	481,420	92,816	310,957	58,010	40
43 NURSERY	1,340,578	179,729	28,013	81,096	20,231	43
44 SKILLED NURSING FACILITY	3,924,256	526,117	73,191	329,667	105,335	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,571,132	2,623,863	615,802	889,917	387,788	50
50.01 GASTRODIAGNOSTIC UNIT	1,955,940	262,229	101,466	71,905	26,679	50.01
50.02 PAIN MANAGEMENT CENTER	392,737	52,653	6,000		1,648	50.02
51 RECOVERY ROOM	2,443,758	327,630	37,982	31,494	107,182	51
52 DELIVERY ROOM & LABOR ROOM	5,903,084	791,415	123,365	357,123	89,092	52
53 ANESTHESIOLOGY	3,099,202	415,504	288,351	39,256	13,044	53
54 RADIOLOGY-DIAGNOSTIC	8,853,738	1,187,003	273,054	304,034	76,932	54
55 RADIOLOGY-THERAPEUTIC	2,168,606	290,741	16,533	137,279	8,801	55
56 RADIOISOTOPE	1,624,132	217,744	11,586	60,117	5,379	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,630,837	218,643	12,033	15,629		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,312,682	175,989	13,214	35,034		58
59 CARDIAC CATHETERIZATION	6,185,705	829,305	181,419	738,962	122,352	59
60 LABORATORY	16,895,943	2,265,205	122,327	297,294	756	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,527,074	741,004	300,758	102,114	692	65
66 PHYSICAL THERAPY	7,988,759	1,071,037	98,880	311,744	24,006	66
69 ELECTROCARDIOLOGY	6,281,810	842,190	64,792	541,801	54,293	69
70 ELECTROENCEPHALOGRAPHY	1,389,925	186,344	31,407	19,366	9,382	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	15,822,457	2,121,285				71
72 IMPL. DEV. CHARGED TO PATIENT	31,795,361	4,262,727				72
73 DRUGS CHARGED TO PATIENTS	11,643,176	1,560,977				73
74 RENAL DIALYSIS	692,179	92,799	20,651			74
76 OTHER ANCILLARY	1,609,066	215,724	54,770	8,824	10,049	76
76.97 CARDIAC REHABILITATION	722,356	96,845	88,922	131,563		76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,084,341	145,375	20,746		18,560	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	8,175,278	1,096,043	254,312	264,673	243,667	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	6,677,884	895,291	48,898	143,271	103	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	1,113,329	149,262	3,032	3,396		116
117 HOME INFUSION	3,568,526	478,425	15,416	24,388	687	117
118 SUBTOTALS (SUM OF LINES 1-117)	337,293,349	39,772,383	7,703,915	10,451,316	2,595,153	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	358,639	48,082	14,331	31,140		190

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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	4,154,847	557,032	284,289	3,217,529		192
193 NONPAID WORKERS	27,027	3,623				193
194 NON REIMBURSABLE-OTHER	1,645,998	220,676	26,217	2,000,804	2,865,170	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT	247,465	33,177	9,352	2,583		194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	343,727,325	40,634,973	8,038,104	15,703,372	5,460,323	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINISTRATION 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	5,761,187					9
10 DIETARY	80,850	3,440,482				10
11 CAFETERIA	24,651		993,862			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	19,449		25,319	5,727,657		13
14 CENTRAL SERVICES & SUPPLY	92,610		10,705		3,718,643	14
15 PHARMACY	19,449		28,889			15
16 MEDICAL RECORDS & LIBRARY	33,659		26,861			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	57,670		11,941			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			68,893			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED (CLINICAL LAB SCIENCE)	9,725		836			23
23.01 PARAMED ED (RESPIRATORY THERAPY)	9,725		1,400			23.01
23.02 PARAMED ED (ENDT)	9,725		765			23.02
23.03 PARAMED ED (PHARMACY)			1,635			23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,931,478	2,412,140	203,275	1,957,696		30
31 INTENSIVE CARE UNIT	337,725	161,253	65,203	627,941		31
35 HIGH RISK NEONATAL	109,761		41,983	404,323		35
40 SUBPROVIDER - IPF	415,447	282,331	25,417	244,784		40
43 NURSERY	54,730		5,123	49,336		43
44 SKILLED NURSING FACILITY	425,925	247,213	25,680	247,312		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	544,808		76,591	737,617		50
50.01 GASTRODIAGNOSTIC UNIT	29,174		8,157	78,558		50.01
50.02 PAIN MANAGEMENT CENTER			968	9,320		50.02
51 RECOVERY ROOM	27,779		13,663	131,580		51
52 DELIVERY ROOM & LABOR ROOM	240,968	98,985	22,547	217,141		52
53 ANESTHESIOLOGY	27,779		13,898	133,844		53
54 RADIOLOGY-DIAGNOSTIC	160,005		36,150			54
55 RADIOLOGY-THERAPEUTIC	23,407		5,139			55
56 RADIOISOTOPE	23,407		1,482			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	9,725		4,521			57
58 MAGNETIC RESONANCE IMAGING (MRI)			2,209			58
59 CARDIAC CATHETERIZATION	258,948	10	37,325			59
60 LABORATORY	177,079		55,690			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	23,407		31,967			65
66 PHYSICAL THERAPY	120,314		39,304			66
69 ELECTROCARDIOLOGY	16,622		16,342			69
70 ELECTROENCEPHALOGRAPHY	17,301		6,774			70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					3,718,643	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY	44,741		10,645	58,708		76
76.97 CARDIAC REHABILITATION	5,767		4,281			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	348,090	3,126	43,016	408,904		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	21,183		8,327	314,708		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	2,337			36,541		116
117 HOME INFUSION			4,877	60,604		117
118 SUBTOTALS (SUM OF LINES 1-117)	5,755,420	3,205,058	987,798	5,718,917	3,718,643	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,767		547			190

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COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	13	14	
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER		235,424	946	8,740		194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT			4,571			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,761,187	3,440,482	993,862	5,727,657	3,718,643	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	7,807,687					15
16 MEDICAL RECORDS & LIBRARY		6,282,769				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			1,317,674			20
21 I&R SRVCES-SALARY & FRINGES APPRVD				8,893,310		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					1,068,452	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	6,534	3,211,696	740,449	129,403	15,547	30
31 INTENSIVE CARE UNIT	3,090	179,957	92,985	737,853	88,646	31
35 HIGH RISK NEONATAL	2,224	88,504	14,243			35
40 SUBPROVIDER - IPF	2,277	177,007	61,004	2,537,321	304,837	40
43 NURSERY	73	141,802	12,396	39,582	4,755	43
44 SKILLED NURSING FACILITY	882	177,597	61,206			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,803		129,265	2,397,515	288,040	50
50.01 GASTRODIAGNOSTIC UNIT	514		12,900			50.01
50.02 PAIN MANAGEMENT CENTER	153					50.02
51 RECOVERY ROOM	223		15,721			51
52 DELIVERY ROOM & LABOR ROOM	321		54,622	174,821	21,003	52
53 ANESTHESIOLOGY	248,836					53
54 RADIOLOGY-DIAGNOSTIC	396			2,537,321	304,837	54
55 RADIOLOGY-THERAPEUTIC	63					55
56 RADIOISOTOPE	39,707					56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION	1,573		12,026			59
60 LABORATORY	12,533					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,139					65
66 PHYSICAL THERAPY	64					66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY	424					70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	7,471,216					73
74 RENAL DIALYSIS	3,062					74
76 OTHER ANCILLARY	192		23,112			76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,917		7,928			76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	6,389	2,306,206	21,231	339,494	40,787	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			58,586			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE						116
117 HOME INFUSION						117
118 SUBTOTALS (SUM OF LINES 1-117)	7,807,605	6,282,769	1,317,674	8,893,310	1,068,452	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

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COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	
192 PHYSICIANS' PRIVATE OFFICES	82					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)	7,807,687	6,282,769	1,317,674	8,893,310	1,068,452	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)	177,596	229,118				23
23.01 PARAMED ED (RESPIRATORY THERAPY)						23.01
23.02 PARAMED ED (ENDT)			139,468			23.02
23.03 PARAMED ED (PHARMACY)				224,007		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS					50,146,725	30
31 INTENSIVE CARE UNIT					16,516,043	31
35 HIGH RISK NEONATAL					10,212,786	35
40 SUBPROVIDER - IPF					8,584,495	40
43 NURSERY					1,957,444	43
44 SKILLED NURSING FACILITY					6,144,381	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					28,266,141	50
50.01 GASTRODIAGNOSTIC UNIT					2,547,522	50.01
50.02 PAIN MANAGEMENT CENTER					463,479	50.02
51 RECOVERY ROOM					3,137,012	51
52 DELIVERY ROOM & LABOR ROOM					8,094,487	52
53 ANESTHESIOLOGY					4,279,714	53
54 RADIOLOGY-DIAGNOSTIC					13,733,470	54
55 RADIOLOGY-THERAPEUTIC					2,650,569	55
56 RADIOISOTOPE					1,983,554	56
57 COMPUTED TOMOGRAPHY (CT) SCAN					1,891,388	57
58 MAGNETIC RESONANCE IMAGING (MRI)					1,539,128	58
59 CARDIAC CATHETERIZATION					8,367,625	59
60 LABORATORY	177,596				20,004,423	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		229,118			6,957,273	65
66 PHYSICAL THERAPY					9,654,108	66
69 ELECTROCARDIOLOGY					7,817,850	69
70 ELECTROENCEPHALOGRAPHY			139,468		1,800,391	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					21,662,385	71
72 IMPL. DEV. CHARGED TO PATIENT					36,058,088	72
73 DRUGS CHARGED TO PATIENTS				224,007	20,899,376	73
74 RENAL DIALYSIS					808,691	74
76 OTHER ANCILLARY					2,035,831	76
76.97 CARDIAC REHABILITATION					1,049,734	76.97
76.98 HYPERBARIC OXYGEN THERAPY					1,278,867	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY					13,551,216	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY					8,168,251	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE					1,307,897	116
117 HOME INFUSION					4,152,923	117
118 SUBTOTALS (SUM OF LINES 1-117)	177,596	229,118	139,468	224,007	327,723,267	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					458,506	190

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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	
192 PHYSICIANS' PRIVATE OFFICES					8,213,779	192
193 NONPAID WORKERS					30,650	193
194 NON REIMBURSABLE-OTHER					7,003,975	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT					297,148	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	177,596	229,118	139,468	224,007	343,727,325	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		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 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	-144,950	50,001,775	30
31	INTENSIVE CARE UNIT	-826,499	15,689,544	31
35	HIGH RISK NEONATAL		10,212,786	35
40	SUBPROVIDER - IPF	-2,842,158	5,742,337	40
43	NURSERY	-44,337	1,913,107	43
44	SKILLED NURSING FACILITY		6,144,381	44
ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	-2,685,555	25,580,586	50
50.01	GASTRODIAGNOSTIC UNIT		2,547,522	50.01
50.02	PAIN MANAGEMENT CENTER		463,479	50.02
51	RECOVERY ROOM		3,137,012	51
52	DELIVERY ROOM & LABOR ROOM	-195,824	7,898,663	52
53	ANESTHESIOLOGY		4,279,714	53
54	RADIOLOGY-DIAGNOSTIC	-2,842,158	10,891,312	54
55	RADIOLOGY-THERAPEUTIC		2,650,569	55
56	RADIOISOTOPE		1,983,554	56
57	COMPUTED TOMOGRAPHY (CT) SCAN		1,891,388	57
58	MAGNETIC RESONANCE IMAGING (MRI)		1,539,128	58
59	CARDIAC CATHETERIZATION		8,367,625	59
60	LABORATORY		20,004,423	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65	RESPIRATORY THERAPY		6,957,273	65
66	PHYSICAL THERAPY		9,654,108	66
69	ELECTROCARDIOLOGY		7,817,850	69
70	ELECTROENCEPHALOGRAPHY		1,800,391	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS		21,662,385	71
72	IMPL. DEV. CHARGED TO PATIENT		36,058,088	72
73	DRUGS CHARGED TO PATIENTS		20,899,376	73
74	RENAL DIALYSIS		808,691	74
76	OTHER ANCILLARY		2,035,831	76
76.97	CARDIAC REHABILITATION		1,049,734	76.97
76.98	HYPERBARIC OXYGEN THERAPY		1,278,867	76.98
76.99	LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS				
91	EMERGENCY	-380,281	13,170,935	91
92	OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS				
101	HOME HEALTH AGENCY		8,168,251	101
SPECIAL PURPOSE COST CENTERS				
113	INTEREST EXPENSE			113
116	HOSPICE		1,307,897	116
117	HOME INFUSION		4,152,923	117
118	SUBTOTALS (SUM OF LINES 1-117)	-9,961,762	317,761,505	118
NONREIMBURSABLE COST CENTERS				
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		458,506	190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192	PHYSICIANS' PRIVATE OFFICES		8,213,779	192
193	NONPAID WORKERS		30,650	193
194	NON REIMBURSABLE-OTHER		7,003,975	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT		297,148	194.01
200	CROSS FOOT ADJUSTMENTS			200
201	NEGATIVE COST CENTER			201
202	TOTAL (SUM OF LINES 118-201)	-9,961,762	333,765,563	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP REL CO	CAP	SUBTOTAL	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	CON 1.01	MOVABLE EQUIPMENT 2			2A
GENERAL SERVICE COST CENTERS						
1						1
1.01						1.01
2						2
4		23,016		854	23,870	4
5.01	723,181	153,310		971,217	1,847,708	5.01
5.02	5,157,415	31,634		2,275,113	7,464,162	5.02
5.03	107,898	210,108		10,457	328,463	5.03
5.04		59,591		39,553	99,144	5.04
5.05		76,917		9,575	86,492	5.05
5.06	454,851	533,956		261,675	1,250,482	5.06
6		92,236		63,505	155,741	6
7		2,359,335		72,457	2,431,792	7
8	154,827	271,070		594,257	1,020,154	8
9		61,987		2,839	64,826	9
10		226,970		15,666	242,636	10
11		77,726		4,774	82,500	11
12						12
13		40,356		35,214	75,570	13
14	386,666	97,335		319,054	803,055	14
15	89,670	49,311		317,765	456,746	15
16		29,702		81,329	111,031	16
17						17
19						19
20			151,992	16,254	168,246	20
21						21
22		305,863			305,863	22
23		3,654			3,654	23
23.01			3,472	286	3,758	23.01
23.02		1,265		616	1,881	23.02
23.03		7,382			7,382	23.03
INPATIENT ROUTINE SERV COST CENTERS						
30		1,374,187		621,096	1,995,283	30
31		82,652		423,788	506,440	31
35		182,944		279,995	462,939	35
40		177,569		27,015	204,584	40
43		46,309		28,692	75,001	43
44		188,253		46,500	234,753	44
ANCILLARY SERVICE COST CENTERS						
50	161,779	508,177		2,044,728	2,714,684	50
50.01		41,060		331,822	372,882	50.01
50.02	95,939			42,935	138,874	50.02
51		17,984		128,205	146,189	51
52		203,931		126,354	330,285	52
53		22,417		327,871	350,288	53
54	237,732	173,615		1,739,053	2,150,400	54
55		78,392		526,293	604,685	55
56		34,329		396,242	430,571	56
57		8,925		173,896	182,821	57
58		20,006		463,560	483,566	58
59	30,000	421,976		1,152,366	1,604,342	59
60	157,767	169,767		410,769	738,303	60
62.30						62.30
65		58,311		242,615	300,926	65
66	331,326	178,018		61,511	570,855	66
69	15,360	309,390		413,130	737,880	69
70	145,526	11,059		106,048	262,633	70
71						71
72						72
73						73
74				2,632	2,632	74
76		5,039		10,845	15,884	76
76.97		75,127		26,288	101,415	76.97
76.98				4,579	4,579	76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
91		151,138		279,421	430,559	91
92						92
OTHER REIMBURSABLE COST CENTERS						
101	10,250	81,814		64,587	156,651	101
SPECIAL PURPOSE COST CENTERS						
113						113
116		1,939		1,913	3,852	116
117		13,926		12,402	26,328	117
118	8,260,187	9,350,978	155,464	15,609,611	33,376,240	118
NONREIMBURSABLE COST CENTERS						
190		17,782		5,997	23,779	190

