

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: 11-27-2013 TIME: 13:22
 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 07/01/2012 AND ENDING 06/30/2013, 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		244,004	196,329	2,548,742		1
2 SUBPROVIDER - IPF		100,529	23			2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY		64,671	-172			7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		409,204	196,180	2,548,742		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 P.O. BOX: 1
 2 CITY: SPRINGFIELD STATE: IL ZIP CODE: 62769 COUNTY: SANGAMON 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 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: 07/01/2012				TO: 06/30/2013				20
21	TYPE OF CONTROL									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		OUT-OF-STATE		OUT-OF-STATE		MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
		IN-STATE	MEDICAID	OUT-OF-STATE	MEDICAID	MEDICAID	MEDICAID			
		PAID	ELIGIBLE	PAID	ELIGIBLE	PAID	UNPAID			
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.	9,369	14,880	29	22	12	445	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 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 PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			38	
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)								1	2

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	45
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	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	2	3	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 HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	Y/N	IME	DIRECT GME	61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N			61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME	UNWEIGHTED DIRECT GME	
	PROGRAM NAME	PROGRAM CODE	FTE COUNT	FTE COUNT	
	1	2	3	4	
					61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
					61.20
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
64 ENTER IN COLUMN 1, 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)		47.85	64

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

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
66 ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	6.06	66.77	0.083207

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 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
67 FAMILY MEDICINE	1350	1.00	4.44	67
67.01 INTERNAL MEDICINE	1400	0.02	15.48	67.01
67.02 PEDIATRICS	2000	3.48	15.72	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		80
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			V XIX	
			1 2	
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			1 2	
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
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: 1,055,532 PAID LOSSES: 2,772,709 SELF INSURANCE: 5,016,021			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.	N	N	120
121	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.			
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TRANSPLANT CENTER INFORMATION		1	2
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	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 PART A	TITLE XVIII PART B	TITLE V	TITLE XIX
155	HOSPITAL	1	3	4
156	SUBPROVIDER - IPF	N	N	N 155
157	SUBPROVIDER - IRF	N	N	N 156
158	SUBPROVIDER - (OTHER)	N	N	N 157
159	SNF	N	N	N 158
160	HHA	N	N	N 159
161	CMHC		N	160
161.10	CORF			161
				161.10

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165			
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	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.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	1.00	169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS)	06/02/2012 08/30/2012	170

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

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)	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.	N	2	3
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.	Y	A	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?	Y	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	10/30/2013	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	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2	36
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			37
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.	N		38
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.			39
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			40

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@HSHS.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	200	138,479,131	-18,690	138,460,441	5,322,067.00	26.02	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21	6,406,073		6,406,073	260,144.00	24.63	7
7.01							7.01
8							8
9	44	2,513,028	75,671	2,588,699	100,563.00	25.74	9
10		10,500,490	-211,945	10,288,545	354,545.00	29.02	10
11		2,401,556		2,401,556	50,262.00	47.78	11
12							12
13		3,099,172		3,099,172	22,973.00	134.90	13
14		13,084,556		13,084,556	220,909.00	59.23	14
15							15
16							16
17		39,879,415		39,879,415			17
18							18
19		4,126,159		4,126,159			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25		1,733,624		1,733,624			25
26		934,493	802	935,295	34,269.00	27.29	26
27		17,037,772	-464,871	16,572,901	598,755.00	27.68	27
28		1,686,207		1,686,207	11,514.00	146.45	28
29		3,316,523	128,057	3,444,580	102,906.00	33.47	29
30		1,602,097	-128,057	1,474,040	77,846.00	18.94	30
31		1,171,147	15,779	1,186,926	97,940.00	12.12	31
32		2,464,940		2,464,940	230,197.00	10.71	32
33							33
34		2,169,230	-1,577,676	591,554	50,054.00	11.82	34
35							35
36			1,577,676	1,577,676	133,493.00	11.82	36
37							37
38		4,417,540	-505,362	3,912,178	96,164.00	40.68	38
39		594,170	-108,574	485,596	35,578.00	13.65	39
40		4,467,563	62,867	4,530,430	112,776.00	40.17	40
41		2,339,650		2,339,650	106,530.00	21.96	41
42							42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	133,759,265	-18,690	133,740,575	5,073,437.00	26.36	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	13,013,518	-136,274	12,877,244	455,108.00	28.29	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	120,745,747	117,584	120,863,331	4,618,329.00	26.17	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	18,585,284		18,585,284	294,144.00	63.18	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	39,879,415		39,879,415		33.00	5
6	TOTAL (SUM OF LINES 3 THRU 5)	179,210,446	117,584	179,328,030	4,912,473.00	36.50	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	42,201,332	-999,359	41,201,973	1,688,022.00	24.41	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)	8,374,380	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)	21,678,737	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,137,414	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	298,018	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	854,431	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	2,761,635	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	7,912,118	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	2,007,676	18
19 UNEMPLOYMENT INSURANCE	147,769	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	147,845	22
23 TUITION REIMBURSEMENT	419,175	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	45,739,198	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 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/27/2013 13:22

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	2,376,955	24,601	1
2	HOSPITAL	2,376,955	24,601	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		1,219	65	65	1,349	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,037.00	292.00	794.00	2,090.00	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			16.49		16.49
6 DIRECT NURSING SERVICE			26.26		26.26
7 NURSING SUPERVISOR			1.00		1.00
8 PHYSICAL THERAPY SERVICE			8.01		8.01
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE			2.86		2.86
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE			0.66		0.66
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE			0.78		0.78
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE			1.92		1.92
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	10,280	1,043	416	129	11,868	21
22 SKILLED NURSING VISIT CHARGES	2,002,309	204,683	79,588	25,019	2,311,599	22
23 PHYSICAL THERAPY VISITS	3,659	31	57	57	3,804	23
24 PHYSICAL THERAPY VISIT CHARGES	767,340	6,510	11,970	11,970	797,790	24
25 OCCUPATIONAL THERAPY VISITS	1,673	21	19	27	1,740	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	351,330	4,410	3,990	5,670	365,400	26
27 SPEECH PATHOLOGY VISITS	198	4	2	2	206	27
28 SPEECH PATHOLOGY VISIT CHARGES	41,370	840	420	420	43,050	28
29 MEDICAL SOCIAL SERVICE VISITS	124	5	2	3	134	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	32,240	1,300	520	780	34,840	30
31 HOME HEALTH AIDE VISITS	1,227	117	2	16	1,362	31
32 HOME HEALTH AIDE VISIT CHARGES	116,090	11,115	190	1,520	128,915	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	17,161	1,221	498	234	19,114	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	3,310,679	228,858	96,678	45,379	3,681,594	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	1,149		174	20	1,343	36
37 TOTAL NUMBER OF OUTLIER EPISODES		26			26	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	135,558	9,166	6,012	1,224	151,960	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						7
8	RHL				13		13
9	RMX						9
10	RML						10
11	RLX						11
12	RUC				25		25
13	RUB				265		265
14	RUA				9		9
15	RVC				571		571
16	RVB				1,729		1,729
17	RVA				133		133
18	RHC				551		551
19	RHB				830		830
20	RHA				39		39
21	RMC				183		183
22	RMB				477		477
23	RMA				73		73
24	RLB				2		2
25	RLA						25
26	ES3						26
27	ES2				12		12
28	ES1				583		583
29	HE2						29
30	HE1				20		20
31	HD2				216		216
32	HD1				108		108
33	HC2				411		411
34	HC1				388		388
35	HB2				19		19
36	HB1				84		84
37	LE2				5		5
38	LE1				6		6
39	LD2				64		64
40	LD1						40
41	LC2				122		122
42	LC1				84		84
43	LB2						43
44	LB1				3		3
45	CE2						45
46	CE1				4		4
47	CD2				93		93
48	CD1				32		32
49	CC2				528		528
50	CC1				322		322
51	CB2				15		15
52	CB1				27		27
53	CA2						53
54	CA1				45		45
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				2		2
67	BA2						67
68	BA1						68

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
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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	8		8 74
75	PB2			75
76	PB1			76
77	PA2			77
78	PA1	13		13 78
199	AAA			199
200	TOTAL	8,114		8,114 200

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)	7,266,629		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	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5) 6
	1	2	3	4	5	6
1	CONTINUOUS HOME CARE					1
2	ROUTINE HOME CARE	7,871	325		769	8,965
3	INPATIENT RESPITE CARE	90				90
4	GENERAL INPATIENT CARE	377	73		139	589
5	TOTAL HOSPICE DAYS	8,338	398		908	9,644

PART II - CENSUS DATA

	TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5) 6
	1	2	3	4	5	6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	177	9		30	216
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	47.11	44.22		30.27	44.65
9	UNDUPLICATED CENSUS COUNT	177	9		30	216

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)				0.256317	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				58,033,219	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				221,132,094	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				56,679,915	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				30,444	17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				659,527	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	31,377,485	1,704,152	33,081,637		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	8,042,583	436,803	8,479,386		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	520,204	75,468	595,672		22
23	COST OF CHARITY CARE	7,522,379	361,335	7,883,714		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)				39,021,804	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,980,086	26
27	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				37,041,718	27
28	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				9,494,422	28
29	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				17,378,136	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				17,378,136	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		10,279,572	10,279,572	109,062	1
1.01	00101				166,811	1.01
2	00200		15,732,980	15,732,980	156,006	2
3	00300		431,879	431,879	-431,879	3
4	00400	934,493	51,536,326	52,470,819	-1,810,804	4
5.01	00540	386,312	580,194	966,506	267,509	5.01
5.02	00550	957,110	4,415,781	5,372,891	1,775	5.02
5.03	00560	555,864	150,778	706,642	34,379	5.03
5.04	00570	1,341,329	125,221	1,466,550	152,020	5.04
5.05	00580	1,689,633	998,332	2,687,965	-200,213	5.05
5.06	00590	12,107,524	61,091,607	73,199,131	-724,406	5.06
6	00600	3,316,523	3,906,020	7,222,543	128,057	6
7	00700	1,602,097	7,921,136	9,523,233	59,881	7
8	00800	1,171,147	1,885,079	3,056,226	15,779	8
9	00900	2,464,940	1,529,499	3,994,439		9
10	01000	2,169,230	160,503	2,329,733	-766,233	10
11	01100				766,233	11
12	01200					12
13	01300	4,417,540	1,986,630	6,404,170	-508,304	13
14	01400	594,170	1,560,723	2,154,893	-77,963	14
15	01500	4,467,563	12,472,704	16,940,267	-11,312,852	15
16	01600	2,339,650	1,754,316	4,093,966		16
17	01700					17
19	01900					19
20	02000	1,385,768	355,288	1,741,056	-66,436	20
21	02100	6,406,073	9,700	6,415,773	1,733,624	21
22	02200				422,162	22
23	02300	124,129	13,591	137,720		23
23.01	02301	156,588	14,038	170,626		23.01
23.02	02302					23.02
23.03	02303	182,483	13,076	195,559	-62,867	23.03
23.04	02304	79,626	4,287	83,913	-50,008	23.04
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	22,349,203	8,797,474	31,146,677	-6,556,030	30
31	03100	7,422,646	2,050,521	9,473,167	-251,814	31
35	02060	5,122,224	1,894,378	7,016,602	82,778	35
40	04000	2,246,249	984,333	3,230,582	-2,341	40
43	04300				1,103,814	43
44	04400	2,513,028	212,198	2,725,226	43,044	44
ANCILLARY SERVICE COST CENTERS						
50	05000	8,084,662	30,852,287	38,936,949	-23,339,548	50
50.01	05001	867,631	1,813,852	2,681,483	-409,112	50.01
50.02	05002	129,016	245,439	374,455	3,039	50.02
51	05100	1,544,902	154,568	1,699,470	-11,061	51
52	05200				4,817,181	52
53	05300	821,634	7,571,138	8,392,772	-169,030	53
54	05400	3,437,268	1,699,035	5,136,303	-406,485	54
55	05500	659,938	278,108	938,046	-1,254	55
56	05600	669,868	1,147,751	1,817,619	28,500	56
57	05700	461,202	533,789	994,991	-33,333	57
58	05800	288,257	347,184	635,441	15,056	58
59	05900	4,837,301	22,493,136	27,330,437	-23,135,366	59
60	06000	4,563,078	8,266,565	12,829,643		60
62.30	06250					62.30
65	06500	3,274,301	900,058	4,174,359	-130,781	65
66	06600	5,784,634	1,168,901	6,953,535	-33,485	66
69	06900	2,275,780	2,803,972	5,079,752	-114,111	69
70	07000	767,469	460,730	1,228,199	-344	70
71	07100				16,578,858	71
72	07200				31,532,442	72
73	07300				11,350,585	73
74	07400		730,343	730,343	-9,841	74
76	03950	800,701	135,102	935,803	1,173,620	76
76.97	07697	466,423	21,571	487,994	80,198	76.97
76.98	07698		1,045,087	1,045,087	-40,007	76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	3,916,277	4,825,604	8,741,881	42,546	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
101	10100	3,977,647	687,426	4,665,073	-148,587	101
SPECIAL PURPOSE COST CENTERS						
113	11300		2,413,375	2,413,375		113
116	11600	531,788	584,571	1,116,359	-67,817	116
117	06950	676,921	2,693,007	3,369,928	16,085	117

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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	
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	137,339,840	286,740,763	424,080,603	8,732	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,205	288,419	326,624		190
192	19200 PHYSICIANS' PRIVATE OFFICES	198	11,174,562	11,174,760		192
193	19300 NONPAID WORKERS				9,335	193
194	07950 NON REIMBURSABLE-OTHER	457,617	456,255	913,872	-18,067	194
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	643,271	-640,815	2,456		194.01
200	TOTAL (SUM OF LINES 118-199)	138,479,131	298,019,184	436,498,315		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	10,388,634	-881,936	9,506,698	1
1.01	00101	CAP REL COSTS - CON	166,811		166,811	1.01
2	00200	CAP REL COSTS-MVBLE EQUIP	15,888,986	-387,990	15,500,996	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	50,660,015	-10,030,413	40,629,602	4
5.01	00540	COMMUNICATIONS	1,234,015	-114,589	1,119,426	5.01
5.02	00550	INFORMATION SYSTEMS	5,374,666	17,195,051	22,569,717	5.02
5.03	00560	PURCHASING/RECEIVENG/STORES	741,021	-9,907	731,114	5.03
5.04	00570	ADMITTING	1,618,570		1,618,570	5.04
5.05	00580	PATIENT ACCOUNTING	2,487,752	-973	2,486,779	5.05
5.06	00590	OTHER ADMIN & GENERAL	72,474,725	-39,426,215	33,048,510	5.06
6	00600	MAINTENANCE & REPAIRS	7,350,600	-21,419	7,329,181	6
7	00700	OPERATION OF PLANT	9,583,114	-154,802	9,428,312	7
8	00800	LAUNDRY & LINEN SERVICE	3,072,005	-400	3,071,605	8
9	00900	HOUSEKEEPING	3,994,439	-31,711	3,962,728	9
10	01000	DIETARY	1,563,500	-66,328	1,497,172	10
11	01100	CAFETERIA	766,233		766,233	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	5,895,866	-1,605,276	4,290,590	13
14	01400	CENTRAL SERVICES & SUPPLY	2,076,930	-58,219	2,018,711	14
15	01500	PHARMACY	5,627,415	-139,589	5,487,826	15
16	01600	MEDICAL RECORDS & LIBRARY	4,093,966	-228	4,093,738	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL	1,674,620	-1,909,761	-235,141	20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,149,397	-641,000	7,508,397	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	422,162		422,162	22
23	02300	PARAMED ED (CLINICAL LAB SCIENCE)	137,720	-23,138	114,582	23
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	170,626	-48,924	121,702	23.01
23.02	02302	PARAMED ED (ENDT)				23.02
23.03	02303	PARAMED ED (PHARMACY)	132,692		132,692	23.03
23.04	02304	PASTORAL CARE EDUCATION	33,905	-4,088	29,817	23.04
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	24,590,647	-5,804,608	18,786,039	30
31	03100	INTENSIVE CARE UNIT	9,221,353	-363,751	8,857,602	31
35	02060	HIGH RISK NEONATAL	7,099,380	-767,192	6,332,188	35
40	04000	SUBPROVIDER - IPF	3,228,241	-794,457	2,433,784	40
43	04300	NURSERY	1,103,814		1,103,814	43
44	04400	SKILLED NURSING FACILITY	2,768,270	-4,193	2,764,077	44
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	15,597,401	-3,172,756	12,424,645	50
50.01	05001	GASTRODIAGNOSTIC UNIT	2,272,371	-810,360	1,462,011	50.01
50.02	05002	PAIN MANAGEMENT CENTER	377,494	-14,287	363,207	50.02
51	05100	RECOVERY ROOM	1,688,409		1,688,409	51
52	05200	DELIVERY ROOM & LABOR ROOM	4,817,181		4,817,181	52
53	05300	ANESTHESIOLOGY	8,223,742	-5,786,022	2,437,720	53
54	05400	RADIOLOGY-DIAGNOSTIC	4,729,818	-36,696	4,693,122	54
55	05500	RADIOLOGY-THERAPEUTIC	936,792		936,792	55
56	05600	RADIOISOTOPE	1,846,119	-2,237	1,843,882	56
57	05700	CT SCAN	961,658		961,658	57
58	05800	MRI	650,497		650,497	58
59	05900	CARDIAC CATHETERIZATION	4,195,071	-472,067	3,723,004	59
60	06000	LABORATORY	12,829,643	-1,301	12,828,342	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	4,043,578	-114,992	3,928,586	65
66	06600	PHYSICAL THERAPY	6,920,050	-573,787	6,346,263	66
69	06900	ELECTROCARDIOLOGY	4,965,641	-2,570,823	2,394,818	69
70	07000	ELECTROENCEPHALOGRAPHY	1,227,855	-89,749	1,138,106	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,578,858		16,578,858	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	31,532,442		31,532,442	72
73	07300	DRUGS CHARGED TO PATIENTS	11,350,585		11,350,585	73
74	07400	RENAL DIALYSIS	720,502	-37,000	683,502	74
76	03950	OTHER ANCILLARY	2,109,423	-76,405	2,033,018	76
76.97	07697	CARDIAC REHABILITATION	568,192	-47,233	520,959	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,005,080	-21,176	983,904	76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	EMERGENCY	8,784,427	-3,455,690	5,328,737	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS						
94	09400	HOME PROGRAM DIALYSIS				94
101	10100	HOME HEALTH AGENCY	4,516,486	-452	4,516,034	101
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE	2,413,375	-2,413,375		113
116	11600	HOSPICE	1,048,542		1,048,542	116
117	06950	HOME INFUSION	3,386,013	-67,422	3,318,591	117