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ALLOCATION OF CAPITAL-RELATED COSTS

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COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP REL CO	CAP	SUBTOTAL	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	CON 1.01	MOVABLE EQUIPMENT 2		
					2A	
192 PHYSICIANS' PRIVATE OFFICES	31,399	1,837,336		334,507	2,203,242	192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER		1,142,538		3,228	1,145,766	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT	141	1,475		12,923	14,539	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	8,291,727	12,350,109	155,464	15,966,266	36,763,566	202

ALLOCATION OF CAPITAL-RELATED COSTS

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	
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	23,870					4
5.01 COMMUNICATIONS	160	1,847,868				5.01
5.02 INFORMATION SYSTEMS	413	40,907	7,505,482			5.02
5.03 PURCHASING/RECEIVENG/STORES	109	15,619	90,518	434,709		5.03
5.04 ADMITTING	254	44,997	191,597	736	336,728	5.04
5.05 PATIENT ACCOUNTING	324	38,304	178,019	80		5.05
5.06 OTHER ADMIN & GENERAL	2,045	215,691	627,594	2,536		5.06
6 MAINTENANCE & REPAIRS	589	22,313	78,449	106		6
7 OPERATION OF PLANT	297	58,013	28,664	92		7
8 LAUNDRY & LINEN SERVICE	233	6,694	18,104	22		8
9 HOUSEKEEPING	428	8,553	24,138	1,190		9
10 DIETARY	289	14,875	84,484	119		10
11 CAFETERIA	88	6,694	25,647	36		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	698	25,660	70,906	296		13
14 CENTRAL SERVICES & SUPPLY	116	10,784		8,911		14
15 PHARMACY	821	31,238	150,864	2,164		15
16 MEDICAL RECORDS & LIBRARY	400	32,725	256,469	129		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	250	15,619	96,553	461		20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	23	1,488				22
23 PARAMED ED (CLINICAL LAB SCIENCE)	20	1,116		3		23
23.01 PARAMED ED (RESPIRATORY THERAPY)	28	2,231		8		23.01
23.02 PARAMED ED (ENDT)	14	2,975		6		23.02
23.03 PARAMED ED (PHARMACY)	24			1		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,498	155,074	1,222,000	12,577	21,661	30
31 INTENSIVE CARE UNIT	1,358	81,070	342,461	8,236	8,801	31
35 HIGH RISK NEONATAL	935	30,866	155,390	2,897	6,049	35
40 SUBPROVIDER - IPF	418	26,403	107,113	312	2,444	40
43 NURSERY	101	4,834	37,716	490	585	43
44 SKILLED NURSING FACILITY	473	18,594	111,639	953	1,907	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,503	112,679	535,567	12,950	36,479	50
50.01 GASTRODIAGNOSTIC UNIT	166	8,925	1,509	502	5,161	50.01
50.02 PAIN MANAGEMENT CENTER	20	9,669		155	632	50.02
51 RECOVERY ROOM	296	31,238		1,328	3,677	51
52 DELIVERY ROOM & LABOR ROOM	446	20,453	168,968	2,157	2,227	52
53 ANESTHESIOLOGY	147	8,181		8,685	5,976	53
54 RADIOLOGY-DIAGNOSTIC	650	55,782	285,133	1,754	17,144	54
55 RADIOLOGY-THERAPEUTIC	148	14,131	60,346		2,186	55
56 RADIOISOTOPE	44	8,925		43	6,699	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	80	5,578	39,225	928	19,377	57
58 MAGNETIC RESONANCE IMAGING (MRI)	49	4,834	19,612	419	4,941	58
59 CARDIAC CATHETERIZATION	843	62,476	253,451		42,238	59
60 LABORATORY	879	65,079	306,254	2,408	24,618	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	601	9,669	107,113	1,564	8,135	65
66 PHYSICAL THERAPY	978	62,476	223,279		8,588	66
69 ELECTROCARDIOLOGY	321	58,385	156,899	346	14,967	69
70 ELECTROENCEPHALOGRAPHY	130	10,041	31,681	86	1,562	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS				114,780	16,344	71
72 IMPL. DEV. CHARGED TO PATIENT				234,570	25,208	72
73 DRUGS CHARGED TO PATIENTS					29,887	73
74 RENAL DIALYSIS		3,719	22,630		755	74
76 OTHER ANCILLARY	211	20,825	28,664	404	1,026	76
76.97 CARDIAC REHABILITATION	82	4,091	30,173	90	519	76.97
76.98 HYPERBARIC OXYGEN THERAPY		7,809	31,681	356	1,174	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	775	76,979	312,288	5,548	15,761	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	751	58,385	330,392	297		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	74	3,719	45,259	62		116
117 HOME INFUSION	140	3,719	63,363	886		117
118 SUBTOTALS (SUM OF LINES 1-117)	23,740	1,641,104	6,951,812	432,679	336,728	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7	2,975		1,736		190

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 PART II

COST CENTER DESCRIPTION		EMPLOYEE BENEFITS 4	COMMUNICAT 5.01 181,849	INFORMATIO TECHNOLOGY 5.02 476,730	PURCHASING RECEIVING STORES 5.03 56	ADMITTING 5.04 336,728	
192	PHYSICIANS' PRIVATE OFFICES		181,849	476,730	56		192
193	NONPAID WORKERS	4					193
194	NON REIMBURSABLE-OTHER	13	7,809	52,802	40		194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	106	14,131	24,138	198		194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	23,870	1,847,868	7,505,482	434,709	336,728	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	303,219					5.05
5.06 OTHER ADMIN & GENERAL		2,098,348				5.06
6 MAINTENANCE & REPAIRS		49,069	306,267			6
7 OPERATION OF PLANT		85,947	61,886	2,666,691		7
8 LAUNDRY & LINEN SERVICE		30,267	1,048	80,611	1,157,133	8
9 HOUSEKEEPING		32,143	14,746	18,434	53	9
10 DIETARY		15,714	14,293	67,497	2,736	10
11 CAFETERIA		4,364	4,357	23,114	834	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		32,050	13,792	12,001		13
14 CENTRAL SERVICES & SUPPLY		18,721	14,070	28,946	1,869	14
15 PHARMACY		46,441	2,252	14,664	1,347	15
16 MEDICAL RECORDS & LIBRARY		37,583	524	8,833		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		5,736	1,476	45,714	99	20
21 I&R SRVCES-SALARY & FRINGES APPRVD		53,869				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		3,187	39	90,958	2,080	22
23 PARAMED ED (CLINICAL LAB SCIENCE)		971	62	1,087		23
23.01 PARAMED ED (RESPIRATORY THERAPY)		1,288	34	1,044		23.01
23.02 PARAMED ED (ENDT)		744	186	376		23.02
23.03 PARAMED ED (PHARMACY)		1,279		2,195		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,540	215,874	33,506	408,658	188,595	30
31 INTENSIVE CARE UNIT	7,939	82,937	11,120	24,579	42,129	31
35 HIGH RISK NEONATAL	5,457	54,933	5,848	54,404	16,780	35
40 SUBPROVIDER - IPF	2,205	24,860	3,536	52,806	12,293	40
43 NURSERY	528	9,281	1,067	13,771	4,287	43
44 SKILLED NURSING FACILITY	1,720	27,168	2,789	55,983	22,322	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,908	135,491	23,463	151,123	82,179	50
50.01 GASTRODIAGNOSTIC UNIT	4,655	13,541	3,866	12,211	5,654	50.01
50.02 PAIN MANAGEMENT CENTER	570	2,719	229		349	50.02
51 RECOVERY ROOM	3,317	16,918	1,447	5,348	22,714	51
52 DELIVERY ROOM & LABOR ROOM	2,009	40,867	4,700	60,645	18,880	52
53 ANESTHESIOLOGY	5,391	21,456	10,987	6,666	2,764	53
54 RADIOLOGY-DIAGNOSTIC	15,466	61,294	10,404	51,630	16,303	54
55 RADIOLOGY-THERAPEUTIC	1,972	15,013	630	23,312	1,865	55
56 RADIOISOTOPE	6,043	11,244	441	10,209	1,140	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	17,480	11,290	458	2,654		57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,457	9,088	503	5,949		58
59 CARDIAC CATHETERIZATION	37,559	42,824	6,912	125,488	25,929	59
60 LABORATORY	22,208	116,971	4,661	50,485	160	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	7,339	38,264	11,460	17,341	147	65
66 PHYSICAL THERAPY	7,747	55,306	3,768	52,939	5,087	66
69 ELECTROCARDIOLOGY	13,502	43,489	2,469	92,007	11,506	69
70 ELECTROENCEPHALOGRAPHY	1,409	9,622	1,197	3,289	1,988	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	14,744	109,539				71
72 IMPL. DEV. CHARGED TO PATIENT	22,740	220,157				72
73 DRUGS CHARGED TO PATIENTS	26,961	80,606				73
74 RENAL DIALYSIS	681	4,792	787			74
76 OTHER ANCILLARY	926	11,140	2,087	1,498	2,129	76
76.97 CARDIAC REHABILITATION	469	5,001	3,388	22,342		76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,059	7,507	790		3,933	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	14,218	56,597	9,690	44,946	51,637	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		46,231	1,863	24,330	22	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE		7,708	116	577		116
117 HOME INFUSION		24,705	587	4,141	145	117
118 SUBTOTALS (SUM OF LINES 1-117)	303,219	2,053,806	293,534	1,774,805	549,955	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,483	546	5,288		190

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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		28,764	10,832	546,389		192
193 NONPAID WORKERS		187				193
194 NON REIMBURSABLE-OTHER		11,395	999	339,770	607,178	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT		1,713	356	439		194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	303,219	2,098,348	306,267	2,666,691	1,157,133	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	164,511				9
10 DIETARY	2,309	444,952			10
11 CAFETERIA	704		148,338		11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	555		3,779	235,307	13
14 CENTRAL SERVICES & SUPPLY	2,644		1,598		890,714
15 PHARMACY	555		4,312		15
16 MEDICAL RECORDS & LIBRARY	961		4,009		16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL	1,647		1,782		20
21 I&R SRVCES-SALARY & FRINGES APPRVD			10,283		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED (CLINICAL LAB SCIENCE)	278		125		23
23.01 PARAMED ED (RESPIRATORY THERAPY)	278		209		23.01
23.02 PARAMED ED (ENDT)	278		114		23.02
23.03 PARAMED ED (PHARMACY)			244		23.03
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	55,152	311,958	30,340	80,427	30
31 INTENSIVE CARE UNIT	9,644	20,855	9,732	25,797	31
35 HIGH RISK NEONATAL	3,134		6,266	16,611	35
40 SUBPROVIDER - IPF	11,863	36,513	3,794	10,056	40
43 NURSERY	1,563		765	2,027	43
44 SKILLED NURSING FACILITY	12,162	31,972	3,833	10,160	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	15,557		11,432	30,303	50
50.01 GASTRODIAGNOSTIC UNIT	833		1,217	3,227	50.01
50.02 PAIN MANAGEMENT CENTER			144	383	50.02
51 RECOVERY ROOM	793		2,039	5,406	51
52 DELIVERY ROOM & LABOR ROOM	6,881	12,802	3,365	8,921	52
53 ANESTHESIOLOGY	793		2,074	5,499	53
54 RADIOLOGY-DIAGNOSTIC	4,569		5,395		54
55 RADIOLOGY-THERAPEUTIC	668		767		55
56 RADIOISOTOPE	668		221		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	278		675		57
58 MAGNETIC RESONANCE IMAGING (MRI)			330		58
59 CARDIAC CATHETERIZATION	7,394	1	5,571		59
60 LABORATORY	5,057		8,312		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	668		4,771		65
66 PHYSICAL THERAPY	3,436		5,866		66
69 ELECTROCARDIOLOGY	475		2,439		69
70 ELECTROENCEPHALOGRAPHY	494		1,011		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					890,714
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 OTHER ANCILLARY	1,278		1,589	2,412	76
76.97 CARDIAC REHABILITATION	165		639		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	9,940	404	6,420	16,799	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY	605		1,243	12,929	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
116 HOSPICE	67			1,501	116
117 HOME INFUSION			728	2,490	117
118 SUBTOTALS (SUM OF LINES 1-117)	164,346	414,505	147,433	234,948	890,714
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	165		82		190

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COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	13	14	
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER		30,447	141	359		194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT			682			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	164,511	444,952	148,338	235,307	890,714	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	711,404					15
16 MEDICAL RECORDS & LIBRARY		452,664				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			337,583			20
21 I&R SRVCES-SALARY & FRINGES APPRVD				64,152		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					403,638	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	595	231,396				30
31 INTENSIVE CARE UNIT	282	12,966				31
35 HIGH RISK NEONATAL	203	6,377				35
40 SUBPROVIDER - IPF	207	12,753				40
43 NURSERY	7	10,217				43
44 SKILLED NURSING FACILITY	80	12,796				44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	347					50
50.01 GASTRODIAGNOSTIC UNIT	47					50.01
50.02 PAIN MANAGEMENT CENTER	14					50.02
51 RECOVERY ROOM	20					51
52 DELIVERY ROOM & LABOR ROOM	29					52
53 ANESTHESIOLOGY	22,673					53
54 RADIOLOGY-DIAGNOSTIC	36					54
55 RADIOLOGY-THERAPEUTIC	6					55
56 RADIOISOTOPE	3,618					56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION	143					59
60 LABORATORY	1,142					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	104					65
66 PHYSICAL THERAPY	6					66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY	39					70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	680,745					73
74 RENAL DIALYSIS	279					74
76 OTHER ANCILLARY	18					76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	175					76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	582	166,159				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)	711,397	452,664				118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

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192 PHYSICIANS' PRIVATE OFFICES	7					192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER						194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT						194.01
200 CROSS FOOT ADJUSTMENTS			337,583	64,152	403,638	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	711,404	452,664	337,583	64,152	403,638	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)	7,316					23
23.01 PARAMED ED (RESPIRATORY THERAPY)		8,878				23.01
23.02 PARAMED ED (ENDT)			6,574			23.02
23.03 PARAMED ED (PHARMACY)				11,125		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS					4,986,134	30
31 INTENSIVE CARE UNIT					1,196,346	31
35 HIGH RISK NEONATAL					829,089	35
40 SUBPROVIDER - IPF					512,160	40
43 NURSERY					162,240	43
44 SKILLED NURSING FACILITY					549,304	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					3,896,665	50
50.01 GASTRODIAGNOSTIC UNIT					434,396	50.01
50.02 PAIN MANAGEMENT CENTER					153,758	50.02
51 RECOVERY ROOM					240,730	51
52 DELIVERY ROOM & LABOR ROOM					683,635	52
53 ANESTHESIOLOGY					451,580	53
54 RADIOLOGY-DIAGNOSTIC					2,675,960	54
55 RADIOLOGY-THERAPEUTIC					725,729	55
56 RADIOISOTOPE					479,866	56
57 COMPUTED TOMOGRAPHY (CT) SCAN					280,844	57
58 MAGNETIC RESONANCE IMAGING (MRI)					533,748	58
59 CARDIAC CATHETERIZATION					2,215,171	59
60 LABORATORY					1,346,537	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					508,102	65
66 PHYSICAL THERAPY					1,000,331	66
69 ELECTROCARDIOLOGY					1,134,685	69
70 ELECTROENCEPHALOGRAPHY					325,182	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					1,146,121	71
72 IMPL. DEV. CHARGED TO PATIENT					502,675	72
73 DRUGS CHARGED TO PATIENTS					818,199	73
74 RENAL DIALYSIS					36,275	74
76 OTHER ANCILLARY					90,091	76
76.97 CARDIAC REHABILITATION					168,374	76.97
76.98 HYPERBARIC OXYGEN THERAPY					59,063	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY					1,219,302	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY					633,699	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE					62,935	116
117 HOME INFUSION					127,232	117
118 SUBTOTALS (SUM OF LINES 1-117)					30,186,158	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					37,061	190

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192 PHYSICIANS' PRIVATE OFFICES					3,447,869	192
193 NONPAID WORKERS					191	193
194 NON REIMBURSABLE-OTHER					2,196,719	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT					56,302	194.01
200 CROSS FOOT ADJUSTMENTS	7,316	8,878	6,574	11,125	839,266	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,316	8,878	6,574	11,125	36,763,566	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS 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	4,986,134		30
31 INTENSIVE CARE UNIT	1,196,346		31
35 HIGH RISK NEONATAL	829,089		35
40 SUBPROVIDER - IPF	512,160		40
43 NURSERY	162,240		43
44 SKILLED NURSING FACILITY	549,304		44
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	3,896,665		50
50.01 GASTRODIAGNOSTIC UNIT	434,396		50.01
50.02 PAIN MANAGEMENT CENTER	153,758		50.02
51 RECOVERY ROOM	240,730		51
52 DELIVERY ROOM & LABOR ROOM	683,635		52
53 ANESTHESIOLOGY	451,580		53
54 RADIOLOGY-DIAGNOSTIC	2,675,960		54
55 RADIOLOGY-THERAPEUTIC	725,729		55
56 RADIOISOTOPE	479,866		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	280,844		57
58 MAGNETIC RESONANCE IMAGING (MRI)	533,748		58
59 CARDIAC CATHETERIZATION	2,215,171		59
60 LABORATORY	1,346,537		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	508,102		65
66 PHYSICAL THERAPY	1,000,331		66
69 ELECTROCARDIOLOGY	1,134,685		69
70 ELECTROENCEPHALOGRAPHY	325,182		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	1,146,121		71
72 IMPL. DEV. CHARGED TO PATIENT	502,675		72
73 DRUGS CHARGED TO PATIENTS	818,199		73
74 RENAL DIALYSIS	36,275		74
76 OTHER ANCILLARY	90,091		76
76.97 CARDIAC REHABILITATION	168,374		76.97
76.98 HYPERBARIC OXYGEN THERAPY	59,063		76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	1,219,302		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
101 HOME HEALTH AGENCY	633,699		101
SPECIAL PURPOSE COST CENTERS			
113 INTEREST EXPENSE			113
116 HOSPICE	62,935		116
117 HOME INFUSION	127,232		117
118 SUBTOTALS (SUM OF LINES 1-117)	30,186,158		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,061		190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192	PHYSICIANS' PRIVATE OFFICES		3,447,869	192
193	NONPAID WORKERS		191	193
194	NON REIMBURSABLE-OTHER		2,196,719	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT		56,302	194.01
200	CROSS FOOT ADJUSTMENTS		839,266	200
201	NEGATIVE COST CENTER			201
202	TOTAL (SUM OF LINES 118-201)		36,763,566	202

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
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	1,649,477				1
1.01 CAP REL COSTS - CON		21,000			1.01
2 CAP REL COSTS-MVBLE EQUIP			15,306,077		2
4 EMPLOYEE BENEFITS	3,074		819	127,108,300	4
5.01 COMMUNICATIONS	20,476		931,059	849,320	4,969 5.01
5.02 INFORMATION SYSTEMS	4,225		2,181,029	2,197,423	110 5.02
5.03 PURCHASING/RECEIVENG/STORES	28,062		10,025	579,321	42 5.03
5.04 ADMITTING	7,959		37,918	1,350,032	121 5.04
5.05 PATIENT ACCOUNTING	10,273		9,179	1,722,235	103 5.05
5.06 OTHER ADMIN & GENERAL	71,315		250,855	10,878,943	580 5.06
6 MAINTENANCE & REPAIRS	12,319		60,879	3,131,093	60 6
7 OPERATION OF PLANT	315,112		69,461	1,580,046	156 7
8 LAUNDRY & LINEN SERVICE	36,204		569,685	1,239,430	18 8
9 HOUSEKEEPING	8,279		2,722	2,275,051	23 9
10 DIETARY	30,314		15,018	1,538,225	40 10
11 CAFETERIA	10,381		4,577	468,854	18 11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	5,390		33,758	3,714,967	69 13
14 CENTRAL SERVICES & SUPPLY	13,000		305,862	614,390	29 14
15 PHARMACY	6,586		304,626	4,368,466	84 15
16 MEDICAL RECORDS & LIBRARY	3,967		77,966	2,129,141	88 16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL		20,531	15,582	1,330,632	42 20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	40,851			119,815	4 22
23 PARAMED ED (CLINICAL LAB SCIENCE)	488			105,135	3 23
23.01 PARAMED ED (RESPIRATORY THERAPY)		469	274	149,285	6 23.01
23.02 PARAMED ED (ENDT)	169		591	75,342	8 23.02
23.03 PARAMED ED (PHARMACY)	986			129,310	23.03
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	183,536		595,415	18,738,480	417 30
31 INTENSIVE CARE UNIT	11,039		406,265	7,221,510	218 31
35 HIGH RISK NEONATAL	24,434		268,418	4,971,603	83 35
40 SUBPROVIDER - IPF	23,716		25,898	2,225,425	71 40
43 NURSERY	6,185		27,506	538,157	13 43
44 SKILLED NURSING FACILITY	25,143		44,577	2,515,908	50 44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	67,872		1,960,181	7,996,098	303 50
50.01 GASTRODIAGNOSTIC UNIT	5,484		318,102	883,997	24 50.01
50.02 PAIN MANAGEMENT CENTER			41,160	108,602	26 50.02
51 RECOVERY ROOM	2,402		122,904	1,572,716	84 51
52 DELIVERY ROOM & LABOR ROOM	27,237		121,129	2,369,892	55 52
53 ANESTHESIOLOGY	2,994		314,314	784,358	22 53
54 RADIOLOGY-DIAGNOSTIC	23,188		1,667,146	3,457,866	150 54
55 RADIOLOGY-THERAPEUTIC	10,470		504,532	788,482	38 55
56 RADIOISOTOPE	4,585		379,858	234,366	24 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,192		166,706	422,880	15 57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,672		444,392	260,730	13 58
59 CARDIAC CATHETERIZATION	56,359		1,104,717	4,485,152	168 59
60 LABORATORY	22,674		393,784	4,676,699	175 60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	7,788		232,583	3,197,658	26 65
66 PHYSICAL THERAPY	23,776		58,968	5,202,375	168 66
69 ELECTROCARDIOLOGY	41,322		396,048	1,705,579	157 69
70 ELECTROENCEPHALOGRAPHY	1,477		101,663	691,469	27 70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS			2,523	84	10 74
76 OTHER ANCILLARY	673		10,397	1,121,449	56 76
76.97 CARDIAC REHABILITATION	10,034		25,201	436,410	11 76.97
76.98 HYPERBARIC OXYGEN THERAPY			4,390		21 76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	20,186		267,867	4,124,070	207 91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY	10,927		61,916	3,994,624	157 101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE	259		1,834	395,989	10 116
117 HOME INFUSION	1,860		11,889	742,987	10 117
118 SUBTOTALS (SUM OF LINES 1-117)	1,248,914	21,000	14,964,168	126,412,071	4,413 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375		5,749	37,461	8 190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET	CAP REL CO CON SQUARE FOOTAGE	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICAT TELEPHONES	
		1	1.01	2	4	5.01	
192	PHYSICIANS' PRIVATE OFFICES	245,394		320,676		489	192
193	NONPAID WORKERS				21,323		193
194	NON REIMBURSABLE-OTHER	152,597		3,095	71,297	21	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	197		12,389	566,148	38	194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	12,350,109	155,464	15,966,266	34,001,700	3,168,515	202
203	UNIT COST MULT-WS B PT I	7.487288	7.403048	1.043132	0.267502	637.656470	203
204	COST TO BE ALLOC PER B PT II				23,870	1,847,868	204
205	UNIT COST MULT-WS B PT II				0.000188	371.879251	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	INFORMATIO	PURCHASING	ADMITTING	PATIENT	RECON-
	TECHNOLOGY PIECES OF EQUIPMENT 5.02	RECEIVING STORES SUPPLIES 5.03	REVENUE 5.04	ACCOUNTING REVENUE 5.05	CILIAATION 5A.06
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	4,975				5.02
5.03 PURCHASING/RECEIVENG/STORES	60	56,667,669			5.03
5.04 ADMITTING	127	95,944	1,177,303,596		5.04
5.05 PATIENT ACCOUNTING	118	10,462		1,177,303,596	5.05
5.06 OTHER ADMIN & GENERAL	416	330,644			5.06
6 MAINTENANCE & REPAIRS	52	13,880			6
7 OPERATION OF PLANT	19	12,014			7
8 LAUNDRY & LINEN SERVICE	12	2,886			8
9 HOUSEKEEPING	16	155,100			9
10 DIETARY	56	15,574			10
11 CAFETERIA	17	4,747			11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	47	38,558			13
14 CENTRAL SERVICES & SUPPLY		1,161,658			14
15 PHARMACY	100	282,107			15
16 MEDICAL RECORDS & LIBRARY	170	16,774			16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL	64	60,131			20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED (CLINICAL LAB SCIENCE)		451			23
23.01 PARAMED ED (RESPIRATORY THERAPY)		1,040			23.01
23.02 PARAMED ED (ENDT)		776			23.02
23.03 PARAMED ED (PHARMACY)		136			23.03
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	810	1,639,586	75,736,081	75,736,081	30
31 INTENSIVE CARE UNIT	227	1,073,594	30,772,087	30,772,087	31
35 HIGH RISK NEONATAL	103	377,592	21,150,268	21,150,268	35
40 SUBPROVIDER - IPF	71	40,731	8,545,821	8,545,821	40
43 NURSERY	25	63,848	2,045,407	2,045,407	43
44 SKILLED NURSING FACILITY	74	124,202	6,668,397	6,668,397	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	355	1,688,225	127,548,714	127,548,714	50
50.01 GASTRODIAGNOSTIC UNIT	1	65,383	18,044,419	18,044,419	50.01
50.02 PAIN MANAGEMENT CENTER		20,182	2,208,996	2,208,996	50.02
51 RECOVERY ROOM		173,083	12,855,551	12,855,551	51
52 DELIVERY ROOM & LABOR ROOM	112	281,167	7,787,577	7,787,577	52
53 ANESTHESIOLOGY		1,132,229	20,893,426	20,893,426	53
54 RADIOLOGY-DIAGNOSTIC	189	228,619	59,944,660	59,944,660	54
55 RADIOLOGY-THERAPEUTIC	40	56	7,642,597	7,642,597	55
56 RADIOISOTOPE		5,659	23,423,716	23,423,716	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	26	120,995	67,752,104	67,752,104	57
58 MAGNETIC RESONANCE IMAGING (MRI)	13	54,620	17,274,576	17,274,576	58
59 CARDIAC CATHETERIZATION	168		147,623,349	147,623,349	59
60 LABORATORY	203	313,886	86,077,792	86,077,792	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	71	203,915	28,445,384	28,445,384	65
66 PHYSICAL THERAPY	148		30,027,134	30,027,134	66
69 ELECTROCARDIOLOGY	104	45,113	52,332,730	52,332,730	69
70 ELECTROENCEPHALOGRAPHY	21	11,199	5,460,900	5,460,900	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		14,962,821	57,146,835	57,146,835	71
72 IMPL. DEV. CHARGED TO PATIENT		30,576,865	88,140,023	88,140,023	72
73 DRUGS CHARGED TO PATIENTS			104,499,447	104,499,447	73
74 RENAL DIALYSIS	15		2,640,848	2,640,848	74
76 OTHER ANCILLARY	19	52,719	3,587,240	3,587,240	76
76.97 CARDIAC REHABILITATION	20	11,767	1,816,203	1,816,203	76.97
76.98 HYPERBARIC OXYGEN THERAPY	21	46,429	4,104,120	4,104,120	76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	207	723,207	55,107,194	55,107,194	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY	219	38,736			101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE	30	8,130			116
117 HOME INFUSION	42	115,463			117
118 SUBTOTALS (SUM OF LINES 1-117)	4,608	56,402,903	1,177,303,596	1,177,303,596	-40,634,973
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		226,371			190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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- CILLIATION 5A.06
192	PHYSICIANS' PRIVATE OFFICES	316	7,300			192
193	NONPAID WORKERS					193
194	NON REIMBURSABLE-OTHER	35	5,278			194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	16	25,817			194.01
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	20,087,363	1,360,276	2,508,732	3,962,897	202
203	UNIT COST MULT-WS B PT I	4,037.660905	0.024004	0.002131	0.003366	203
204	COST TO BE ALLOC PER B PT II	7,505,482	434,709	336,728	303,219	204
205	UNIT COST MULT-WS B PT II	1,508.639598	0.007671	0.000286	0.000258	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMIN + GENERAL ACCUM COST 5.06	MAIN- TENANCE + REPAIRS HOURS 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	303,092,352					5.06
6 MAINTENANCE & REPAIRS	7,087,850	6,296,005				6
7 OPERATION OF PLANT	12,414,772	1,272,167	1,197,662			7
8 LAUNDRY & LINEN SERVICE	4,371,972	21,550	36,204	6,426,630		8
9 HOUSEKEEPING	4,642,894	303,145	8,279	297	152,847	9
10 DIETARY	2,269,815	293,826	30,314	15,197	2,145	10
11 CAFETERIA	630,318	89,559	10,381	4,632	654	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,629,560	283,529	5,390		516	13
14 CENTRAL SERVICES & SUPPLY	2,704,242	289,230	13,000	10,383	2,457	14
15 PHARMACY	6,708,178	46,300	6,586	7,479	516	15
16 MEDICAL RECORDS & LIBRARY	5,428,668	10,775	3,967		893	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	828,568	30,350	20,531	550	1,530	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	7,781,206					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	460,281	800	40,851	11,552		22
23 PARAMED ED (CLINICAL LAB SCIENCE)	140,210	1,275	488		258	23
23.01 PARAMED ED (RESPIRATORY THERAPY)	186,012	700	469		258	23.01
23.02 PARAMED ED (ENDT)	107,471	3,825	169		258	23.02
23.03 PARAMED ED (PHARMACY)	184,684		986			23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,182,193	688,780	183,536	1,047,441	51,243	30
31 INTENSIVE CARE UNIT	11,979,874	228,605	11,039	233,979	8,960	31
35 HIGH RISK NEONATAL	7,934,890	120,225	24,434	93,194	2,912	35
40 SUBPROVIDER - IPF	3,590,867	72,700	23,716	68,276	11,022	40
43 NURSERY	1,340,578	21,942	6,185	23,811	1,452	43
44 SKILLED NURSING FACILITY	3,924,256	57,328	25,143	123,976	11,300	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,571,132	482,339	67,872	456,415	14,454	50
50.01 GASTRODIAGNOSTIC UNIT	1,955,940	79,475	5,484	31,400	774	50.01
50.02 PAIN MANAGEMENT CENTER	392,737	4,700		1,940		50.02
51 RECOVERY ROOM	2,443,758	29,750	2,402	126,150	737	51
52 DELIVERY ROOM & LABOR ROOM	5,903,084	96,628	27,237	104,858	6,393	52
53 ANESTHESIOLOGY	3,099,202	225,857	2,994	15,352	737	53
54 RADIOLOGY-DIAGNOSTIC	8,853,738	213,875	23,188	90,547	4,245	54
55 RADIOLOGY-THERAPEUTIC	2,168,606	12,950	10,470	10,358	621	55
56 RADIOISOTOPE	1,624,132	9,075	4,585	6,331	621	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,630,837	9,425	1,192		258	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,312,682	10,350	2,672			58
59 CARDIAC CATHETERIZATION	6,185,705	142,100	56,359	144,005	6,870	59
60 LABORATORY	16,895,943	95,815	22,674	890	4,698	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,527,074	235,575	7,788	814	621	65
66 PHYSICAL THERAPY	7,988,759	77,450	23,776	28,254	3,192	66
69 ELECTROCARDIOLOGY	6,281,810	50,750	41,322	63,901	441	69
70 ELECTROENCEPHALOGRAPHY	1,389,925	24,600	1,477	11,042	459	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	15,822,457					71
72 IMPL. DEV. CHARGED TO PATIENT	31,795,361					72
73 DRUGS CHARGED TO PATIENTS	11,643,176					73
74 RENAL DIALYSIS	692,179	16,175				74
76 OTHER ANCILLARY	1,609,066	42,900	673	11,827	1,187	76
76.97 CARDIAC REHABILITATION	722,356	69,650	10,034		153	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,084,341	16,250		21,845		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	8,175,278	199,195	20,186	286,789	9,235	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	6,677,884	38,300	10,927	121	562	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,113,329	2,375	259		62	116
117 HOME INFUSION	3,568,526	12,075	1,860	808		117
118 SUBTOTALS (SUM OF LINES 1-117)	296,658,376	6,034,245	797,099	3,054,414	152,694	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	358,639	11,225	2,375		153	190