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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	
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	424,089,335	-65,859,886	358,229,449	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	326,624		326,624	190
192	19200 PHYSICIANS' PRIVATE OFFICES	11,174,760	-10,464,368	710,392	192
193	19300 NONPAID WORKERS	9,335		9,335	193
194	07950 NON REIMBURSABLE-OTHER	895,805		895,805	194
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	2,456		2,456	194.01
200	TOTAL (SUM OF LINES 118-199)	436,498,315	-76,324,254	360,174,061	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 COLLEGE OF NURSING DEPREC COSTS	A	CAP REL COSTS - CON	1.01		164,154 1
500 TOTAL RECLASSIFICATIONS					164,154 500
CODE LETTER - A					
1 NONPAID WORKERS	B	NONPAID WORKERS	193	9,335	1
2		EMPLOYEE BENEFITS DEPARTMENT	4		18,690 2
500 TOTAL RECLASSIFICATIONS				9,335	18,690 500
CODE LETTER - B					
1 MEDICAL CARE ADMIN COSTS	C	I&R SERVICES-OTHER PRGM COSTS	22	124,126	1
500 TOTAL RECLASSIFICATIONS				124,126	500
CODE LETTER - C					
1 CAFETERIA COSTS	D	CAFETERIA	11	1,577,676	1
2		DIETARY	10		811,443 2
500 TOTAL RECLASSIFICATIONS				1,577,676	811,443 500
CODE LETTER - D					
1 NURSERY AND LABOR/DELIVERY COSTS	E	NURSERY	43	593,935	495,477 1
2		DELIVERY ROOM & LABOR ROOM	52	2,591,792	2,162,143 2
500 TOTAL RECLASSIFICATIONS				3,185,727	2,657,620 500
CODE LETTER - E					
1 HOME HEALTH SUPPLY COSTS	F	CENTRAL SERVICES & SUPPLY	14		30,611 1
2		MEDICAL SUPPLIES CHARGED TO P	71		141,910 2
500 TOTAL RECLASSIFICATIONS					172,521 500
CODE LETTER - F					
1 HOSPICE SALARY COSTS	G	SKILLED NURSING FACILITY	44	50,251	1
500 TOTAL RECLASSIFICATIONS				50,251	500
CODE LETTER - G					
1 SNF MEDICAID ASSESSMENT FEE	H	OTHER ADMIN & GENERAL	5.06		32,587 1
500 TOTAL RECLASSIFICATIONS					32,587 500
CODE LETTER - H					
1 INTERNS & RESIDENTS H&W COSTS	I	I&R SERVICES-SALARY & FRINGES	21		1,733,624 1
500 TOTAL RECLASSIFICATIONS					1,733,624 500
CODE LETTER - I					
1 DRUGS CHARGED TO PATIENTS	J	DRUGS CHARGED TO PATIENTS	73		11,359,638 1
500 TOTAL RECLASSIFICATIONS					11,359,638 500
CODE LETTER - J					
1 WORKERS COMPENSATION COSTS	K	EMPLOYEE BENEFITS DEPARTMENT	4		101,824 1
500 TOTAL RECLASSIFICATIONS					101,824 500
CODE LETTER - K					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL & IMPLANTABLE SUPPLY COSTS	L	MEDICAL SUPPLIES CHARGED TO P	71		16,436,948
2		IMPL. DEV. CHARGED TO PATIENT	72		31,532,442
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
500 TOTAL RECLASSIFICATIONS					47,969,390
CODE LETTER - L					500
1 RN-BSN PROGRAM/EDUCATION	M	NURSING ADMINISTRATION	13	44,859	1
500 TOTAL RECLASSIFICATIONS				44,859	500
CODE LETTER - M					
1 LEGAL FEES	N	OTHER ADMIN & GENERAL	5.06		198,496
500 TOTAL RECLASSIFICATIONS					198,496
CODE LETTER - N					500
1 UTILITIES/TELEPHONE FOR PDC	O	OPERATION OF PLANT	7		187,938
2		COMMUNICATIONS	5.01		59,498
500 TOTAL RECLASSIFICATIONS					247,436
CODE LETTER - O					500
1 PHARMACY CONTINUING EDUCATION/SERV	P	PHARMACY	15	62,867	1
500 TOTAL RECLASSIFICATIONS				62,867	500
CODE LETTER - P					
1 SPIRITUAL CARE COST	Q	OTHER ADMIN & GENERAL	5.06	50,008	1
500 TOTAL RECLASSIFICATIONS				50,008	500
CODE LETTER - Q					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		
			LINE #	SALARY	OTHER
1	1	2	3	4	5
1 NURSING BONUSES	S	EMPLOYEE BENEFITS DEPARTMENT	4	802	1
2		INFORMATION SYSTEMS	5.02	1,775	2
3		OTHER ADMIN & GENERAL	5.06	1,395	3
4		NURSING SCHOOL	20	735	4
5		ADULTS & PEDIATRICS	30	86,118	5
6		INTENSIVE CARE UNIT	31	5,020	6
7		HIGH RISK NEONATAL	35	86,970	7
8		SUBPROVIDER - IPF	40	3,386	8
9		NURSERY	43	10,893	9
10		SKILLED NURSING FACILITY	44	18,815	10
11		OPERATING ROOM	50	25,540	11
12		GASTRODIAGNOSTIC UNIT	50.01	3,670	12
13		PAIN MANAGEMENT CENTER	50.02	2,268	13
14		RECOVERY ROOM	51	35,276	14
15		DELIVERY ROOM & LABOR ROOM	52	47,536	15
16		RADIOLOGY-DIAGNOSTIC	54	10,781	16
17		CARDIAC CATHETERIZATION	59	29	17
18		RESPIRATORY THERAPY	65	72	18
19		ELECTROCARDIOLOGY	69	2,278	19
20		OTHER ANCILLARY	76	4,951	20
21		CARDIAC REHABILITATION	76.97	8,812	21
22		EMERGENCY	91	9,246	22
23		HOME HEALTH AGENCY	101	8,036	23
24		HOME INFUSION	117	4	24
500 TOTAL RECLASSIFICATIONS				374,408	500
CODE LETTER - S					
1 NEW GRAD ONSITE TRAINING	T	ADULTS & PEDIATRICS	30	303,413	1
2		INTENSIVE CARE UNIT	31	123,776	2
3		HIGH RISK NEONATAL	35	22,931	3
4		SUBPROVIDER - IPF	40	6,363	4
5		NURSERY	43	3,600	5
6		SKILLED NURSING FACILITY	44	6,605	6
7		OPERATING ROOM	50	7,137	7
8		GASTRODIAGNOSTIC UNIT	50.01	12,361	8
9		DELIVERY ROOM & LABOR ROOM	52	15,710	9
10		CARDIAC CATHETERIZATION	59	5,246	10
11		EMERGENCY	91	82,688	11
500 TOTAL RECLASSIFICATIONS				589,830	500
CODE LETTER - T					
1 MANAGEMENT RECLASSIFICATION	U	PURCHASING/RECEIVENG/STORES	5.03	34,379	1
2		ADMITTING	5.04	152,020	2
3		MAINTENANCE & REPAIRS	6	128,057	3
4		LAUNDRY & LINEN SERVICE	8	15,779	4
5		NURSING ADMINISTRATION	13	414,017	5
6		OPERATING ROOM	50	42,154	6
7		PAIN MANAGEMENT CENTER	50.02	4,183	7
8		RADIOISOTOPE	56	28,500	8
9		CT SCAN	57	29,042	9
10		MRI	58	15,571	10
11		OTHER ANCILLARY	76	39,973	11
12		CARDIAC REHABILITATION	76.97	71,386	12
13		HOME INFUSION	117		13
500 TOTAL RECLASSIFICATIONS				975,061	500
CODE LETTER - U					
1 SWITCHBOARD SALARIES	V	COMMUNICATIONS	5.01	208,011	1
500 TOTAL RECLASSIFICATIONS				208,011	500
CODE LETTER - V					
1 OTHER SALARY RECLASSIFICATIONS	W	ADULTS & PEDIATRICS	30	45,858	1
2		OPERATING ROOM	50	148,160	2
3		HOME HEALTH AGENCY	101	15,898	3
500 TOTAL RECLASSIFICATIONS				209,916	500
CODE LETTER - W					

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 ACADEMIC SUPPORT	X	I&R SERVICES-OTHER PRGM COSTS	22		298,036	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					298,036	500
CODE LETTER - X						
1 OUTPATIENT ROUTINE SERVICES	Y	OTHER ANCILLARY	76	868,982	260,296	1
2						2
3						3
4						4
5						5
500 TOTAL RECLASSIFICATIONS				868,982	260,296	500
CODE LETTER - Y						
GRAND TOTAL (INCREASES)				8,331,057	66,064,148	

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		164,154	11 1
500 TOTAL RECLASSIFICATIONS					164,154	500
CODE LETTER - A						
1 NONPAID WORKERS	B	SUBPROVIDER - IPF	40	10,459		1
2 HOSPICE			116	17,566		2
500 TOTAL RECLASSIFICATIONS				28,025		500
CODE LETTER - B						
1 MEDICAL CARE ADMIN COSTS	C	OTHER ADMIN & GENERAL	5.06	124,126		1
500 TOTAL RECLASSIFICATIONS				124,126		500
CODE LETTER - C						
1 CAFETERIA COSTS	D	DIETARY	10	1,577,676		1
2 CAFETERIA			11		811,443	2
500 TOTAL RECLASSIFICATIONS				1,577,676	811,443	500
CODE LETTER - D						
1 NURSERY AND LABOR/DELIVERY COSTS	E	ADULTS & PEDIATRICS	30	3,185,727	2,657,620	1
2						2
500 TOTAL RECLASSIFICATIONS				3,185,727	2,657,620	500
CODE LETTER - E						
1 HOME HEALTH SUPPLY COSTS	F	HOME HEALTH AGENCY	101		172,521	1
2						2
500 TOTAL RECLASSIFICATIONS					172,521	500
CODE LETTER - F						
1 HOSPICE SALARY COSTS	G	HOSPICE	116	50,251		1
500 TOTAL RECLASSIFICATIONS				50,251		500
CODE LETTER - G						
1 SNF MEDICAID ASSESSMENT FEE	H	SKILLED NURSING FACILITY	44		32,587	1
500 TOTAL RECLASSIFICATIONS					32,587	500
CODE LETTER - H						
1 INTERNS & RESIDENTS H&W COSTS	I	EMPLOYEE BENEFITS DEPARTMENT	4		1,733,624	1
500 TOTAL RECLASSIFICATIONS					1,733,624	500
CODE LETTER - I						
1 DRUGS CHARGED TO PATIENTS	J	PHARMACY	15		11,359,638	1
500 TOTAL RECLASSIFICATIONS					11,359,638	500
CODE LETTER - J						
1 WORKERS COMPENSATION COSTS	K	OTHER ADMIN & GENERAL	5.06		101,824	1
500 TOTAL RECLASSIFICATIONS					101,824	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		128,411	1
2		INTENSIVE CARE UNIT	31		254,756	2
3		HIGH RISK NEONATAL	35		27,043	3
4		NURSERY	43		51	4
5		SKILLED NURSING FACILITY	44		40	5
6		OPERATING ROOM	50		23,498,861	6
7		GASTRODIAGNOSTIC UNIT	50.01		425,143	7
8		PAIN MANAGEMENT CENTER	50.02		3,412	8
9		ANESTHESIOLOGY	53		169,030	9
10		RADIOLOGY-DIAGNOSTIC	54		354,550	10
11		RADIOLOGY-THERAPEUTIC	55		1,254	11
12		CT SCAN	57		62,375	12
13		MRI	58		515	13
14		CARDIAC CATHETERIZATION	59		22,784,491	14
15		RESPIRATORY THERAPY	65		130,853	15
16		PHYSICAL THERAPY	66		33,485	16
17		ELECTROCARDIOLOGY	69		2,187	17
18		ELECTROENCEPHALOGRAPHY	70		344	18
19		DRUGS CHARGED TO PATIENTS	73		9,053	19
20		RENAL DIALYSIS	74		9,841	20
21		OTHER ANCILLARY	76		582	21
22		HYPERBARIC OXYGEN THERAPY	76.98		40,007	22
23		EMERGENCY	91		33,106	23
500 TOTAL RECLASSIFICATIONS					47,969,390	500
CODE LETTER - L						
1 RN-BSN PROGRAM/EDUCATION	M	NURSING SCHOOL	20	44,859		1
500 TOTAL RECLASSIFICATIONS				44,859		500
CODE LETTER - M						
1 LEGAL FEES	N	EMPLOYEE BENEFITS DEPARTMENT	4		198,496	1
500 TOTAL RECLASSIFICATIONS					198,496	500
CODE LETTER - N						
1 UTILITIES/TELEPHONE FOR PDC	O	CARDIAC CATHETERIZATION	59		247,436	1
2						2
500 TOTAL RECLASSIFICATIONS					247,436	500
CODE LETTER - O						
1 PHARMACY CONTINUING EDUCATION/SERV	P	PARAMED ED (PHARMACY)	23.03	62,867		1
500 TOTAL RECLASSIFICATIONS				62,867		500
CODE LETTER - P						
1 SPIRITUAL CARE COST	Q	PASTORAL CARE EDUCATION	23.04	50,008		1
500 TOTAL RECLASSIFICATIONS				50,008		500
CODE LETTER - Q						

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 NURSING BONUSES	S	NURSING ADMINISTRATION	13	374,408		1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						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						24
500 TOTAL RECLASSIFICATIONS CODE LETTER - S				374,408		500
1 NEW GRAD ONSITE TRAINING	T	NURSING ADMINISTRATION	13	589,830		1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
500 TOTAL RECLASSIFICATIONS CODE LETTER - T				589,830		500
1 MANAGEMENT RECLASSIFICATION	U	PATIENT ACCOUNTING	5.05	200,213		1
2 OTHER ADMIN & GENERAL			5.06	170,193		2
3 OPERATION OF PLANT			7	128,057		3
4 CENTRAL SERVICES & SUPPLY			14	108,574		4
5 PHARMACY			15		16,081	5
6 NURSING SCHOOL			20		22,312	6
7 ADULTS & PEDIATRICS			30	16,376		7
8 SUBPROVIDER - IPF			40	1,612		8
9 RECOVERY ROOM			51	46,337		9
10 RADIOLOGY-DIAGNOSTIC			54	62,716		10
11 CARDIAC CATHETERIZATION			59	108,714		11
12 ELECTROCARDIOLOGY			69	114,202		12
13 NON REIMBURSABLE-OTHER			194	18,067		13
500 TOTAL RECLASSIFICATIONS CODE LETTER - U				975,061	38,393	500
1 SWITCHBOARD SALARIES	V	OTHER ADMIN & GENERAL	5.06	208,011		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - V				208,011		500
1 OTHER SALARY RECLASSIFICATIONS	W	OTHER ADMIN & GENERAL	5.06	209,916		1
2						2
3						3
500 TOTAL RECLASSIFICATIONS CODE LETTER - W				209,916		500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 ACADEMIC SUPPORT	X	OTHER ADMIN & GENERAL	5.06		192,822	1
2		NURSING ADMINISTRATION	13		25,254	2
3		OPERATING ROOM	50		63,678	3
4		EMERGENCY	91		16,282	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - X					298,036	500
1 OUTPATIENT ROUTINE SERVICES	Y	ADULTS & PEDIATRICS	30	767,213	236,072	1
2		INTENSIVE CARE UNIT	31	101,675	24,179	2
3		HIGH RISK NEONATAL	35	59	21	3
4		SUBPROVIDER - IPF	40	13	6	4
5		NURSERY	43	22	18	5
500 TOTAL RECLASSIFICATIONS CODE LETTER - Y				868,982	260,296	500
GRAND TOTAL (DECREASES)				8,349,747	66,045,458	