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION		OTHER ADMIN + GENERAL ACCUM COST 5.06	MAIN- TENANCE + REPAIRS HOURS 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	
192	PHYSICIANS' PRIVATE OFFICES	4,154,847	222,675	245,394			192
193	NONPAID WORKERS	27,027					193
194	NON REIMBURSABLE-OTHER	1,645,998	20,535	152,597	3,372,216		194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	247,465	7,325	197			194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	40,634,973	8,038,104	15,703,372	5,460,323	5,761,187	202
203	UNIT COST MULT-WS B PT I	0.134068	1.276699	13.111689	0.849640	37.692510	203
204	COST TO BE ALLOC PER B PT II	2,098,348	306,267	2,666,691	1,157,133	164,511	204
205	UNIT COST MULT-WS B PT II	0.006923	0.048645	2.226581	0.180053	1.076312	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	331,240				10
11 CAFETERIA		181,784			11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		4,631	108,781		13
14 CENTRAL SERVICES & SUPPLY		1,958		539,623	14
15 PHARMACY		5,284			15
16 MEDICAL RECORDS & LIBRARY		4,913			11,519,708
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL		2,184			20
21 I&R SRVCES-SALARY & FRINGES APPRVD		12,601			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED (CLINICAL LAB SCIENCE)		153			23
23.01 PARAMED ED (RESPIRATORY THERAPY)		256			23.01
23.02 PARAMED ED (ENDT)		140			23.02
23.03 PARAMED ED (PHARMACY)		299			23.03
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	232,234	37,181	37,181		9,640
31 INTENSIVE CARE UNIT	15,525	11,926	11,926		4,559
35 HIGH RISK NEONATAL		7,679	7,679		3,282
40 SUBPROVIDER - IPF	27,182	4,649	4,649		3,360
43 NURSERY		937	937		108
44 SKILLED NURSING FACILITY	23,801	4,697	4,697		1,301
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		14,009	14,009		5,611
50.01 GASTRODIAGNOSTIC UNIT		1,492	1,492		758
50.02 PAIN MANAGEMENT CENTER		177	177		226
51 RECOVERY ROOM		2,499	2,499		329
52 DELIVERY ROOM & LABOR ROOM	9,530	4,124	4,124		474
53 ANESTHESIOLOGY		2,542	2,542		367,140
54 RADIOLOGY-DIAGNOSTIC		6,612			584
55 RADIOLOGY-THERAPEUTIC		940			93
56 RADIOISOTOPE		271			58,585
57 COMPUTED TOMOGRAPHY (CT) SCAN		827			57
58 MAGNETIC RESONANCE IMAGING (MRI)		404			58
59 CARDIAC CATHETERIZATION	1	6,827			2,321
60 LABORATORY		10,186			18,492
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62,30
65 RESPIRATORY THERAPY		5,847			1,680
66 PHYSICAL THERAPY		7,189			95
69 ELECTROCARDIOLOGY		2,989			69
70 ELECTROENCEPHALOGRAPHY		1,239			625
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				539,623	71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					11,023,266
74 RENAL DIALYSIS					4,518
76 OTHER ANCILLARY		1,947	1,115		284
76.97 CARDIAC REHABILITATION		783			76,97
76.98 HYPERBARIC OXYGEN THERAPY					2,829
76.99 LITHOTRIPSY					76,99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	301	7,868	7,766		9,427
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY		1,523	5,977		101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE			694		116
117 HOME INFUSION		892	1,151		117
118 SUBTOTALS (SUM OF LINES 1-117)	308,574	180,675	108,615	539,623	11,519,587
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		100			190

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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	
192 PHYSICIANS' PRIVATE OFFICES					121	192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER	22,666	173	166			194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT		836				194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,440,482	993,862	5,727,657	3,718,643	7,807,687	202
203 UNIT COST MULT-WS B PT I	10.386674	5.467269	52.653101	6.891187	0.677768	203
204 COST TO BE ALLOC PER B PT II	444,952	148,338	235,307	890,714	711,404	204
205 UNIT COST MULT-WS B PT II	1.343292	0.816012	2.163126	1.650623	0.061755	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SCHOOL OF CLINICAL LAB SCIENC
	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	31,945				16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL		39,225			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
23.01 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	16,330	22,042	510	510	30
31 INTENSIVE CARE UNIT	915	2,768	2,908	2,908	31
35 HIGH RISK NEONATAL	450	424			35
40 SUBPROVIDER - IPF	900	1,816	10,000	10,000	40
43 NURSERY	721	369	156	156	43
44 SKILLED NURSING FACILITY	903	1,822			44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		3,848	9,449	9,449	50
50.01 GASTRODIAGNOSTIC UNIT		384			50.01
50.02 PAIN MANAGEMENT CENTER					50.02
51 RECOVERY ROOM		468			51
52 DELIVERY ROOM & LABOR ROOM		1,626	689	689	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		358			59
60 LABORATORY					100
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		688			76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY		236			76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	11,726	632	1,338	1,338	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY		1,744			101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE					116
117 HOME INFUSION					117
118 SUBTOTALS (SUM OF LINES 1-117)	31,945	39,225	35,050	35,050	100
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190

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COST CENTER DESCRIPTION		MEDICAL RECORDS + LIBRARY DISCHARGES 16	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	SCHOOL OF CLINICAL LAB SCIENC ASSIGNED TIME 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	6,282,769	1,317,674	8,893,310	1,068,452	177,596	202
203	UNIT COST MULT-WS B PT I	196.674566	33.592709	253.732097	30.483652	1,775.960000	203
204	COST TO BE ALLOC PER B PT II	452,664	337,583	64,152	403,638	7,316	204
205	UNIT COST MULT-WS B PT II	14.170105	8.606322	1.830300	11.516063	73.160000	205

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	
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