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	18,370,002					18,370,002		1
2 LAND IMPROVEMENTS	4,359,690	95,297		95,297		4,454,987	1,232,261	2
3 BUILDINGS AND FIXTURES	387,986,781	51,516,810		51,516,810	32,140	439,471,451	22,914,100	3
4 BUILDING IMPROVEMENTS	3,752,689	214,518		214,518		3,967,207	700,120	4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	231,078,793	16,504,398		16,504,398	6,499,504	241,083,687	114,250,924	6
7 HIT DESIGNATED ASSETS	33,457,479	5,479,055		5,479,055		38,936,534		7
8 SUBTOTAL (SUM OF LINES 1-7)	679,005,434	73,810,078		73,810,078	6,531,644	746,283,868	139,097,405	8
9 RECONCILING ITEMS	101,609,748	44,687,578		44,687,578	146,297,326			9
10 TOTAL (LINE 7 MINUS LINE 9)	577,395,686	29,122,500		29,122,500	139,765,682	746,283,868	139,097,405	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	10,279,572						10,279,572 1
1.01 CAP REL COSTS - CON							1.01
2 CAP REL COSTS-MVBLE EQUIP	15,732,980						15,732,980 2
3 TOTAL (SUM OF LINES 1-2)	26,012,552						26,012,552 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

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		273,216		273,216 1	
1.01 CAP REL COSTS - CON	3,858,258		3,858,258	0.006152		2,657		2,657 1.01	
2 CAP REL COSTS-MVBLE EQUIP	226,552,780		226,552,780	0.361226	156,006			156,006 2	
3 TOTAL (SUM OF LINES 1-2)	627,177,952		627,177,952	1.000000	431,879			431,879 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	9,397,636		-164,154	273,216			9,506,698 1
1.01 CAP REL COSTS - CON			164,154	2,657			166,811 1.01
2 CAP REL COSTS-MVBLE EQUIP	15,344,990			156,006			15,500,996 2
3 TOTAL	24,742,626			431,879			25,174,505 3

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	
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	-28,170	OTHER ADMIN & GENERAL	5.06	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-68,666	COMMUNICATIONS	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)	B	-25,115	OPERATION OF PLANT	7	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	A-8-2	-30,249,212			10
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	B	-1,807	CENTRAL SERVICES & SUPPLY	14	11
13 LAUNDRY AND LINEN SERVICE	WKST				12
14 CAFETERIA - EMPLOYEES AND GUESTS	A-8-1	-135,138			13
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					14
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-56,412	CENTRAL SERVICES & SUPPLY	14	16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-92,783	PHARMACY	15	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-228	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)	B	-1,915,602	NURSING SCHOOL	20	19
20 VENDING MACHINES	B	-65,847	DIETARY	10	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)	A-8-3		UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES	A	-881,936	CAP REL COSTS-BLDG & FIXT	1	9 26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		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	A-8-3				32
33 TRADE, QUANTITY & TIME DISCOUNTS	B	-400	LAUNDRY & LINEN SERVICE	8	33
34 TUITION, FEES, BOOKS, ETC.	B	-23,138	PARAMED ED (CLINICAL LAB SCIENC	23	34
34.01 TUITION, FEES, BOOKS, ETC.	B	-48,924	PARAMED ED (RESPIRATORY THERAPY	23.01	34.01
34.02 TUITION, FEES, BOOKS, ETC.	B	-4,088	PASTORAL CARE EDUCATION	23.04	34.02
34.03 TUITION, FEES, BOOKS, ETC.	B	-25,271	NURSING ADMINISTRATION	13	34.03
35 RENTAL OF HOSPITAL SPACE	B	-37,044	OPERATION OF PLANT	7	35
35.01 RENTAL OF HOSPITAL SPACE	B	-369,446	CARDIAC CATHETERIZATION	59	35.01
35.02 RENTAL OF HOSPITAL SPACE	B	-11,327	PHYSICAL THERAPY	66	35.02
35.03 RENTAL OF HOSPITAL SPACE	B	-84,963	ELECTROCARDIOLOGY	69	35.03
36 INTERCOMPANY REVENUE	B	-18,225	EMPLOYEE BENEFITS DEPARTMENT	4	36
36.01 INTERCOMPANY REVENUE	B	-1,257,850	OTHER ADMIN & GENERAL	5.06	36.01
36.02 INTERCOMPANY REVENUE	B	-95,515	NURSING ADMINISTRATION	13	36.02
36.03 INTERCOMPANY REVENUE	B	-2,582	PHARMACY	15	36.03
37 MISCELLANEOUS OTHER OPERATING REVE	B	-40	EMPLOYEE BENEFITS DEPARTMENT	4	37
37.01 MISCELLANEOUS OTHER OPERATING REVE	B	-45,923	COMMUNICATIONS	5.01	37.01
37.02 MISCELLANEOUS OTHER OPERATING REVE	B	-10,046	INFORMATION SYSTEMS	5.02	37.02
37.03 MISCELLANEOUS OTHER OPERATING REVE	B	-1,467	PURCHASING/RECEIVENG/STORES	5.03	37.03
37.04 MISCELLANEOUS OTHER OPERATING REVE	B	-973	PATIENT ACCOUNTING	5.05	37.04
37.05 MISCELLANEOUS OTHER OPERATING REVE	B	-428,256	OTHER ADMIN & GENERAL	5.06	37.05
37.06 MISCELLANEOUS OTHER OPERATING REVE	B	-21,419	MAINTENANCE & REPAIRS	6	37.06
37.07 MISCELLANEOUS OTHER OPERATING REVE	B	-92,643	OPERATION OF PLANT	7	37.07
37.08 MISCELLANEOUS OTHER OPERATING REVE	B	-31,711	HOUSEKEEPING	9	37.08
37.09 MISCELLANEOUS OTHER OPERATING REVE	B	-481	DIETARY	10	37.09
37.10 MISCELLANEOUS OTHER OPERATING REVE	B	-191,708	NURSING ADMINISTRATION	13	37.10
37.11 MISCELLANEOUS OTHER OPERATING REVE	B	-44,224	PHARMACY	15	37.11
37.12 MISCELLANEOUS OTHER OPERATING REVE	B	-10,424	NURSING SCHOOL	20	37.12
37.13 MISCELLANEOUS OTHER OPERATING REVE	B	-641,000	I&R SERVICES-SALARY & FRINGES A	21	37.13
37.14 MISCELLANEOUS OTHER OPERATING REVE	B	-2,230	ADULTS & PEDIATRICS	30	37.14
37.15 MISCELLANEOUS OTHER OPERATING REVE	B	-7,970	OPERATING ROOM	50	37.15

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
37.16 MISCELLANEOUS OTHER OPERATING REVE	B	-36,446	RADIOLOGY-DIAGNOSTIC	54	37.16
37.17 MISCELLANEOUS OTHER OPERATING REVE	B	-2,237	RADIOISOTOPE	56	37.17
37.18 MISCELLANEOUS OTHER OPERATING REVE	B	-609	CARDIAC CATHETERIZATION	59	37.18
37.19 MISCELLANEOUS OTHER OPERATING REVE	B	-1,301	LABORATORY	60	37.19
37.20 MISCELLANEOUS OTHER OPERATING REVE	B	-7,185	RESPIRATORY THERAPY	65	37.20
37.21 MISCELLANEOUS OTHER OPERATING REVE	B	-124,155	PHYSICAL THERAPY	66	37.21
37.22 MISCELLANEOUS OTHER OPERATING REVE	B	-249,387	ELECTROCARDIOLOGY	69	37.22
37.23 MISCELLANEOUS OTHER OPERATING REVE	B	-31,544	ELECTROENCEPHALOGRAPHY	70	37.23
37.24 MISCELLANEOUS OTHER OPERATING REVE	B	-57,807	OTHER ANCILLARY	76	37.24
37.25 MISCELLANEOUS OTHER OPERATING REVE	B	-47,233	CARDIAC REHABILITATION	76.97	37.25
37.26 MISCELLANEOUS OTHER OPERATING REVE	B	-76,203	EMERGENCY	91	37.26
37.27 MISCELLANEOUS OTHER OPERATING REVE	B	-67,422	HOME INFUSION	117	37.27
38 EMPLOYEE HEALTH INSURANCE	A	-9,597,417	EMPLOYEE BENEFITS DEPARTMENT	4	38
39 ADVERTISING/SPONSORSHIP	A	-2,253,643	OTHER ADMIN & GENERAL	5.06	39
39.01 ADVERTISING/SPONSORSHIP	A	-33,516	NURSING ADMINISTRATION	13	39.01
39.02 ADVERTISING/SPONSORSHIP	A	-287	ADULTS & PEDIATRICS	30	39.02
39.03 ADVERTISING/SPONSORSHIP	A	-6,100	CARDIAC CATHETERIZATION	59	39.03
39.04 ADVERTISING/SPONSORSHIP	A	-384,302	PHYSICAL THERAPY	66	39.04
40 LOBBYING COSTS	A	-45,958	OTHER ADMIN & GENERAL	5.06	40
40.01 LOBBYING COSTS	A	-452	HOME HEALTH AGENCY	101	40.01
41 NONALLOWABLE EXPENSE	A	-22,036	OTHER ADMIN & GENERAL	5.06	41
41.01 NONALLOWABLE EXPENSE	A	-12,412	NURSING ADMINISTRATION	13	41.01
41.02 NONALLOWABLE EXPENSE	A	-5,143	ADULTS & PEDIATRICS	30	41.02
41.03 NONALLOWABLE EXPENSE	A	-795	SUBPROVIDER - IPF	40	41.03
41.04 NONALLOWABLE EXPENSE	A	-12,617	PHYSICAL THERAPY	66	41.04
41.05 NONALLOWABLE EXPENSE	A	-3,238	ELECTROCARDIOLOGY	69	41.05
41.06 NONALLOWABLE EXPENSE	A	-18,598	OTHER ANCILLARY	76	41.06
42 INTANGIBLE AMORTIZATION/GAIN-LOSS	A	-387,990	CAP REL COSTS-MVBLE EQUIP	2	9 42
43 RESEARCH GRANT	A	-1,464,870	OTHER ADMIN & GENERAL	5.06	43
44 NONALLOWABLE FOOD/DRINK	A	-3,443	OTHER ADMIN & GENERAL	5.06	44
45 MEDICAL GROUP PURCHASED SERVICE	A	-10,464,368	PHYSICIANS' PRIVATE OFFICES	192	45
46 NONALLOWABLE INTEREST	A	-2,413,375	INTEREST EXPENSE	113	46
47 PROPERTY TAX	A	-8,440	PURCHASING/RECEIVENG/STORES	5.03	47
47.01 PROPERTY TAX	A	-137,477	OTHER ADMIN & GENERAL	5.06	47.01
47.02 PROPERTY TAX	A	-95,912	CARDIAC CATHETERIZATION	59	47.02
47.03 PROPERTY TAX	A	-35,097	PHYSICAL THERAPY	66	47.03
48 MEDICAID ASSESSMENT	A	-11,185,035	OTHER ADMIN & GENERAL	5.06	48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-76,324,254			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	4	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	18,332,590	18,736,878	-404,288	1
2	5.02	INFORMATION SYSTEMS	CONTRACTED SERVICES-ISC	21,763,579	4,530,802	17,232,777	2
3	5.06	OTHER ADMIN & GENERAL	CONTRACTED SERVICES-HSHS	6,717,243	23,697,135	-16,979,892	3
3.01	20	NURSING SCHOOL	CONTRACTED SERVICES-HSHS	235,157	218,892	16,265	4.01
3.02	4	EMPLOYEE BENEFITS DEPARTMENT	RELATED SERVICE-SFL	580	580		4.02
3.03	4	EMPLOYEE BENEFITS DEPARTMENT	RELATED SERVICE-SMD	359	359		4.03
3.04	5.06	OTHER ADMIN & GENERAL	RELATED SERVICE-SMD	2,082	2,082		4.04
3.05	9	HOUSEKEEPING	RELATED SERVICE-SFL	982	982		4.05
3.06	15	PHARMACY	RELATED SERVICE-SHEC	690	690		4.06
3.07	15	PHARMACY	RELATED SERVICE-SFL	9,663	9,663		4.07
3.08	15	PHARMACY	RELATED SERVICE-SJH	337	337		4.08
3.09	15	PHARMACY	RELATED SERVICE-SMD	200	200		4.09
3.10	30	ADULTS & PEDIATRICS	RELATED SERVICE-SMD	2,283	2,283		4.10
3.11	60	LABORATORY	RELATED SERVICE-SFL	4,723	4,723		4.11
3.12	60	LABORATORY	RELATED SERVICE-SMD	91,304	91,304		4.12
3.13	65	RESPIRATORY THERAPY	RELATED SERVICE-SVGB	10,000	10,000		4.13
3.14	101	HOME HEALTH AGENCY	RELATED SERVICE-SMD	4,087	4,087		4.14
3.15	116	HOSPICE	RELATED SERVICE-SMD	6,400	6,400		4.15
3.16	192	PHYSICIANS' PRIVATE OFFICES	RELATED SERVICE-SFL	10,003	10,003		4.16
4							4
5		TOTALS (SUM OF LINES 1-4)		47,192,262	47,327,400	-135,138	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B		HOSPITAL SISTERS HEALTH SYSTEM	100.00	CORPORATE OFFICE	6
7	G		ST. FRANCIS, LITCHFIELD		SISTER HOSPITAL	7
8	G		ST. MARY'S, DECATUR		SISTER HOSPITAL	8
9	G		SACRED HEART, EAU CLAIRE		SISTER HOSPITAL	9
9.01	G		ST. JOSEPH'S, HIGHLAND		SISTER HOSPITAL	10.01
9.02	G		ST. VINCENT'S, GREEN BAY		SISTER HOSPITAL	10.02
10						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: FINANCIAL

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 DEPART	AGGREGATE	15,222	6,424	8,798	171,400	58	4,779	239	1
2	5.02	INFORMATION SYSTEMS	AGGREGATE	41,112	16,725	24,387	171,400	163	13,432	672	2
3	5.06	OTHER ADMIN & GENERAL	AGGREGATE	6,196,989	5,428,952	768,037	171,400	7,007	577,404	28,870	3
4	13	NURSING ADMINISTRATION	AGGREGATE	1,295,472	1,205,660	89,812	171,400	590	48,618	2,431	4
5	30	ADULTS & PEDIATRICS	AGGREGATE	5,939,095	5,756,669	182,426	171,400	1,725	142,147	7,107	5
6	31	INTENSIVE CARE UNIT	AGGREGATE	410,639	327,209	83,430	171,400	569	46,888	2,344	6
7	35	HIGH RISK NEONATAL	AGGREGATE	970,317	473,934	496,383	171,400	2,465	203,125	10,156	7
8	40	SUBPROVIDER - IPF	AGGREGATE	795,717	791,151	4,566	142,500	30	2,055	103	8
9	44	SKILLED NURSING FACILITY	AGGREGATE	9,220		9,220	171,400	61	5,027	251	9
10	50	OPERATING ROOM	AGGREGATE	3,372,713	3,030,895	341,818	204,100	2,119	207,927	10,396	10
11	50.01	GASTRODIAGNOSTIC UNIT	AGGREGATE	820,369	805,069	15,300	204,100	102	10,009	500	11
12	50.02	PAIN MANAGEMENT CENTER	AGGREGATE	22,280	7,400	14,880	171,400	97	7,993	400	12
13	53	ANESTHESIOLOGY	AGGREGATE	5,786,022	5,786,022		200,300				13
14	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE	250	250		231,100				14
15	60	LABORATORY	AGGREGATE	165,000		165,000	219,500	4,615	487,016	24,351	15
16	65	RESPIRATORY THERAPY	AGGREGATE	108,549	107,300	1,249	171,400	9	742	37	16
17	66	PHYSICAL THERAPY	AGGREGATE	9,750	3,500	6,250	171,400	42	3,461	173	17
18	69	ELECTROCARDIOLOGY	AGGREGATE	2,441,634	1,688,133	753,501	171,400	2,529	208,399	10,420	18
19	70	ELECTROENCEPHALOGRAPHY	AGGREGATE	72,955	43,946	29,009	171,400	179	14,750	738	19
20	74	RENAL DIALYSIS	AGGREGATE	37,000	37,000		171,400				20
21	76.98	HYPERBARIC OXYGEN THERAP	AGGREGATE	41,200	3,656	37,544	171,400	243	20,024	1,001	21
22	91	EMERGENCY	AGGREGATE	3,410,636	3,341,478	69,158	171,400	378	31,149	1,557	22
200		TOTAL		31,962,141	28,861,373	3,100,768		22,981	2,034,945	101,746	200