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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	229,118	139,468	224,007	202
203	UNIT COST MULT-WS B PT I	2,291.180000	1,394.680000	2,240.070000	203
204	COST TO BE ALLOC PER B PT II	8,878	6,574	11,125	204
205	UNIT COST MULT-WS B PT II	88.780000	65.740000	111.250000	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	50,001,775		50,001,775	12,403	50,014,178	30
31 INTENSIVE CARE UNIT	15,689,544		15,689,544		15,689,544	31
35 HIGH RISK NEONATAL	10,212,786		10,212,786	101,844	10,314,630	35
40 SUBPROVIDER - IPF	5,742,337		5,742,337	6,072	5,748,409	40
43 NURSERY	1,913,107		1,913,107		1,913,107	43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	6,144,381		6,144,381	4,822	6,149,203	44
50 OPERATING ROOM	25,580,586		25,580,586	158,296	25,738,882	50
50.01 GASTRODIAGNOSTIC UNIT	2,547,522		2,547,522	12,450	2,559,972	50.01
50.02 PAIN MANAGEMENT CENTER	463,479		463,479	18,856	482,335	50.02
51 RECOVERY ROOM	3,137,012		3,137,012		3,137,012	51
52 DELIVERY ROOM & LABOR ROOM	7,898,663		7,898,663		7,898,663	52
53 ANESTHESIOLOGY	4,279,714		4,279,714		4,279,714	53
54 RADIOLOGY-DIAGNOSTIC	10,891,312		10,891,312		10,891,312	54
55 RADIOLOGY-THERAPEUTIC	2,650,569		2,650,569		2,650,569	55
56 RADIOISOTOPE	1,983,554		1,983,554		1,983,554	56
57 COMPUTED TOMOGRAPHY (CT) SC	1,891,388		1,891,388		1,891,388	57
58 MAGNETIC RESONANCE IMAGING	1,539,128		1,539,128		1,539,128	58
59 CARDIAC CATHETERIZATION	8,367,625		8,367,625		8,367,625	59
60 LABORATORY	20,004,423		20,004,423	137,985	20,142,408	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	6,957,273		6,957,273	418	6,957,691	65
66 PHYSICAL THERAPY	9,654,108		9,654,108	5,475	9,659,583	66
69 ELECTROCARDIOLOGY	7,817,850		7,817,850	565,577	8,383,427	69
70 ELECTROENCEPHALOGRAPHY	1,800,391		1,800,391	25,855	1,826,246	70
71 MEDICAL SUPPLIES CHRGD TO	21,662,385		21,662,385		21,662,385	71
72 IMPL. DEV. CHARGED TO PATIE	36,058,088		36,058,088		36,058,088	72
73 DRUGS CHARGED TO PATIENTS	20,899,376		20,899,376		20,899,376	73
74 RENAL DIALYSIS	808,691		808,691		808,691	74
76 OTHER ANCILLARY	2,035,831		2,035,831		2,035,831	76
76.97 CARDIAC REHABILITATION	1,049,734		1,049,734		1,049,734	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,278,867		1,278,867	18,605	1,297,472	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	13,170,935		13,170,935	20,246	13,191,181	91
92 OBSERVATION BEDS	1,943,786		1,943,786		1,943,786	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	8,168,251		8,168,251		8,168,251	101
113 INTEREST EXPENSE						113
116 HOSPICE	1,307,897		1,307,897		1,307,897	116
117 HOME INFUSION	4,152,923		4,152,923		4,152,923	117
200 SUBTOTAL (SEE INSTRUCTIONS)	319,705,291		319,705,291	1,088,904	320,794,195	200
201 LESS OBSERVATION BEDS	1,943,786		1,943,786		1,943,786	201
202 TOTAL (SEE INSTRUCTIONS)	317,761,505		317,761,505		318,850,409	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	73,952,355		73,952,355			30
31 INTENSIVE CARE UNIT	29,792,707		29,792,707			31
35 HIGH RISK NEONATAL	21,001,822		21,001,822			35
40 SUBPROVIDER - IPF	8,519,717		8,519,717			40
43 NURSERY	1,982,904		1,982,904			43
44 SKILLED NURSING FACILITY	6,665,183		6,665,183			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	68,150,915	56,935,030	125,085,945	0.204504	0.204504	0.205770 50
50.01 GASTRODIAGNOSTIC UNIT	3,803,065	13,629,884	17,432,949	0.146133	0.146133	0.146847 50.01
50.02 PAIN MANAGEMENT CENTER	1,502	2,150,092	2,151,594	0.215412	0.215412	0.224176 50.02
51 RECOVERY ROOM	5,245,047	7,319,554	12,564,601	0.249671	0.249671	0.249671 51
52 DELIVERY ROOM & LABOR ROOM	6,907,687	654,266	7,561,953	1.044527	1.044527	1.044527 52
53 ANESTHESIOLOGY	7,997,998	12,437,820	20,435,818	0.209422	0.209422	0.209422 53
54 RADIOLOGY-DIAGNOSTIC	20,459,016	37,894,413	58,353,429	0.186644	0.186644	0.186644 54
55 RADIOLOGY-THERAPEUTIC	524,208	6,908,759	7,432,967	0.356596	0.356596	0.356596 55
56 RADIOISOTOPE	3,047,904	20,114,629	23,162,533	0.085636	0.085636	0.085636 56
57 COMPUTED TOMOGRAPHY (CT) SC	26,664,501	39,795,717	66,460,218	0.028459	0.028459	0.028459 57
58 MAGNETIC RESONANCE IMAGING	8,461,076	8,281,341	16,742,417	0.091930	0.091930	0.091930 58
59 CARDIAC CATHETERIZATION	62,017,792	84,687,455	146,705,247	0.057037	0.057037	0.057037 59
60 LABORATORY	51,500,522	33,170,147	84,670,669	0.236262	0.236262	0.237891 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	26,655,138	1,539,561	28,194,699	0.246758	0.246758	0.246773 65
66 PHYSICAL THERAPY	13,357,866	16,026,519	29,384,385	0.328546	0.328546	0.328732 66
69 ELECTROCARDIOLOGY	18,246,181	26,882,461	45,128,642	0.173235	0.173235	0.185767 69
70 ELECTROENCEPHALOGRAPHY	1,481,938	3,783,723	5,265,661	0.341912	0.341912	0.346822 70
71 MEDICAL SUPPLIES CHRGD TO	37,520,073	18,881,275	56,401,348	0.384076	0.384076	0.384076 71
72 IMPL. DEV. CHARGED TO PATIE	57,686,408	29,623,919	87,310,327	0.412988	0.412988	0.412988 72
73 DRUGS CHARGED TO PATIENTS	76,961,682	26,521,072	103,482,754	0.201960	0.201960	0.201960 73
74 RENAL DIALYSIS	2,415,815	225,033	2,640,848	0.306224	0.306224	0.306224 74
76 OTHER ANCILLARY	567,910	2,947,320	3,515,230	0.579146	0.579146	0.579146 76
76.97 CARDIAC REHABILITATION	756,155	1,037,812	1,793,967	0.585147	0.585147	0.585147 76.97
76.98 HYPERBARIC OXYGEN THERAPY	32,493	4,068,714	4,101,207	0.311827	0.311827	0.316363 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	15,856,123	38,446,917	54,303,040	0.242545	0.242545	0.242918 91
92 OBSERVATION BEDS	520,717	3,764,835	4,285,552	0.453567	0.453567	0.453567 92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		5,406,949	5,406,949			101
113 INTEREST EXPENSE						113
116 HOSPICE		2,206,460	2,206,460			116
117 HOME INFUSION		5,384,734	5,384,734			117
200 SUBTOTAL (SEE INSTRUCTIONS)	658,754,420	510,726,411	1,169,480,831			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	658,754,420	510,726,411	1,169,480,831			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	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL.26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)					
	1	2	3					
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	4,986,134		4,986,134	61,470	81.11	31,072	2,520,250	30
31 INTENSIVE CARE UNIT	1,196,346		1,196,346	11,714	102.13	6,765	690,909	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 HIGH RISK NEONATAL	829,089		829,089	11,201	74.02			35
40 SUBPROVIDER - IPF	512,160		512,160	9,037	56.67	5,211	295,307	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	162,240		162,240	2,583	62.81			43
44 SKILLED NURSING FACILITY	549,304		549,304	10,155	54.09	8,068	436,398	44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	8,235,273		8,235,273	106,160		51,116	3,942,864	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0053) [] IPF [] 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	3,896,665	125,085,945	0.031152	33,587,075	1,046,305	50
50.01	GASTRODIAGNOSTIC UNIT	434,396	17,432,949	0.024918	2,235,525	55,705	50.01
50.02	PAIN MANAGEMENT CENTER	153,758	2,151,594	0.071462	1,494	107	50.02
51	RECOVERY ROOM	240,730	12,564,601	0.019159	2,265,155	43,398	51
52	DELIVERY ROOM & LABOR ROOM	683,635	7,561,953	0.090405	87,069	7,871	52
53	ANESTHESIOLOGY	451,580	20,435,818	0.022097	3,298,738	72,892	53
54	RADIOLOGY-DIAGNOSTIC	2,675,960	58,353,429	0.045858	10,633,300	487,622	54
55	RADIOLOGY-THERAPEUTIC	725,729	7,432,967	0.097637	197,397	19,273	55
56	RADIOISOTOPE	479,866	23,162,533	0.020717	2,036,582	42,192	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	280,844	66,460,218	0.004226	12,551,401	53,042	57
58	MAGNETIC RESONANCE IMAGING (M	533,748	16,742,417	0.031880	4,000,062	127,522	58
59	CARDIAC CATHETERIZATION	2,215,171	146,705,247	0.015099	43,227,208	652,688	59
60	LABORATORY	1,346,537	84,670,669	0.015903	25,676,433	408,332	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	508,102	28,194,699	0.018021	12,810,889	230,865	65
66	PHYSICAL THERAPY	1,000,331	29,384,385	0.034043	5,848,419	199,098	66
69	ELECTROCARDIOLOGY	1,134,685	45,128,642	0.025143	11,695,075	294,049	69
70	ELECTROENCEPHALOGRAPHY	325,182	5,265,661	0.061755	594,237	36,697	70
71	MEDICAL SUPPLIES CHRGD TO PA	1,146,121	56,401,348	0.020321	19,490,548	396,067	71
72	IMPL. DEV. CHARGED TO PATIENT	502,675	87,310,327	0.005757	36,011,682	207,319	72
73	DRUGS CHARGED TO PATIENTS	818,199	103,482,754	0.007907	34,492,276	272,730	73
74	RENAL DIALYSIS	36,275	2,640,848	0.013736	1,622,022	22,280	74
76	OTHER ANCILLARY	90,091	3,515,230	0.025629	143,689	3,683	76
76.97	CARDIAC REHABILITATION	168,374	1,793,967	0.093856	512,434	48,095	76.97
76.98	HYPERBARIC OXYGEN THERAPY	59,063	4,101,207	0.014401	18,700	269	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	1,219,302	54,303,040	0.022454	7,008,853	157,377	91
92	OBSERVATION BEDS	193,784	4,285,552	0.045218	237,270	10,729	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	21,320,803	1,014,568,000		270,283,533	4,896,207	200

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/29/2012 09:15

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	
30 INPAT ROUTINE SERV COST CTRS						30
ADULTS & PEDIATRICS	740,449				740,449	31
31 INTENSIVE CARE UNIT	92,985				92,985	32
32 CORONARY CARE UNIT						33
33 BURN INTENSIVE CARE UNIT						34
34 SURGICAL INTENSIVE CARE UNIT						35
35 HIGH RISK NEONATAL	14,243				14,243	40
40 SUBPROVIDER - IPF	61,004				61,004	41
41 SUBPROVIDER - IRF						42
42 SUBPROVIDER I						43
43 NURSERY	12,396				12,396	44
44 SKILLED NURSING FACILITY	61,206				61,206	45
45 NURSING FACILITY						200
200 TOTAL (SUM OF LINES 30-199)	982,283				982,283	