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 DEPART	AGGREGATE				4,779	4,019	10,443	1
2	5.02	INFORMATION SYSTEMS	AGGREGATE				13,432	10,955	27,680	2
3	5.06	OTHER ADMIN & GENERAL	AGGREGATE				577,404	190,633	5,619,585	3
4	13	NURSING ADMINISTRATION	AGGREGATE				48,618	41,194	1,246,854	4
5	30	ADULTS & PEDIATRICS	AGGREGATE				142,147	40,279	5,796,948	5
6	31	INTENSIVE CARE UNIT	AGGREGATE				46,888	36,542	363,751	6
7	35	HIGH RISK NEONATAL	AGGREGATE				203,125	293,258	767,192	7
8	40	SUBPROVIDER - IPF	AGGREGATE				2,055	2,511	793,662	8
9	44	SKILLED NURSING FACILITY	AGGREGATE				5,027	4,193	4,193	9
10	50	OPERATING ROOM	AGGREGATE				207,927	133,891	3,164,786	10
11	50.01	GASTRODIAGNOSTIC UNIT	AGGREGATE				10,009	5,291	810,360	11
12	50.02	PAIN MANAGEMENT CENTER	AGGREGATE				7,993	6,887	14,287	12
13	53	ANESTHESIOLOGY	AGGREGATE						5,786,022	13
14	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE						250	14
15	60	LABORATORY	AGGREGATE				487,016			15
16	65	RESPIRATORY THERAPY	AGGREGATE				742	507	107,807	16
17	66	PHYSICAL THERAPY	AGGREGATE				3,461	2,789	6,289	17
18	69	ELECTROCARDIOLOGY	AGGREGATE				208,399	545,102	2,233,235	18
19	70	ELECTROENCEPHALOGRAPHY	AGGREGATE				14,750	14,259	58,205	19
20	74	RENAL DIALYSIS	AGGREGATE						37,000	20
21	76.98	HYPERBARIC OXYGEN THERAP	AGGREGATE				20,024	17,520	21,176	21
22	91	EMERGENCY	AGGREGATE				31,149	38,009	3,379,487	22
200		TOTAL					2,034,945	1,387,839	30,249,212	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 DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	9,506,698	9,506,698				1
1.01 CAP REL COSTS - CON	166,811		166,811			1.01
2 CAP REL COSTS-MVBLE EQUIP	15,500,996			15,500,996		2
4 EMPLOYEE BENEFITS DEPARTMENT	40,629,602	17,717		827	40,648,146	4
5.01 COMMUNICATIONS	1,119,426	118,013		427,699	184,245	5.01
5.02 INFORMATION SYSTEMS	22,569,717	60,199		2,706,116	297,263	5.02
5.03 PURCHASING/RECEIVENG/STORES	731,114	161,734		9,125	182,981	5.03
5.04 ADMITTING	1,618,570	45,871		21,183	462,952	5.04
5.05 PATIENT ACCOUNTING	2,486,779	59,208		9,272	461,734	5.05
5.06 OTHER ADMIN & GENERAL	33,048,510	343,877		227,109	3,548,574	5.06
6 MAINTENANCE & REPAIRS	7,329,181	71,000		44,681	1,067,851	6
7 OPERATION OF PLANT	9,428,312	1,816,136		65,169	456,966	7
8 LAUNDRY & LINEN SERVICE	3,071,605	208,660		576,353	367,958	8
9 HOUSEKEEPING	3,962,728	47,716		1,416	764,154	9
10 DIETARY	1,497,172	174,714		5,317	183,387	10
11 CAFETERIA	766,233	59,830		14,181	489,094	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,290,590	70,406		29,246	1,212,810	13
14 CENTRAL SERVICES & SUPPLY	2,018,711	74,925		301,496	150,539	14
15 PHARMACY	5,487,826	37,958		299,360	1,404,474	15
16 MEDICAL RECORDS & LIBRARY	4,093,738	22,864		54,481	725,313	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	-235,141		163,086	22,875	415,922	20
21 I&R SERVICES-SALARY & FRINGES APPRVD	7,508,397					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	422,162	235,443			38,480	22
23 PARAMED ED (CLINICAL LAB SCIENCE)	114,582	2,813			38,481	23
23.01 PARAMED ED (RESPIRATORY THERAPY)	121,702		3,725	1,134	48,544	23.01
23.02 PARAMED ED (ENDT)						23.02
23.03 PARAMED ED (PHARMACY)	132,692	5,683			37,082	23.03
23.04 PASTORAL CARE EDUCATION	29,817				9,182	23.04
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,786,039	1,049,348		640,009	5,832,958	30
31 INTENSIVE CARE UNIT	8,857,602	63,623		357,642	2,309,495	31
35 HIGH RISK NEONATAL	6,332,188	140,824		203,461	1,621,988	35
40 SUBPROVIDER - IPF	2,433,784	136,686		27,931	695,634	40
43 NURSERY	1,103,814	37,486		30,938	188,611	43
44 SKILLED NURSING FACILITY	2,764,077	144,911		43,540	802,520	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,424,645	391,178		2,170,749	2,575,447	50
50.01 GASTRODIAGNOSTIC UNIT	1,462,011	31,607		373,582	273,943	50.01
50.02 PAIN MANAGEMENT CENTER	363,207			46,506	41,996	50.02
51 RECOVERY ROOM	1,688,409	13,844		95,354	475,505	51
52 DELIVERY ROOM & LABOR ROOM	4,817,181	163,596		135,018	823,086	52
53 ANESTHESIOLOGY	2,437,720	17,256		293,623	254,714	53
54 RADIOLOGY-DIAGNOSTIC	4,693,122	133,643		1,719,790	1,049,483	54
55 RADIOLOGY-THERAPEUTIC	936,792	60,343		434,405	204,587	55
56 RADIOISOTOPE	1,843,882	26,425		529,582	216,500	56
57 CT SCAN	961,658	6,870		298,874	151,980	57
58 MRI	650,497	15,400		452,817	94,189	58
59 CARDIAC CATHETERIZATION	3,723,004	324,823		1,035,102	1,467,540	59
60 LABORATORY	12,828,342	130,681		414,382	1,414,595	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,928,586	45,860		234,742	1,015,085	65
66 PHYSICAL THERAPY	6,346,263	137,032		65,447	1,793,289	66
69 ELECTROCARDIOLOGY	2,394,818	238,158		355,649	670,815	69
70 ELECTROENCEPHALOGRAPHY	1,138,106	8,513		107,961	237,922	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,578,858					71
72 IMPL. DEV. CHARGED TO PATIENTS	31,532,442					72
73 DRUGS CHARGED TO PATIENTS	11,350,585					73
74 RENAL DIALYSIS	683,502			1,087		74
76 OTHER ANCILLARY	2,033,018	3,879		10,415	531,543	76
76.97 CARDIAC REHABILITATION	520,959	57,831		24,048	169,457	76.97
76.98 HYPERBARIC OXYGEN THERAPY	983,904			5,645		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	5,328,737	116,341		245,140	1,242,581	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	4,516,034	40,730		3,986	1,240,526	101
SPECIAL PURPOSE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP REL CO CON 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	
113 INTEREST EXPENSE						113
116 HOSPICE	1,048,542	1,493		1,829	143,835	116
117 HOME INFUSION	3,318,591	10,720		30,431	209,853	117
118 SUBTOTALS (SUM OF LINES 1-117)	358,229,449	7,183,868	166,811	15,206,725	40,297,663	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	326,624	13,688		5,016	11,844	190
192 PHYSICIANS' PRIVATE OFFICES	710,392	1,361,301		284,766	61	192
193 NONPAID WORKERS	9,335				2,894	193
194 NON REIMBURSABLE-OTHER	895,805	946,706		4,489	136,264	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT	2,456	1,135			199,420	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	360,174,061	9,506,698	166,811	15,500,996	40,648,146	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 DEPARTMENT						4
5.01 COMMUNICATIONS	1,849,383					5.01
5.02 INFORMATION SYSTEMS	39,591	25,672,886				5.02
5.03 PURCHASING/RECEIVING/STORES	13,910	309,374	1,408,238			5.03
5.04 ADMITTING	41,731	654,842	2,255	2,847,404		5.04
5.05 PATIENT ACCOUNTING	35,311	608,436	477		3,661,217	5.05
5.06 OTHER ADMIN & GENERAL	177,626	2,031,556				5.06
6 MAINTENANCE & REPAIRS	22,827	268,124	187			6
7 OPERATION OF PLANT	63,132	97,968	108			7
8 LAUNDRY & LINEN SERVICE	6,420	61,875	22			8
9 HOUSEKEEPING	8,204	82,500	2,339			9
10 DIETARY	14,267	103,125	37			10
11 CAFETERIA	9,987	273,280	99			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	30,674	242,343	508			13
14 CENTRAL SERVICES & SUPPLY	10,344		31,166			14
15 PHARMACY	28,178	515,623	4,217			15
16 MEDICAL RECORDS & LIBRARY	31,388	876,560	253			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	16,764	329,999	1,222			20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,783					22
23 PARAMED ED (CLINICAL LAB SCIENCE)	1,070		1			23
23.01 PARAMED ED (RESPIRATORY THERAPY)	2,140	20,625	18			23.01
23.02 PARAMED ED (ENDT)						23.02
23.03 PARAMED ED (PHARMACY)						23.03
23.04 PASTORAL CARE EDUCATION			1			23.04
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	187,613	4,145,612	34,873	171,244	220,215	30
31 INTENSIVE CARE UNIT	75,616	1,170,465	20,377	71,175	91,529	31
35 HIGH RISK NEONATAL	28,178	531,092	8,886	46,724	60,085	35
40 SUBPROVIDER - IPF	23,898	366,093	846	19,520	25,103	40
43 NURSERY	5,707	139,218	1,530	4,920	6,326	43
44 SKILLED NURSING FACILITY	18,191	381,561	3,215	15,885	20,427	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	105,577	1,830,463	39,351	286,027	367,823	50
50.01 GASTRODIAGNOSTIC UNIT	8,917	5,156	2,952	41,422	53,267	50.01
50.02 PAIN MANAGEMENT CENTER	9,274		1,221	4,796	6,168	50.02
51 RECOVERY ROOM	31,031		3,419	27,125	34,881	51
52 DELIVERY ROOM & LABOR ROOM	25,681	598,123	6,677	21,695	27,899	52
53 ANESTHESIOLOGY	7,847		29,918	45,985	59,136	53
54 RADIOLOGY-DIAGNOSTIC	57,069	959,059	8,751	137,426	176,726	54
55 RADIOLOGY-THERAPEUTIC	12,127	206,249	45	18,687	24,031	55
56 RADIOISOTOPE	8,560		677	61,859	79,549	56
57 CT SCAN	5,350	139,218	4,698	177,183	227,852	57
58 MRI	4,637	77,344	1,201	35,896	46,161	58
59 CARDIAC CATHETERIZATION	62,419	866,247		369,056	474,133	59
60 LABORATORY	64,202	1,046,715	7,693	192,666	247,763	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	12,840	366,093	3,044	78,823	101,364	65
66 PHYSICAL THERAPY	67,412	763,123	725	83,505	107,385	66
69 ELECTROCARDIOLOGY	55,285	536,248	1,433	121,129	155,769	69
70 ELECTROENCEPHALOGRAPHY	9,274	108,281	201	14,298	18,387	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			397,214	145,010	186,479	71
72 IMPL. DEV. CHARGED TO PATIENTS			761,964	204,729	263,276	72
73 DRUGS CHARGED TO PATIENTS				289,784	372,654	73
74 RENAL DIALYSIS	3,567	77,344	184	6,387	8,213	74
76 OTHER ANCILLARY	19,974	97,968	964	14,706	18,912	76
76.97 CARDIAC REHABILITATION	3,923	103,125	117	4,674	6,010	76.97
76.98 HYPERBARIC OXYGEN THERAPY	7,490	108,281	1,055	9,011	11,588	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	76,329	1,067,340	19,194	126,057	162,106	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	60,279	1,134,371	586			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	3,567	159,843	73			116

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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	
117	HOME INFUSION	3,567	206,249	2,096			117
118	SUBTOTALS (SUM OF LINES 1-117)	1,620,748	23,667,111	1,408,090	2,847,404	3,661,217	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,853		3			190
192	PHYSICIANS' PRIVATE OFFICES	189,401	1,629,370	52			192
193	NONPAID WORKERS						193
194	NON REIMBURSABLE-OTHER	23,541	293,905	49			194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	12,840	82,500	44			194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,849,383	25,672,886	1,408,238	2,847,404	3,661,217	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 DEPARTMENT						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL	39,377,252	39,377,252				5.06
6 MAINTENANCE & REPAIRS	8,803,851	1,080,655	9,884,506			6
7 OPERATION OF PLANT	11,927,791	1,464,112	2,122,709	15,514,612		7
8 LAUNDRY & LINEN SERVICE	4,292,893	526,944	40,659	466,873	5,327,369	8
9 HOUSEKEEPING	4,869,057	597,667	433,018	106,763	104	9
10 DIETARY	1,978,019	242,798	144,027	390,918	2,759	10
11 CAFETERIA	1,612,704	197,956	383,914	133,869	7,357	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,876,577	721,338	438,178	157,533		13
14 CENTRAL SERVICES & SUPPLY	2,587,181	317,571	464,920	167,643	8,183	14
15 PHARMACY	7,777,636	954,689	59,581	84,931	7,068	15
16 MEDICAL RECORDS & LIBRARY	5,804,597	712,503	15,013	51,157		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	714,727	87,731	51,918	264,760	504	20
21 I&R SERVICES-SALARY & FRINGES APPRVD	7,508,397	921,641				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	697,868	85,662	469	526,799	9,191	22
23 PARAMED ED (CLINICAL LAB SCIENCE)	156,947	19,265	1,564	6,293		23
23.01 PARAMED ED (RESPIRATORY THERAPY)	197,888	24,290	29,869	6,048		23.01
23.02 PARAMED ED (ENDT)						23.02
23.03 PARAMED ED (PHARMACY)	175,457	21,537		12,715		23.03
23.04 PASTORAL CARE EDUCATION	39,000	4,787				23.04
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,067,911	3,813,524	1,042,120	2,347,892	842,221	30
31 INTENSIVE CARE UNIT	13,017,524	1,597,875	347,321	142,355	166,621	31
35 HIGH RISK NEONATAL	8,973,426	1,101,470	210,332	315,091	78,349	35
40 SUBPROVIDER - IPF	3,729,495	457,788	153,253	305,832	51,874	40
43 NURSERY	1,518,550	186,399	40,972	83,873	18,647	43
44 SKILLED NURSING FACILITY	4,194,327	514,845	136,677	324,234	105,218	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,191,260	2,478,437	849,616	875,251	363,288	50
50.01 GASTRODIAGNOSTIC UNIT	2,252,857	276,534	78,659	70,720	25,227	50.01
50.02 PAIN MANAGEMENT CENTER	473,168	58,080	17,515		4,473	50.02
51 RECOVERY ROOM	2,369,568	290,860	64,742	30,975	112,344	51
52 DELIVERY ROOM & LABOR ROOM	6,618,956	812,464	178,587	366,042	81,375	52
53 ANESTHESIOLOGY	3,146,199	386,190	245,205	38,609	12,128	53
54 RADIOLOGY-DIAGNOSTIC	8,935,069	1,096,762	182,653	299,024	64,001	54
55 RADIOLOGY-THERAPEUTIC	1,897,266	232,886	34,716	135,017	4,570	55
56 RADIOISOTOPE	2,767,034	339,648	23,613	59,126	4,655	56
57 CT SCAN	1,973,683	242,266	18,297	15,372		57
58 MRI	1,378,142	169,164	25,334	34,457		58
59 CARDIAC CATHETERIZATION	8,322,324	1,021,549	325,741	726,784	99,686	59
60 LABORATORY	16,347,039	2,006,566	168,422	292,395	978	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,786,437	710,274	319,016	102,610	1,367	65
66 PHYSICAL THERAPY	9,364,181	1,149,434	145,121	306,606	25,994	66
69 ELECTROCARDIOLOGY	4,529,304	555,963	97,582	532,873	49,636	69
70 ELECTROENCEPHALOGRAPHY	1,642,943	201,668	86,948	19,047	7,666	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,307,561	2,124,468				71
72 IMPL. DEV. CHARGED TO PATIENTS	32,762,411	4,021,606				72
73 DRUGS CHARGED TO PATIENTS	12,013,023	1,474,575				73
74 RENAL DIALYSIS	780,284	95,778	9,383		2,161	74
76 OTHER ANCILLARY	2,731,379	335,271	16,420	8,679	10,886	76
76.97 CARDIAC REHABILITATION	890,144	109,263	120,569	129,395		76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,126,974	138,334	27,210		20,159	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	8,383,825	1,029,098	282,423	260,311	220,456	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	6,996,512	858,808	76,470	91,133		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	1,359,182	166,837	3,128	3,340		116