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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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	61,470	12.05	31,072	374,418	30
31 INTENSIVE CARE UNIT	11,714	7.94	6,765	53,714	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 HIGH RISK NEONATAL	11,201	1.27			35
40 SUBPROVIDER - IPF	9,037	6.75	5,211	35,174	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,583	4.80			43
44 SKILLED NURSING FACILITY	10,155	6.03	8,068	48,650	44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	106,160		51,116	511,956	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 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				129,265	129,265	50
50.01	GASTRODIAGNOSTIC UNIT	129,265			12,900	12,900	50.01
50.02	PAIN MANAGEMENT CENTER						50.02
51	RECOVERY ROOM	15,721			15,721	15,721	51
52	DELIVERY ROOM & LABOR ROOM	54,622			54,622	54,622	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	12,026			12,026	12,026	59
60	LABORATORY		177,596		177,596	177,596	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY		229,118		229,118	229,118	65
66	PHYSICAL THERAPY						66
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY		139,468		139,468	139,468	70
71	MEDICAL SUPPLIES CHRGED TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS		224,007		224,007	224,007	73
74	RENAL DIALYSIS						74
76	OTHER ANCILLARY	23,112			23,112	23,112	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	7,928			7,928	7,928	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	21,231			21,231	21,231	91
92	OBSERVATION BEDS	28,778			28,778	28,778	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	305,583	770,189		1,075,772	1,075,772	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	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)		
	7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	125,085,945	0.001033	0.001033	33,587,075	34,695	13,674,171	14,125	50
50.01	GASTRODIAGNOSTIC UNIT	17,432,949	0.000740	0.000740	2,235,525	1,654	4,473,937	3,311	50.01
50.02	PAIN MANAGEMENT CENTER	2,151,594			1,494		727,058		50.02
51	RECOVERY ROOM	12,564,601	0.001251	0.001251	2,265,155	2,834	1,398,906	1,750	51
52	DELIVERY ROOM & LABOR ROOM	7,561,953	0.007223	0.007223	87,069	629	8,444	61	52
53	ANESTHESIOLOGY	20,435,818			3,298,738		2,491,508		53
54	RADIOLOGY-DIAGNOSTIC	58,353,429			10,633,300		8,072,098		54
55	RADIOLOGY-THERAPEUTIC	7,432,967			197,397		3,444,058		55
56	RADIOISOTOPE	23,162,533			2,036,582		10,752,148		56
57	COMPUTED TOMOGRAPHY (CT) SCA	66,460,218			12,551,401		10,860,298		57
58	MAGNETIC RESONANCE IMAGING (	16,742,417			4,000,062		1,757,718		58
59	CARDIAC CATHETERIZATION	146,705,247	0.000082	0.000082	43,227,208	3,545	38,025,158	3,118	59
60	LABORATORY	84,670,669	0.002097	0.002097	25,676,433	53,843	2,610,007	5,473	60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
65	RESPIRATORY THERAPY	28,194,699	0.008126	0.008126	12,810,889	104,101	427,125	3,471	65
66	PHYSICAL THERAPY	29,384,385			5,848,419		294,324		66
69	ELECTROCARDIOLOGY	45,128,642			11,695,075		15,106,206		69
70	ELECTROENCEPHALOGRAPHY	5,265,661	0.026486	0.026486	594,237	15,739	967,380	25,622	70
71	MEDICAL SUPPLIES CHRGED TO P	56,401,348			19,490,548		6,791,998		71
72	IMPL. DEV. CHARGED TO PATIEN	87,310,327			36,011,682		14,231,314		72
73	DRUGS CHARGED TO PATIENTS	103,482,754	0.002165	0.002165	34,492,276	74,676	7,566,159	16,381	73
74	RENAL DIALYSIS	2,640,848			1,622,022		100,482		74
76	OTHER ANCILLARY	3,515,230	0.006575	0.006575	143,689	945	1,158,363	7,616	76
76.97	CARDIAC REHABILITATION	1,793,967			512,434		504,901		76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,101,207	0.001933	0.001933	18,700	36	2,244,086	4,338	76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
91	EMERGENCY	54,303,040	0.000391	0.000391	7,008,853	2,740	6,981,410	2,730	91
92	OBSERVATION BEDS	4,285,552	0.006715	0.006715	237,270	1,593	505,803	3,396	92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	1,014,568,000			270,283,533	297,030	155,175,060	91,392	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	PPS	COST REIMB.	COST REIMB.	COST	COST		
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SERVICES DED & COINS	SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	SERVICES SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.204504	13,674,171			2,796,423			50
50.01 GASTRODIAGNOSTIC UNIT	0.146133	4,473,937			653,790			50.01
50.02 PAIN MANAGEMENT CENTER	0.215412	727,058			156,617			50.02
51 RECOVERY ROOM	0.249671	1,398,906			349,266			51
52 DELIVERY ROOM & LABOR ROOM	1.044527	8,444			8,820			52
53 ANESTHESIOLOGY	0.209422	2,491,508			521,777			53
54 RADIOLOGY-DIAGNOSTIC	0.186644	8,072,098			1,506,609			54
55 RADIOLOGY-THERAPEUTIC	0.356596	3,444,058			1,228,137			55
56 RADIOISOTOPE	0.085636	10,752,148			920,771			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.028459	10,860,298			309,073			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.091930	1,757,718			161,587			58
59 CARDIAC CATHETERIZATION	0.057037	38,025,158			2,168,841			59
60 LABORATORY	0.236262	2,610,007			616,645			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.246758	427,125	300		105,397	74		65
66 PHYSICAL THERAPY	0.328546	294,324			96,699			66
69 ELECTROCARDIOLOGY	0.173235	15,106,206			2,616,924			69
70 ELECTROENCEPHALOGRAPHY	0.341912	967,380			330,759			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.384076	6,791,998	8,796		2,608,643	3,378		71
72 IMPL. DEV. CHARGED TO PATIENT	0.412988	14,231,314	67,500		5,877,362	27,877		72
73 DRUGS CHARGED TO PATIENTS	0.201960	7,566,159	257	140,604	1,528,061	52	28,396	73
74 RENAL DIALYSIS	0.306224	100,482			30,770			74
76 OTHER ANCILLARY	0.579146	1,158,363			670,861			76
76.97 CARDIAC REHABILITATION	0.585147	504,901			295,441			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.311827	2,244,086			699,767			76.98
76.99 LITHOTRIPS								76.99
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.242545	6,981,410			1,693,306			91
92 OBSERVATION BEDS	0.453567	505,803			229,416			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		155,175,060	76,853	140,604	28,181,762	31,381	28,396	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		155,175,060	76,853	140,604	28,181,762	31,381	28,396	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	3,896,665	125,085,945	0.031152	5,387	168	50
50.01	GASTRODIAGNOSTIC UNIT	434,396	17,432,949	0.024918	10,294	257	50.01
50.02	PAIN MANAGEMENT CENTER	153,758	2,151,594	0.071462			50.02
51	RECOVERY ROOM	240,730	12,564,601	0.019159	18,484	354	51
52	DELIVERY ROOM & LABOR ROOM	683,635	7,561,953	0.090405			52
53	ANESTHESIOLOGY	451,580	20,435,818	0.022097	62,818	1,388	53
54	RADIOLOGY-DIAGNOSTIC	2,675,960	58,353,429	0.045858	105,988	4,860	54
55	RADIOLOGY-THERAPEUTIC	725,729	7,432,967	0.097637			55
56	RADIOISOTOPE	479,866	23,162,533	0.020717	11,692	242	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	280,844	66,460,218	0.004226	199,730	844	57
58	MAGNETIC RESONANCE IMAGING (M	533,748	16,742,417	0.031880	86,493	2,757	58
59	CARDIAC CATHETERIZATION	2,215,171	146,705,247	0.015099	4,919	74	59
60	LABORATORY	1,346,537	84,670,669	0.015903	633,615	10,076	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	508,102	28,194,699	0.018021	56,503	1,018	65
66	PHYSICAL THERAPY	1,000,331	29,384,385	0.034043	104,781	3,567	66
69	ELECTROCARDIOLOGY	1,134,685	45,128,642	0.025143	78,979	1,986	69
70	ELECTROENCEPHALOGRAPHY	325,182	5,265,661	0.061755	13,285	820	70
71	MEDICAL SUPPLIES CHRGED TO PA	1,146,121	56,401,348	0.020321	190,450	3,870	71
72	IMPL. DEV. CHARGED TO PATIENT	502,675	87,310,327	0.005757	4,723	27	72
73	DRUGS CHARGED TO PATIENTS	818,199	103,482,754	0.007907	1,244,216	9,838	73
74	RENAL DIALYSIS	36,275	2,640,848	0.013736	20,207	278	74
76	OTHER ANCILLARY	90,091	3,515,230	0.025629	143,144	3,669	76
76.97	CARDIAC REHABILITATION	168,374	1,793,967	0.093856			76.97
76.98	HYPERBARIC OXYGEN THERAPY	59,063	4,101,207	0.014401			76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	1,219,302	54,303,040	0.022454	223,662	5,022	91
92	OBSERVATION BEDS	193,784	4,285,552	0.045218			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	21,320,803	1,014,568,000		3,219,370	51,115	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 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				129,265	129,265	50
50.01	GASTRODIAGNOSTIC UNIT	129,265			12,900	12,900	50.01
50.02	PAIN MANAGEMENT CENTER						50.02
51	RECOVERY ROOM	15,721			15,721	15,721	51
52	DELIVERY ROOM & LABOR ROOM	54,622			54,622	54,622	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						59
60	LABORATORY	12,026		177,596	177,596	177,596	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY			229,118	229,118	229,118	65
66	PHYSICAL THERAPY						66
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY			139,468	139,468	139,468	70
71	MEDICAL SUPPLIES CHRGED TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS			224,007	224,007	224,007	73
74	RENAL DIALYSIS						74
76	OTHER ANCILLARY	23,112			23,112	23,112	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	7,928			7,928	7,928	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY				21,231	21,231	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	276,805	770,189		1,046,994	1,046,994	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	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	125,085,945	0.001033	0.001033	5,387	6	50
50.01	GASTRODIAGNOSTIC UNIT	17,432,949	0.000740	0.000740	10,294	8	50.01
50.02	PAIN MANAGEMENT CENTER	2,151,594					50.02
51	RECOVERY ROOM	12,564,601	0.001251	0.001251	18,484	23	51
52	DELIVERY ROOM & LABOR ROOM	7,561,953	0.007223	0.007223			52
53	ANESTHESIOLOGY	20,435,818			62,818		53
54	RADIOLOGY-DIAGNOSTIC	58,353,429			105,988		54
55	RADIOLOGY-THERAPEUTIC	7,432,967					55
56	RADIOISOTOPE	23,162,533			11,692		56
57	COMPUTED TOMOGRAPHY (CT) SCA	66,460,218			199,730		57
58	MAGNETIC RESONANCE IMAGING (	16,742,417			86,493		58
59	CARDIAC CATHETERIZATION	146,705,247	0.000082	0.000082	4,919		59
60	LABORATORY	84,670,669	0.002097	0.002097	633,615	1,329	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	28,194,699	0.008126	0.008126	56,503	459	65
66	PHYSICAL THERAPY	29,384,385			104,781		66
69	ELECTROCARDIOLOGY	45,128,642			78,979		69
70	ELECTROENCEPHALOGRAPHY	5,265,661	0.026486	0.026486	13,285	352	70
71	MEDICAL SUPPLIES CHRGED TO P	56,401,348			190,450		71
72	IMPL. DEV. CHARGED TO PATIEN	87,310,327			4,723		72
73	DRUGS CHARGED TO PATIENTS	103,482,754	0.002165	0.002165	1,244,216	2,694	73
74	RENAL DIALYSIS	2,640,848			20,207		74
76	OTHER ANCILLARY	3,515,230	0.006575	0.006575	143,144	941	76
76.97	CARDIAC REHABILITATION	1,793,967					76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,101,207	0.001933	0.001933			76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	54,303,040	0.000391	0.000391	223,662	87	91
92	OBSERVATION BEDS	4,285,552					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,014,568,000			3,219,370	5,899	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 [XX] IPF (14-S053) [] SNF [] 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. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.204504						50
50.01 GASTRODIAGNOSTIC UNIT	0.146133						50.01
50.02 PAIN MANAGEMENT CENTER	0.215412						50.02
51 RECOVERY ROOM	0.249671						51
52 DELIVERY ROOM & LABOR ROOM	1.044527						52
53 ANESTHESIOLOGY	0.209422						53
54 RADIOLOGY-DIAGNOSTIC	0.186644						54
55 RADIOLOGY-THERAPEUTIC	0.356596						55
56 RADIOISOTOPE	0.085636						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.028459						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.091930						58
59 CARDIAC CATHETERIZATION	0.057037						59
60 LABORATORY	0.236262						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.246758						65
66 PHYSICAL THERAPY	0.328546						66
69 ELECTROCARDIOLOGY	0.173235						69
70 ELECTROENCEPHALOGRAPHY	0.341912						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.384076						71
72 IMPL. DEV. CHARGED TO PATIENT	0.412988						72
73 DRUGS CHARGED TO PATIENTS	0.201960						73
74 RENAL DIALYSIS	0.306224						74
76 OTHER ANCILLARY	0.579146						76
76.97 CARDIAC REHABILITATION	0.585147						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.311827						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.242545						91
92 OBSERVATION BEDS	0.453567						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

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				129,265	129,265	50
50.01	GASTRODIAGNOSTIC UNIT	129,265			12,900	12,900	50.01
50.02	PAIN MANAGEMENT CENTER						50.02
51	RECOVERY ROOM	15,721			15,721	15,721	51
52	DELIVERY ROOM & LABOR ROOM	54,622			54,622	54,622	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				12,026	12,026	59
60	LABORATORY		177,596		177,596	177,596	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY		229,118		229,118	229,118	65
66	PHYSICAL THERAPY						66
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY		139,468		139,468	139,468	70
71	MEDICAL SUPPLIES CHRGED TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS		224,007		224,007	224,007	73
74	RENAL DIALYSIS						74
76	OTHER ANCILLARY	23,112			23,112	23,112	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	7,928			7,928	7,928	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY		21,231		21,231	21,231	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	276,805	770,189		1,046,994	1,046,994	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	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	125,085,945	0.001033	0.001033	3,950	4	50
50.01	GASTRODIAGNOSTIC UNIT	17,432,949	0.000740	0.000740			50.01
50.02	PAIN MANAGEMENT CENTER	2,151,594					50.02
51	RECOVERY ROOM	12,564,601	0.001251	0.001251	781	1	51
52	DELIVERY ROOM & LABOR ROOM	7,561,953	0.007223	0.007223			52
53	ANESTHESIOLOGY	20,435,818			3,415		53
54	RADIOLOGY-DIAGNOSTIC	58,353,429			148,616		54
55	RADIOLOGY-THERAPEUTIC	7,432,967			9,039		55
56	RADIOISOTOPE	23,162,533			6,643		56
57	COMPUTED TOMOGRAPHY (CT) SCA	66,460,218			8,684		57
58	MAGNETIC RESONANCE IMAGING (	16,742,417			3,345		58
59	CARDIAC CATHETERIZATION	146,705,247	0.000082	0.000082	14,277	1	59
60	LABORATORY	84,670,669	0.002097	0.002097	600,767	1,260	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	28,194,699	0.008126	0.008126	752,181	6,112	65
66	PHYSICAL THERAPY	29,384,385			2,933,953		66
69	ELECTROCARDIOLOGY	45,128,642			69,835		69
70	ELECTROENCEPHALOGRAPHY	5,265,661	0.026486	0.026486	1,287	34	70
71	MEDICAL SUPPLIES CHRGED TO P	56,401,348			940,489		71
72	IMPL. DEV. CHARGED TO PATIEN	87,310,327			8,727		72
73	DRUGS CHARGED TO PATIENTS	103,482,754	0.002165	0.002165	2,756,216	5,967	73
74	RENAL DIALYSIS	2,640,848					74
76	OTHER ANCILLARY	3,515,230	0.006575	0.006575	7,038	46	76
76.97	CARDIAC REHABILITATION	1,793,967			137		76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,101,207	0.001933	0.001933	13,792	27	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	54,303,040	0.000391	0.000391			91
92	OBSERVATION BEDS	4,285,552					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,014,568,000			8,283,172	13,452	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. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.204504						50
50.01 GASTRODIAGNOSTIC UNIT	0.146133						50.01
50.02 PAIN MANAGEMENT CENTER	0.215412						50.02
51 RECOVERY ROOM	0.249671						51
52 DELIVERY ROOM & LABOR ROOM	1.044527						52
53 ANESTHESIOLOGY	0.209422						53
54 RADIOLOGY-DIAGNOSTIC	0.186644						54
55 RADIOLOGY-THERAPEUTIC	0.356596						55
56 RADIOISOTOPE	0.085636						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.028459						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.091930						58
59 CARDIAC CATHETERIZATION	0.057037						59
60 LABORATORY	0.236262						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.246758						65
66 PHYSICAL THERAPY	0.328546						66
69 ELECTROCARDIOLOGY	0.173235						69
70 ELECTROENCEPHALOGRAPHY	0.341912						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.384076						71
72 IMPL. DEV. CHARGED TO PATIENT	0.412988						72
73 DRUGS CHARGED TO PATIENTS	0.201960						73
74 RENAL DIALYSIS	0.306224						74
76 OTHER ANCILLARY	0.579146						76
76.97 CARDIAC REHABILITATION	0.585147						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.311827						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.242545						91
92 OBSERVATION BEDS	0.453567						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

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)	61,470	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	61,470	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59,081	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)	31,072	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)	50,014,178	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	50,014,178	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	70,503,475	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	70,503,475	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.709386	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)	1,193.34	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)	50,014,178	37

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) 813.64 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 25,281,422 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) 25,281,422 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	15,689,544	11,714	1,339.38	6,765	9,060,906	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 HIGH RISK NEONATAL	10,314,630	11,201	920.87			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					59,598,032	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					93,940,360	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 3,639,291 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 5,193,237 51
 52 TOTAL PROGRAM EXCLUDABLE COST 8,832,528 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 85,107,832 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 2,389 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 813.64 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,943,786 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) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	4,986,134	50,014,178	0.099694	1,943,786	193,784	90
91 NURSING SCHOOL COST	740,449	50,014,178	0.014805	1,943,786	28,778	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 PPS
 APPLICABLE TITLE XVIII-PT A 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)	9,037	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,037	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,037	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)	5,211	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)	5,748,409	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	5,748,409	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,428,590	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,428,590	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.682013	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)	932.68	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)	5,748,409	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)	636,10 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,314,717 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)	3,314,717 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	743,289 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,058,006 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	330,481 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	57,014 51
52	TOTAL PROGRAM EXCLUDABLE COST	387,495 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,670,511 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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

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)	10,155	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,155	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,155	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)	8,068	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)	6,149,203	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	6,149,203	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	6,149,203	37

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/29/2012 09:15

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)	6,149,203	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	605.53	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	4,885,416	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)	4,885,416	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)	4,885,416	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	2,268,564	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	7,153,980	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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		38,017,759		30
31 INTENSIVE CARE UNIT		17,359,289		31
35 HIGH RISK NEONATAL				35
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.205770	33,587,075	6,911,212	50
50.01 GASTRODIAGNOSTIC UNIT	0.146847	2,235,525	328,280	50.01
50.02 PAIN MANAGEMENT CENTER	0.224176	1,494	335	50.02
51 RECOVERY ROOM	0.249671	2,265,155	565,544	51
52 DELIVERY ROOM & LABOR ROOM	1.044527	87,069	90,946	52
53 ANESTHESIOLOGY	0.209422	3,298,738	690,828	53
54 RADIOLOGY-DIAGNOSTIC	0.186644	10,633,300	1,984,642	54
55 RADIOLOGY-THERAPEUTIC	0.356596	197,397	70,391	55
56 RADIOISOTOPE	0.085636	2,036,582	174,405	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.028459	12,551,401	357,200	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.091930	4,000,062	367,726	58
59 CARDIAC CATHETERIZATION	0.057037	43,227,208	2,465,550	59
60 LABORATORY	0.237891	25,676,433	6,108,192	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.246773	12,810,889	3,161,382	65
66 PHYSICAL THERAPY	0.328732	5,848,419	1,922,562	66
69 ELECTROCARDIOLOGY	0.185767	11,695,075	2,172,559	69
70 ELECTROENCEPHALOGRAPHY	0.346822	594,237	206,094	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384076	19,490,548	7,485,852	71
72 IMPL. DEV. CHARGED TO PATIENT	0.412988	36,011,682	14,872,393	72
73 DRUGS CHARGED TO PATIENTS	0.201960	34,492,276	6,966,060	73
74 RENAL DIALYSIS	0.306224	1,622,022	496,702	74
76 OTHER ANCILLARY	0.579146	143,689	83,217	76
76.97 CARDIAC REHABILITATION	0.585147	512,434	299,849	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.316363	18,700	5,916	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.242918	7,008,853	1,702,577	91
92 OBSERVATION BEDS	0.453567	237,270	107,618	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		270,283,533	59,598,032	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		270,283,533		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		4,914,519		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.205770	5,387	1,108	50
50.01 GASTRODIAGNOSTIC UNIT	0.146847	10,294	1,512	50.01
50.02 PAIN MANAGEMENT CENTER	0.224176			50.02
51 RECOVERY ROOM	0.249671	18,484	4,615	51
52 DELIVERY ROOM & LABOR ROOM	1.044527			52
53 ANESTHESIOLOGY	0.209422	62,818	13,155	53
54 RADIOLOGY-DIAGNOSTIC	0.186644	105,988	19,782	54
55 RADIOLOGY-THERAPEUTIC	0.356596			55
56 RADIOISOTOPE	0.085636	11,692	1,001	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.028459	199,730	5,684	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.091930	86,493	7,951	58
59 CARDIAC CATHETERIZATION	0.057037	4,919	281	59
60 LABORATORY	0.237891	633,615	150,731	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.246773	56,503	13,943	65
66 PHYSICAL THERAPY	0.328732	104,781	34,445	66
69 ELECTROCARDIOLOGY	0.185767	78,979	14,672	69
70 ELECTROENCEPHALOGRAPHY	0.346822	13,285	4,608	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384076	190,450	73,147	71
72 IMPL. DEV. CHARGED TO PATIENT	0.412988	4,723	1,951	72
73 DRUGS CHARGED TO PATIENTS	0.201960	1,244,216	251,282	73
74 RENAL DIALYSIS	0.306224	20,207	6,188	74
76 OTHER ANCILLARY	0.579146	143,144	82,901	76
76.97 CARDIAC REHABILITATION	0.585147			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.316363			76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.242918	223,662	54,332	91
92 OBSERVATION BEDS	0.453567			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,219,370	743,289	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,219,370		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	0.204504	3,950	808	50
50.01 GASTRODIAGNOSTIC UNIT	0.146133			50.01
50.02 PAIN MANAGEMENT CENTER	0.215412			50.02
51 RECOVERY ROOM	0.249671	781	195	51
52 DELIVERY ROOM & LABOR ROOM	1.044527			52
53 ANESTHESIOLOGY	0.209422	3,415	715	53
54 RADIOLOGY-DIAGNOSTIC	0.186644	148,616	27,738	54
55 RADIOLOGY-THERAPEUTIC	0.356596	9,039	3,223	55
56 RADIOISOTOPE	0.085636	6,643	569	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.028459	8,684	247	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.091930	3,345	308	58
59 CARDIAC CATHETERIZATION	0.057037	14,277	814	59
60 LABORATORY	0.236262	600,767	141,938	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.246758	752,181	185,607	65
66 PHYSICAL THERAPY	0.328546	2,933,953	963,939	66
69 ELECTROCARDIOLOGY	0.173235	69,835	12,098	69
70 ELECTROENCEPHALOGRAPHY	0.341912	1,287	440	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384076	940,489	361,219	71
72 IMPL. DEV. CHARGED TO PATIENT	0.412988	8,727	3,604	72
73 DRUGS CHARGED TO PATIENTS	0.201960	2,756,216	556,645	73
74 RENAL DIALYSIS	0.306224			74
76 OTHER ANCILLARY	0.579146	7,038	4,076	76
76.97 CARDIAC REHABILITATION	0.585147	137	80	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.311827	13,792	4,301	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.242545			91
92 OBSERVATION BEDS	0.453567			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		8,283,172	2,268,564	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		8,283,172		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	67,635,974	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,986,644	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	3,020,540	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	350.29	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	98.17	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	59.19	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	59.83	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	59.40	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.29	17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	59.69	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.170402	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.172579	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.170402	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	6,276,418	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)	38.98	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)	6,276,418	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0407	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2761	31
32	SUM OF LINES 30 AND 31	0.3168	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1535	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	10,382,122	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)	87,281,158	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)	87,281,158	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,432,249	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	1,776,057	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	124,817	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	428,132	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	297,030	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	96,339,443	59
60	PRIMARY PAYER PAYMENTS	91,312	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	96,248,131	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,198,508	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	281,238	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,494,741	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,046,319	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,171,619	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	90,814,704	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)	37,000	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)	90,777,704	71
72	INTERIM PAYMENTS	89,275,125	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	1,502,579	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	1,471,368	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF
 SUB (OTHER) SNF (14-5225)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

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	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		88,878,753		25,705,980	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 03/16/2012	513,582	03/16/2012	137,128	3.01
	.02		06/29/2012	46,439	3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50			NONE	3.50
	.51				3.51
	.52 06/29/2012	117,210			3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99	396,372		183,567	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)		89,275,125		25,889,547	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				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
	PROVIDER .04				6.04
	TO .05				6.05
	PROGRAM .06				6.06
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

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 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,735,875				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 03/16/2012	23,298		NONE		3.01
	.02					3.02
	PROGRAM .03					3.03
	TO .04					3.04
	PROVIDER .05					3.05
	.06					3.06
	.07					3.07
	.08					3.08
	.09					3.09
	.50	NONE		NONE		3.50
	.51					3.51
	PROVIDER .52					3.52
	TO .53					3.53
	PROGRAM .54					3.54
	.55					3.55
	.56					3.56
	.57					3.57
	.58					3.58
	.59					3.59
	.99	23,298				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		23,298				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,759,173				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					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					
	TO .04					
	PROGRAM .05					
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)						7

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

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

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		2,575,297		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	.01	NONE		3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
	PROVIDER .52			3.52
	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)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,575,297		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			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
	PROVIDER .04			6.04
	TO .05			6.05
	PROGRAM .06			6.06
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/29/2012 09:15

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK HOSPITAL (14-0053) CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	17,031	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	37,837	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,494	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	81,996	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,169,480,831	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	28,642,926	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)	3,898,996	1
2	NET IPF PPS OUTLIER PAYMENT	31,143	2
3	NET IPF PPS ECT PAYMENT	79,462	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
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
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)	2.52	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)	24.691257	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.022496	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	87,712	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	4,097,313	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)	4,097,313	16
17	PRIMARY PAYER PAYMENTS	7,767	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	4,089,546	18
19	DEDUCTIBLES	261,652	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	3,827,894	20
21	COINSURANCE	109,017	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	3,718,877	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)	3,718,877	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	41,073	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,759,950	31
32	INTERIM PAYMENTS	3,759,173	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	777	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	2,830,625 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	48,650 2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	13,452 3
4	SUBTOTAL (SUM OF LINES 1-3)	2,892,727 4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	255,328 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)	2,637,399 12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	2,637,399 15
16	INTERIM PAYMENTS	2,575,297 16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	62,102 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 ADJUSTED 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)			100.69 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			59.97 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	45.34	52.32	97.66 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	27.00	31.16	58.16 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	27.00	31.16	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	27.82	30.30	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	29.52	30.45	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	28.11	30.64	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		0.29	16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	28.11	30.93	17
18	PER RESIDENT AMOUNT	78,278.54	78,278.54	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	2,200,410	2,421,155	4,621,565 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 UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			40.72 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)			4,621,565 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	43,048	1,494	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	91,033	91,033	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.472883	0.016412	28
29	PROGRAM DIRECT GME AMOUNT	2,185,460	75,849	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		10,717	30
31	NET PROGRAM DIRECT GME AMOUNT			2,250,592 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
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)			2,640,848 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 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			105,776,509 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)			99,079 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			105,677,430 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			28,241,539 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			6,100 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			28,235,439 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			133,912,869 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.789151 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.210849 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			2,250,592 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,776,057 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			474,535 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	11,072,737			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	108,109,127			4
5	OTHER RECEIVABLES	2,230,908			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-20,618,000			6
7	INVENTORY	11,000,577			7
8	PREPAID EXPENSES	3,687,229			8
9	OTHER CURRENT ASSETS	51,280,000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	166,762,578			11
FIXED ASSETS					
12	LAND	18,370,002			12
13	LAND IMPROVEMENTS	4,393,938			13
14	ACCUMULATED DEPRECIATION	-3,494,395			14
15	BUILDINGS	389,593,100			15
16	ACCUMULATED DEPRECIATION	-178,496,217			16
17	LEASEHOLD IMPROVEMENTS	153,406			17
18	ACCUMULATED AMORTIZATION	-1,083,278			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	231,078,793			23
24	ACCUMULATED DEPRECIATION	-169,918,869			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)	290,596,480			30
OTHER ASSETS					
31	INVESTMENTS	229,286,323			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	67,423,757			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	296,710,080			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	754,069,138			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	23,094,577			37
38	SALARIES, WAGES & FEES PAYABLE	12,933,520			38
39	PAYROLL TAXES PAYABLE	2,907,451			39
40	NOTES & LOANS PAYABLE (SHORT TERM)	51,280,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	13,928,543			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	104,144,091			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	137,563,160			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	127,776,934			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	265,340,094			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	369,484,185			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	384,584,953			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)	384,584,953			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	754,069,138			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		474,421,670							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		-89,404,823							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		385,016,847							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTRIBUTIONS		49,323							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		49,323							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		385,066,170							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 CHANGE IN TEMP RESTRICTED AS		481,217							13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		481,217							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		384,584,953							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	84,634,485		84,634,485	1
3 SUBPROVIDER IPF	8,545,821		8,545,821	2
4 SUBPROVIDER IRF				3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	4,176,111		4,176,111	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	97,356,417		97,356,417	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	31,477,454		31,477,454	11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
16 HIGH RISK NEONATAL	21,225,601		21,225,601	15
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	52,703,055		52,703,055	16
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	150,059,472		150,059,472	17
19 ANCILLARY SERVICES	499,544,498	473,614,475	973,158,973	18
20 OUTPATIENT SERVICES	16,200,506	39,750,124	55,950,630	19
21 RHC				20
22 FQHC				21
23 HOME HEALTH AGENCY		10,791,683	10,791,683	22
24 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER PATIENT REVENUES	2,492,286	2,206,460	4,698,746	27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	668,296,762	526,362,742	1,194,659,504	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		425,752,411	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)		425,752,411	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,194,659,504	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	806,391,571	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	388,267,933	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	425,752,411	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-37,484,478	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	201,266	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	2,047	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	30,254	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	1,715,818	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	73,617	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	48,623	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	1	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	1,828,537	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	3,551,817	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SALE FROM SCRAP)	854	24
24.01	OTHER (GRANTS)	3,490,421	24.01
24.02	OTHER (GIFT SHOP)	399,805	24.02
24.03	OTHER (MISCELLANEOUS OPERATING REVENUE)	5,233,442	24.03
24.04	OTHER (NET ASSETS RELEASED FROM RESTRICTED)	27,918	24.04
24.05	OTHER (IDPH-CAPITAL GRANT)	551,223	24.05
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	17,155,643	25
26	TOTAL (LINE 5 PLUS LINE 25)	-20,328,835	26
27	OTHER EXPENSES (TRANSFER TO/FROM AFFILIATES)	26,080,896	27
27.01	OTHER EXPENSES (PENSION RELATED CHANGES)	34,153,130	27.01
27.02	OTHER EXPENSES (LOSS ON INVESTMENTS)	8,841,962	27.02
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	69,075,988	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-89,404,823	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 ADMINISTRATIVE AND GENERAL	1,005,488		447		424,302	1,430,237
6 HHA REIMBURSABLE SERVICES						
7 SKILLED NURSING CARE	1,924,553		161,700			2,086,253
8 PHYSICAL THERAPY	667,446		47,707			715,153
9 OCCUPATIONAL THERAPY	250,695		20,598			271,293
10 SPEECH PATHOLOGY	48,478		5,268			53,746
11 MEDICAL SOCIAL SERVICES	46,719		3,210			49,929
12 HOME HEALTH AIDE	51,245		19,054			70,299
13 SUPPLIES (SEE INSTRUCTIONS)						12
14 DRUGS						13
15 DME						14
16 HHA NONREIMBURSABLE SERVICES						
17 HOME DIALYSIS AIDE SERVICES						15
18 RESPIRATORY THERAPY						16
19 PRIVATE DUTY NURSING						17
20 CLINIC						18
21 HEALTH PROMOTION ACTIVITIES						19
22 DAY CARE PROGRAM						20
23 HOME DELIVERED MEALS PROGRAM						21
24 HOMEMAKER SERVICE						22
25 ALL OTHERS						23
26 TOTAL (SUM OF LINES 1-23)	3,994,624		257,984		424,302	4,676,910