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS. 0-4) 4A	OTHER ADMIN + GENERAL 5.06	MAIN- TENANCE + REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8		
117 HOME INFUSION	3,781,507	464,172	35,498	23,986	657	117	
118 SUBTOTALS (SUM OF LINES 1-117)	353,027,307	38,500,002	9,549,382	10,317,331	2,409,803	118	
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	360,028	44,193	13,605	30,627		190	
192 PHYSICIANS' PRIVATE OFFICES	4,175,343	512,515	255,995	3,045,880		192	
193 NONPAID WORKERS	12,229	1,501				193	
194 NON REIMBURSABLE-OTHER	2,300,759	282,414	54,890	2,118,234	2,917,566	194	
194.01 NON REIMBURSABLE-FUND DEVELOPMENT	298,395	36,627	10,634	2,540		194.01	
200 CROSS FOOT ADJUSTMENTS						200	
201 NEGATIVE COST CENTER						201	
202 TOTAL (SUM OF LINES 118-201)	360,174,061	39,377,252	9,884,506	15,514,612	5,327,369	202	

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	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 DEPARTMENT						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	6,006,609					9
10 DIETARY	29,904	2,788,425				10
11 CAFETERIA	79,797		2,415,597			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	20,223		61,240	7,275,089		13
14 CENTRAL SERVICES & SUPPLY	96,297		23,153		3,664,948	14
15 PHARMACY	20,223		73,412			15
16 MEDICAL RECORDS & LIBRARY	34,999		69,499			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	59,965		28,230			20
21 I&R SERVICES-SALARY & FRINGES APPRVD			169,341			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			1,720			22
23 PARAMED ED (CLINICAL LAB SCIENCE)	10,112		2,505			23
23.01 PARAMED ED (RESPIRATORY THERAPY)	10,112		3,453			23.01
23.02 PARAMED ED (ENDT)						23.02
23.03 PARAMED ED (PHARMACY)			3,683			23.03
23.04 PASTORAL CARE EDUCATION			542			23.04
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,994,878	1,883,265	484,193	2,379,014		30
31 INTENSIVE CARE UNIT	351,167	169,877	167,933	825,115		31
35 HIGH RISK NEONATAL	114,129		105,596	518,832		35
40 SUBPROVIDER - IPF	431,983	346,702	61,525	302,292		40
43 NURSERY	59,847		13,932	68,455		43
44 SKILLED NURSING FACILITY	442,879	241,487	65,465	321,650		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	566,493		190,883	937,876		50
50.01 GASTRODIAGNOSTIC UNIT	30,335		21,393	105,110		50.01
50.02 PAIN MANAGEMENT CENTER			2,464	12,108		50.02
51 RECOVERY ROOM	28,885		32,252	158,464		51
52 DELIVERY ROOM & LABOR ROOM	261,102		60,807	298,766		52
53 ANESTHESIOLOGY	28,885		36,584	179,752		53
54 RADIOLOGY-DIAGNOSTIC	166,373		76,310			54
55 RADIOLOGY-THERAPEUTIC	24,339		10,967			55
56 RADIOISOTOPE	24,339		12,105			56
57 CT SCAN	10,112		12,348			57
58 MRI			6,621			58
59 CARDIAC CATHETERIZATION	269,254		71,097			59
60 LABORATORY	184,128		136,887			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	34,450		78,747			65
66 PHYSICAL THERAPY	125,103		70,163			66
69 ELECTROCARDIOLOGY	17,284		51,749			69
70 ELECTROENCEPHALOGRAPHY	17,989		7,948			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					1,296,018	71
72 IMPL. DEV. CHARGED TO PATIENTS					2,368,930	72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY	46,522		41,310	202,969		76
76.97 CARDIAC REHABILITATION	5,996		12,457			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	361,945	29,873	106,287	522,225		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	22,026			390,039		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	2,430			52,422		116

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	13	14	
117 HOME INFUSION			14,393			117
118 SUBTOTALS (SUM OF LINES 1-117)	5,984,505	2,671,204	2,389,194	7,275,089	3,664,948	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,996		1,354			190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS			190			193
194 NON REIMBURSABLE-OTHER	16,108	117,221	13,052			194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT			11,807			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,006,609	2,788,425	2,415,597	7,275,089	3,664,948	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 DEPARTMENT						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	8,977,540					15
16 MEDICAL RECORDS & LIBRARY		6,687,768				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	1,213		1,209,048			20
21 I&R SERVICES-SALARY & FRINGES APPRVD				8,599,379		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					1,321,709	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
23.04 PASTORAL CARE EDUCATION						23.04
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	288,728	3,449,188	573,437	116,049	17,836	30
31 INTENSIVE CARE UNIT	129,079	194,189	181,668	713,466	109,658	31
35 HIGH RISK NEONATAL	55,143	92,230	15,461			35
40 SUBPROVIDER - IPF	3,431	230,067	42,715	2,453,461	377,094	40
43 NURSERY	3,914	152,432	13,660	40,237	6,184	43
44 SKILLED NURSING FACILITY	22,149	191,757	58,307			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	78,672		136,399	2,318,275	356,315	50
50.01 GASTRODIAGNOSTIC UNIT	23,629		6,813			50.01
50.02 PAIN MANAGEMENT CENTER	1,924					50.02
51 RECOVERY ROOM	31,482		11,268			51
52 DELIVERY ROOM & LABOR ROOM	17,081		59,650	176,158	27,075	52
53 ANESTHESIOLOGY	273,639					53
54 RADIOLOGY-DIAGNOSTIC	10,311		5,241	2,453,460	377,092	54
55 RADIOLOGY-THERAPEUTIC	25					55
56 RADIOISOTOPE	27,821					56
57 CT SCAN	6,525					57
58 MRI	1,800					58
59 CARDIAC CATHETERIZATION	98,658		7,600			59
60 LABORATORY	13,006					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,061					65
66 PHYSICAL THERAPY	44					66
69 ELECTROCARDIOLOGY	4,579					69
70 ELECTROENCEPHALOGRAPHY	2,360					70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS	7,754,095					73
74 RENAL DIALYSIS	5,445					74
76 OTHER ANCILLARY	15,277		10,875			76
76.97 CARDIAC REHABILITATION	78					76.97
76.98 HYPERBARIC OXYGEN THERAPY	257		6,813			76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	105,907	2,377,905	27,123	328,273	50,455	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY			52,018			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE						116

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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	
117 HOME INFUSION						117
118 SUBTOTALS (SUM OF LINES 1-117)	8,977,333	6,687,768	1,209,048	8,599,379	1,321,709	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	207					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)	8,977,540	6,687,768	1,209,048	8,599,379	1,321,709	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	PHARMACY RESIDENCY 23.03	PASTORAL EDUCATION 23.04	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 DEPARTMENT						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 SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED (CLINICAL LAB SCIENCE)	196,686					23
23.01 PARAMED ED (RESPIRATORY THERAPY)		271,660				23.01
23.02 PARAMED ED (ENDT)						23.02
23.03 PARAMED ED (PHARMACY)			213,392			23.03
23.04 PASTORAL CARE EDUCATION				44,329		23.04
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS				15,340	50,315,596	30
31 INTENSIVE CARE UNIT				8,578	18,122,426	31
35 HIGH RISK NEONATAL				4,999	11,585,058	35
40 SUBPROVIDER - IPF				570	8,948,082	40
43 NURSERY				46	2,207,148	43
44 SKILLED NURSING FACILITY				2,703	6,621,698	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM				183	29,342,948	50
50.01 GASTRODIAGNOSTIC UNIT					2,891,277	50.01
50.02 PAIN MANAGEMENT CENTER					569,732	50.02
51 RECOVERY ROOM				727	3,131,567	51
52 DELIVERY ROOM & LABOR ROOM				201	8,958,264	52
53 ANESTHESIOLOGY					4,347,191	53
54 RADIOLOGY-DIAGNOSTIC					13,666,296	54
55 RADIOLOGY-THERAPEUTIC					2,339,786	55
56 RADIOISOTOPE					3,258,341	56
57 CT SCAN					2,278,603	57
58 MRI					1,615,518	58
59 CARDIAC CATHETERIZATION				414	10,943,107	59
60 LABORATORY	196,686			27	19,346,134	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		271,660		14	7,305,636	65
66 PHYSICAL THERAPY					11,186,646	66
69 ELECTROCARDIOLOGY					5,838,970	69
70 ELECTROENCEPHALOGRAPHY					1,986,569	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					20,728,047	71
72 IMPL. DEV. CHARGED TO PATIENTS					39,152,947	72
73 DRUGS CHARGED TO PATIENTS			213,392		21,455,085	73
74 RENAL DIALYSIS				435	893,486	74
76 OTHER ANCILLARY					3,419,588	76
76.97 CARDIAC REHABILITATION					1,267,902	76.97
76.98 HYPERBARIC OXYGEN THERAPY					1,319,747	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY				10,092	14,096,198	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY					8,487,006	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE					1,587,339	116