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	-196,139	1,234,098	-3,148	1,230,950	5
6		2,086,253		2,086,253	6
7		715,153		715,153	7
8		271,293		271,293	8
9		53,746		53,746	9
10		49,929		49,929	10
11		70,299		70,299	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	-196,139	4,480,771	-3,148	4,477,623	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	
	0	1	2	3	4				
1									1
2									2
3									3
4									4
5	1,230,950					1,230,950	1,230,950		5
6	2,086,253					2,086,253	790,986	2,877,239	6
7	715,153					715,153	271,145	986,298	7
8	271,293					271,293	102,859	374,152	8
9	53,746					53,746	20,377	74,123	9
10	49,929					49,929	18,930	68,859	10
11	70,299					70,299	26,653	96,952	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	4,477,623					4,477,623		4,477,623	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					-1,230,950	3,246,673	5
6 SKILLED NURSING CARE						2,086,253	6
7 PHYSICAL THERAPY						715,153	7
8 OCCUPATIONAL THERAPY						271,293	8
9 SPEECH PATHOLOGY						53,746	9
10 MEDICAL SOCIAL SERVICES						49,929	10
11 HOME HEALTH AIDE						70,299	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							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-1,230,950	3,246,673	24
25 COST TO BE ALLOC (PER W/S H)						1,230,950	25
26 UNIT COST MULTIPLIER						0.379142	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		2,124,935		2,124,935			1
2 SKILLED NURSING CARE		3,905,415		3,905,415	1,373,213	5,278,628	2
3 PHYSICAL THERAPY		1,321,009		1,321,009	464,489	1,785,498	3
4 OCCUPATIONAL THERAPY		500,366		500,366	175,937	676,303	4
5 SPEECH PATHOLOGY		98,767		98,767	34,728	133,495	5
6 MEDICAL SOCIAL SERVICES		92,263		92,263	32,441	124,704	6
7 HOME HEALTH AIDE		125,496		125,496	44,127	169,623	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
20 TOTAL (SUM OF LINES 1-19)		8,168,251		8,168,251	2,124,935	8,168,251	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.					0.351617		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 CO CON SQUARE FOOTAGE	CAP 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		61,916		1,005,488	157	219	38,736	1
2 SKILLED NURSING CARE					1,924,553				2
3 PHYSICAL THERAPY					667,446				3
4 OCCUPATIONAL THERAPY					250,695				4
5 SPEECH PATHOLOGY					48,478				5
6 MEDICAL SOCIAL SERVICES					46,719				6
7 HOME HEALTH AIDE					51,245				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		61,916		3,994,624	157	219	38,736	20
21 TOTAL COST TO BE ALLOCATED	81,814		64,587		1,068,570	100,112	884,248	930	21
22 UNIT COST MULTIPLIER	7.487325		1.043139		0.267502		4,037.662100		22
22 UNIT COST MULTIPLIER						637.656051		0.024009	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- CILATION 4A.06	OTHER ADMIN + GENERAL ACCUM COST 5.06	MAIN- TENANCE + REPAIRS HOURS 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	
1 ADMINISTRATIVE AND GENERAL				1,400,661	38,300	10,927	121	562	1
2 SKILLED NURSING CARE				3,392,062					2
3 PHYSICAL THERAPY				1,164,841					3
4 OCCUPATIONAL THERAPY				441,213					4
5 SPEECH PATHOLOGY				87,091					5
6 MEDICAL SOCIAL SERVICES				81,356					6
7 HOME HEALTH AIDE				110,660					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)				6,677,884	38,300	10,927	121	562	20
21 TOTAL COST TO BE ALLOCATED				895,291	48,898	143,271	103	21,183	21
22 UNIT COST MULTIPLIER					1.276710		0.851240		22
22 UNIT COST MULTIPLIER				0.134068		13.111650		37.692171	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		1,523		5,977					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)		1,523		5,977					20
21 TOTAL COST TO BE ALLOCATED		8,327		314,708					21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		5.467498		52.653170					22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7222

WORKSHEET H-2
 PART II

HHA COST CENTER	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SCHOOL OF CLINICAL LAB SCIENC	SCHOOL OF RESPIRATOR THERAPY	SCHOOL OF E.N.D.T.	PHARMACY RESIDENCY	
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	19	20	21	22	23	23.01	23.02	23.03	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE		1,744							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)		1,744							20
21 TOTAL COST TO BE ALLOCATED		58,586							21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		33.592890							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 COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	4	(COL.3 ÷ COL.4)	5
1	SKILLED NURSING CARE	2	5,278,628	2	5,278,628	22,506	234.54	1
2	PHYSICAL THERAPY	3	1,785,498		1,785,498	6,968	256.24	2
3	OCCUPATIONAL THERAPY	4	676,303		676,303	2,722	248.46	3
4	SPEECH PATHOLOGY	5	133,495		133,495	362	368.77	4
5	MEDICAL SOCIAL SERVICES	6	124,704		124,704	289	431.50	5
6	HOME HEALTH AIDE	7	169,623		169,623	2,474	68.56	6
7	TOTAL (SUM OF LINES 1-6)		8,168,251		8,168,251	35,321		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 COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
OTHER PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	4	5	
15	COST OF MEDICAL SUPPLIES	8		76,617	76,617	259,725	0.294993	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

PATIENT SERVICES	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	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	8,936	4,334		2,095,849	1,016,496		3,112,345
2 PHYSICAL THERAPY	3,233	937		828,424	240,097		1,068,521
3 OCCUPATIONAL THERAPY	1,504	391		373,684	97,148		470,832
4 SPEECH PATHOLOGY	145	63		53,472	23,233		76,705
5 MEDICAL SOCIAL SERVICES	137	45		59,116	19,418		78,534
6 HOME HEALTH AIDE	909	1,093		62,321	74,936		137,257
7 TOTAL (SUM OF LINES 1-6)	14,864	6,863		3,472,866	1,471,328		4,944,194

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	41	10	8	
8.01 SKILLED NURSING CARE	19500	1,932	890	8.01	
8.02 SKILLED NURSING CARE	41180	273	135	8.02	
8.03 SKILLED NURSING CARE	44100	5,984	3,103	8.03	
8.04 SKILLED NURSING CARE	99914	706	196	8.04	
9 PHYSICAL THERAPY	16580	42		9	
9.01 PHYSICAL THERAPY	19500	922	149	9.01	
9.02 PHYSICAL THERAPY	41180	32	3	9.02	
9.03 PHYSICAL THERAPY	44100	1,951	694	9.03	
9.04 PHYSICAL THERAPY	99914	286	91	9.04	
10 OCCUPATIONAL THERAPY	16580	20	1	10	
10.01 OCCUPATIONAL THERAPY	19500	628	96	10.01	
10.02 OCCUPATIONAL THERAPY	41180	11		10.02	
10.03 OCCUPATIONAL THERAPY	44100	752	230	10.03	
10.04 OCCUPATIONAL THERAPY	99914	93	64	10.04	
11 SPEECH PATHOLOGY	16580			11	
11.01 SPEECH PATHOLOGY	19500	30	2	11.01	
11.02 SPEECH PATHOLOGY	41180		2	11.02	
11.03 SPEECH PATHOLOGY	44100	98	59	11.03	
11.04 SPEECH PATHOLOGY	99914	17		11.04	
12 MEDICAL SOCIAL SERVICES	16580	1		12	
12.01 MEDICAL SOCIAL SERVICES	19500	42	9	12.01	
12.02 MEDICAL SOCIAL SERVICES	41180			12.02	
12.03 MEDICAL SOCIAL SERVICES	44100	86	31	12.03	
12.04 MEDICAL SOCIAL SERVICES	99914	8	5	12.04	
13 HOME HEALTH AIDE	16580	5		13	
13.01 HOME HEALTH AIDE	19500	128	377	13.01	
13.02 HOME HEALTH AIDE	41180	4	146	13.02	
13.03 HOME HEALTH AIDE	44100	750	514	13.03	
13.04 HOME HEALTH AIDE	99914	22	56	13.04	
14 TOTAL (SUM OF LINES 8-13)		14,864	6,863	14	

OTHER PATIENT SERVICES	PROGRAM COVERED CHARGES			COST OF 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						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 PHYSICAL THERAPY	66	0.328546			COL 2, LINE 2
2 OCCUPATIONAL THERAPY	67				COL 2, LINE 3
3 SPEECH PATHOLOGY	68				COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.384076	199,483	76,617	COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	73	0.201960			COL 2, LINE 16

CALCULATION OF HHA REMIBURSEMENT 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 B -----		
	PART A 1	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	1,984,551	868,374	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	42,742	28,068	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	27,622	23,480	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	17,676	5,248	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	25,302	15,300	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			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)	2,097,893	940,470	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	2,097,893	940,470	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	2,097,893	940,470	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)	2,097,893	940,470	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	2,097,893	940,470	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	2,097,894	940,469	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)	-1	1	34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

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

HHA NO.: 14-7222

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,097,894		940,469	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	NONE		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99				3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		2,097,894		940,469	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.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
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99				5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	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: _____		NPR DATE: _____	8

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	40,521				482,500	523,021 6
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES						9
10 NURSING CARE	249,233					249,233 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	63,650					63,650 15
16 SPIRITUAL COUNSELING	90,173					90,173 16
17 DIETARY COUNSELING						17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	21,439					21,439 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)	465,016				482,500	947,516 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							40,521	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				249,233				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		63,650						17
19	SPIRITUAL COUNSELING							90,173	18
20	DIETARY COUNSELING								19
21	COUNSELING - OTHER								20
22	HH AIDE AND HOMEMAKER						21,439		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)		63,650		249,233		21,439	130,694	465,016

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 BLDG COSTS	CAP REL MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.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	520,379						520,379	520,379	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	249,233						249,233	364,859	13
14	NURSING CARE-CONTINUOUS HOME									14
15	PHYSICAL THERAPY									15
16	OCCUPATIONAL THERAPY									16
17	SPEECH/LANGUAGE PATHOLOGY									17
18	MEDICAL SOCIAL SERVICES	37,429						37,429	54,793	18
19	SPIRITUAL COUNSELING	47,367						47,367	69,342	19
20	DIETARY COUNSELING									20
21	COUNSELING - OTHER									21
22	HH AIDE AND HOMEMAKER	21,439						21,439	31,385	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)	875,847						875,847		875,847

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		206,789		206,789			1
2 INPATIENT - GENERAL CARE							2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES							4
5 NURSING CARE		772,032		772,032	144,989	917,021	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		115,940		115,940	21,774	137,714	10
11 SPIRITUAL COUNSELING		146,726		146,726	27,555	174,281	11
12 DIETARY COUNSELING							12
13 COUNSELING - OTHER							13
14 HOME HLTH AIDE & HOMEMAKERS		59,906		59,906	11,250	71,156	14
15 HH AIDE & HMKR-CONT. HOME C		6,504		6,504	1,221	7,725	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)		1,307,897		1,307,897		1,307,897	34
35 UNIT COST MULTIPLIER					0.187801		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		40,521	10	30	8,130	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE					249,233				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					37,429				10
11 SPIRITUAL COUNSELING					47,367				11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS									14
15 HH AIDE & HMKR-CONT. HOME C					21,439				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		395,989	10	30	8,130	34
35 TOTAL COST TO BE ALLOCATED	1,939		1,913		105,928	6,377	121,130	195	35
36 UNIT COST MULTIPLIER	7.486486		1.043075		0.267502	637.7000004,	037.66666	0.023985	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- CILATION 4A.06	OTHER ADMIN + GENERAL ACCUM COST 5.06	MAIN- TENANCE + REPAIRS HOURS 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	
1 ADMINISTRATIVE AND GENERAL				142,393	2,375	259		62	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE				680,763					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				102,234					10
11 SPIRITUAL COUNSELING				129,380					11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS				52,824					14
15 HH AIDE & HMKR-CONT. HOME C				5,735					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)				1,113,329	2,375	259		62	34
35 TOTAL COST TO BE ALLOCATED				149,262	3,032	3,396		2,337	35
36 UNIT COST MULTIPLIER				0.134068	1.276632	13.111969		37.693548	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				694				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)				694				34
35 TOTAL COST TO BE ALLOCATED				36,541				35
36 UNIT COST MULTIPLIER				52.652738				36

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	0.328546		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68			3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.201960		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.236262		6
7	MEDICAL SUPPLIES	71	0.384076		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55	0.356596		9
10	OTHER ANCILLARY	76	0.579146		10
10.97	CARDIAC REHABILITATION	76.97	0.585147		10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.311827		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)				1,307,897	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				8,474	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				154.34	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	7,238				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,117,113				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		463			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		71,459			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)			773		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			119,305		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	5,419,334	1
2	CAPITAL DRG OUTLIER PAYMENTS	234,698	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	226.23	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	59.69	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0773	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	418,915	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0407	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2761	8
9	SUM OF LINES 7 AND 8	0.3168	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0663	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	359,302	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,432,249	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	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	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 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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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) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 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