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COST CENTER DESCRIPTION	SCHOOL OF CLINICAL LAB SCIENC 23	SCHOOL OF RESPIRATOR THERAPY 23.01	PHARMACY RESIDENCY 23.03	PASTORAL EDUCATION 23.04	SUBTOTAL 24	
117 HOME INFUSION					4,320,213	117
118 SUBTOTALS (SUM OF LINES 1-117)	196,686	271,660	213,392	44,329	343,534,151	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					455,803	190
192 PHYSICIANS' PRIVATE OFFICES					7,989,940	192
193 NONPAID WORKERS					13,920	193
194 NON REIMBURSABLE-OTHER					7,820,244	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT					360,003	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	196,686	271,660	213,392	44,329	360,174,061	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 DEPARTMENT			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 SERVICES-SALARY & FRINGES APPRVD			21
22	I&R SERVICES-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
23.04	PASTORAL CARE EDUCATION			23.04
INPATIENT ROUTINE SERV COST CENTERS				
30	ADULTS & PEDIATRICS	-133,885	50,181,711	30
31	INTENSIVE CARE UNIT	-823,124	17,299,302	31
35	HIGH RISK NEONATAL		11,585,058	35
40	SUBPROVIDER - IPF	-2,830,555	6,117,527	40
43	NURSERY	-46,421	2,160,727	43
44	SKILLED NURSING FACILITY		6,621,698	44
ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	-2,674,590	26,668,358	50
50.01	GASTRODIAGNOSTIC UNIT		2,891,277	50.01
50.02	PAIN MANAGEMENT CENTER		569,732	50.02
51	RECOVERY ROOM		3,131,567	51
52	DELIVERY ROOM & LABOR ROOM	-203,233	8,755,031	52
53	ANESTHESIOLOGY		4,347,191	53
54	RADIOLOGY-DIAGNOSTIC	-2,830,552	10,835,744	54
55	RADIOLOGY-THERAPEUTIC		2,339,786	55
56	RADIOISOTOPE		3,258,341	56
57	CT SCAN		2,278,603	57
58	MRI		1,615,518	58
59	CARDIAC CATHETERIZATION		10,943,107	59
60	LABORATORY		19,346,134	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65	RESPIRATORY THERAPY		7,305,636	65
66	PHYSICAL THERAPY		11,186,646	66
69	ELECTROCARDIOLOGY		5,838,970	69
70	ELECTROENCEPHALOGRAPHY		1,986,569	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		20,728,047	71
72	IMPL. DEV. CHARGED TO PATIENTS		39,152,947	72
73	DRUGS CHARGED TO PATIENTS		21,455,085	73
74	RENAL DIALYSIS		893,486	74
76	OTHER ANCILLARY		3,419,588	76
76.97	CARDIAC REHABILITATION		1,267,902	76.97
76.98	HYPERBARIC OXYGEN THERAPY		1,319,747	76.98
76.99	LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS				
91	EMERGENCY	-378,728	13,717,470	91
92	OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS				
94	HOME PROGRAM DIALYSIS			94
101	HOME HEALTH AGENCY		8,487,006	101
SPECIAL PURPOSE COST CENTERS				
113	INTEREST EXPENSE			113
116	HOSPICE		1,587,339	116

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PART I

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
117	HOME INFUSION		4,320,213	117
118	SUBTOTALS (SUM OF LINES 1-117)	-9,921,088	333,613,063	118
	NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		455,803	190
192	PHYSICIANS' PRIVATE OFFICES		7,989,940	192
193	NONPAID WORKERS		13,920	193
194	NON REIMBURSABLE-OTHER		7,820,244	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT		360,003	194.01
200	CROSS FOOT ADJUSTMENTS			200
201	NEGATIVE COST CENTER			201
202	TOTAL (SUM OF LINES 118-201)	-9,921,088	350,252,973	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP REL CO CON 1.01	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
1.01	CAP REL COSTS - CON						1.01
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT		17,717		827	18,544	4
5.01	COMMUNICATIONS	272,143	118,013		427,699	817,855	5.01
5.02	INFORMATION SYSTEMS	6,639,221	60,199		2,706,116	9,405,536	5.02
5.03	PURCHASING/RECEIVING/STORES	110,237	161,734		9,125	281,096	5.03
5.04	ADMITTING		45,871		21,183	67,054	5.04
5.05	PATIENT ACCOUNTING		59,208		9,272	68,480	5.05
5.06	OTHER ADMIN & GENERAL	652,939	343,877		227,109	1,223,925	5.06
6	MAINTENANCE & REPAIRS		71,000		44,681	115,681	6
7	OPERATION OF PLANT		1,816,136		65,169	1,881,305	7
8	LAUNDRY & LINEN SERVICE	174,482	208,660		576,353	959,495	8
9	HOUSEKEEPING		47,716		1,416	49,132	9
10	DIETARY		174,714		5,317	180,031	10
11	CAFETERIA		59,830		14,181	74,011	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		70,406		29,246	99,652	13
14	CENTRAL SERVICES & SUPPLY	274,494	74,925		301,496	650,915	14
15	PHARMACY	139,471	37,958		299,360	476,789	15
16	MEDICAL RECORDS & LIBRARY		22,864		54,481	77,345	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL			163,086	22,875	185,961	20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		235,443			235,443	22
23	PARAMED ED (CLINICAL LAB SCIENCE)		2,813			2,813	23
23.01	PARAMED ED (RESPIRATORY THERAPY)			3,725	1,134	4,859	23.01
23.02	PARAMED ED (ENDT)						23.02
23.03	PARAMED ED (PHARMACY)		5,683			5,683	23.03
23.04	PASTORAL CARE EDUCATION						23.04
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		1,049,348		640,009	1,689,357	30
31	INTENSIVE CARE UNIT		63,623		357,642	421,265	31
35	HIGH RISK NEONATAL		140,824		203,461	344,285	35
40	SUBPROVIDER - IPF		136,686		27,931	164,617	40
43	NURSERY		37,486		30,938	68,424	43
44	SKILLED NURSING FACILITY		144,911		43,540	188,451	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	118,390	391,178		2,170,749	2,680,317	50
50.01	GASTRODIAGNOSTIC UNIT		31,607		373,582	405,189	50.01
50.02	PAIN MANAGEMENT CENTER	97,851			46,506	144,357	50.02
51	RECOVERY ROOM		13,844		95,354	109,198	51
52	DELIVERY ROOM & LABOR ROOM		163,596		135,018	298,614	52
53	ANESTHESIOLOGY		17,256		293,623	310,879	53
54	RADIOLOGY-DIAGNOSTIC	242,062	133,643		1,719,790	2,095,495	54
55	RADIOLOGY-THERAPEUTIC		60,343		434,405	494,748	55
56	RADIOISOTOPE		26,425		529,582	556,007	56
57	CT SCAN		6,870		298,874	305,744	57
58	MRI		15,400		452,817	468,217	58
59	CARDIAC CATHETERIZATION	30,000	324,823		1,035,102	1,389,925	59
60	LABORATORY	200,370	130,681		414,382	745,433	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY		45,860		234,742	280,602	65
66	PHYSICAL THERAPY	429,978	137,032		65,447	632,457	66
69	ELECTROCARDIOLOGY	135	238,158		355,649	593,942	69
70	ELECTROENCEPHALOGRAPHY	148,594	8,513		107,961	265,068	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS				1,087	1,087	74
76	OTHER ANCILLARY		3,879		10,415	14,294	76
76.97	CARDIAC REHABILITATION		57,831		24,048	81,879	76.97
76.98	HYPERBARIC OXYGEN THERAPY				5,645	5,645	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY		116,341		245,140	361,481	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
101	HOME HEALTH AGENCY	4,087	40,730		3,986	48,803	101
SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE						113
116	HOSPICE		1,493		1,829	3,322	116

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP REL CO	CAP	SUBTOTAL	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	CON 1.01	MOVABLE EQUIPMENT 2		
					2A	
117 HOME INFUSION	7,800	10,720		30,431	48,951	117
118 SUBTOTALS (SUM OF LINES 1-117)	9,542,254	7,183,868	166,811	15,206,725	32,099,658	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		13,688		5,016	18,704	190
192 PHYSICIANS' PRIVATE OFFICES		1,361,301		284,766	1,646,067	192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER		946,706		4,489	951,195	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT		1,135			1,135	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	9,542,254	9,506,698	166,811	15,500,996	34,716,759	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS DEPARTMENT 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 DEPARTMENT	18,544					4
5.01 COMMUNICATIONS	84	817,939				5.01
5.02 INFORMATION SYSTEMS	135	17,510	9,423,181			5.02
5.03 PURCHASING/RECEIVING/STORES	83	6,152	113,555	400,886		5.03
5.04 ADMITTING	211	18,457	240,358	642	326,722	5.04
5.05 PATIENT ACCOUNTING	210	15,617	223,325	136		5.05
5.06 OTHER ADMIN & GENERAL	1,614	78,560	745,679			5.06
6 MAINTENANCE & REPAIRS	486	10,096	98,414	53		6
7 OPERATION OF PLANT	208	27,922	35,959	31		7
8 LAUNDRY & LINEN SERVICE	167	2,840	22,711	6		8
9 HOUSEKEEPING	348	3,628	30,281	666		9
10 DIETARY	83	6,310	37,852	11		10
11 CAFETERIA	222	4,417	100,307	28		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	552	13,567	88,951	145		13
14 CENTRAL SERVICES & SUPPLY	68	4,575		8,872		14
15 PHARMACY	639	12,462	189,259	1,201		15
16 MEDICAL RECORDS & LIBRARY	330	13,882	321,739	72		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	189	7,414	121,125	348		20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	18	789				22
23 PARAMED ED (CLINICAL LAB SCIENCE)	18	473				23
23.01 PARAMED ED (RESPIRATORY THERAPY)	22	947	7,570	5		23.01
23.02 PARAMED ED (ENDT)						23.02
23.03 PARAMED ED (PHARMACY)	17					23.03
23.04 PASTORAL CARE EDUCATION	4					23.04
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,712	82,977	1,521,639	9,928	19,681	30
31 INTENSIVE CARE UNIT	1,050	33,443	429,617	5,801	8,180	31
35 HIGH RISK NEONATAL	738	12,462	194,936	2,530	5,370	35
40 SUBPROVIDER - IPF	316	10,569	134,374	241	2,244	40
43 NURSERY	86	2,524	51,100	436	565	43
44 SKILLED NURSING FACILITY	365	8,045	140,051	915	1,826	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,171	46,694	671,868	11,202	32,874	50
50.01 GASTRODIAGNOSTIC UNIT	125	3,944	1,893	840	4,761	50.01
50.02 PAIN MANAGEMENT CENTER	19	4,102		348	551	50.02
51 RECOVERY ROOM	216	13,724		973	3,117	51
52 DELIVERY ROOM & LABOR ROOM	374	11,358	219,540	1,901	2,493	52
53 ANESTHESIOLOGY	116	3,471		8,517	5,285	53
54 RADIOLOGY-DIAGNOSTIC	477	25,240	352,021	2,491	15,795	54
55 RADIOLOGY-THERAPEUTIC	93	5,364	75,703	13	2,148	55
56 RADIOISOTOPE	98	3,786		193	7,110	56
57 CT SCAN	69	2,366	51,100	1,337	20,364	57
58 MRI	43	2,051	28,389	342	4,126	58
59 CARDIAC CATHETERIZATION	667	27,606	317,954		41,882	59
60 LABORATORY	643	28,395	384,195	2,190	22,143	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	462	5,679	134,374	866	9,059	65
66 PHYSICAL THERAPY	816	29,815	280,103	206	9,597	66
69 ELECTROCARDIOLOGY	305	24,451	196,829	408	13,922	69
70 ELECTROENCEPHALOGRAPHY	108	4,102	39,744	57	1,643	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				113,079	16,666	71
72 IMPL. DEV. CHARGED TO PATIENTS				216,906	23,530	72
73 DRUGS CHARGED TO PATIENTS					33,305	73
74 RENAL DIALYSIS		1,578	28,389	52	734	74
76 OTHER ANCILLARY	242	8,834	35,959	274	1,690	76
76.97 CARDIAC REHABILITATION	77	1,735	37,852	33	537	76.97
76.98 HYPERBARIC OXYGEN THERAPY		3,313	39,744	300	1,036	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	565	33,759	391,765	5,464	14,488	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	564	26,660	416,369	167		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	65	1,578	58,670	21		116

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 PART II

COST CENTER DESCRIPTION		EMPLOYEE BENEFITS DEPARTMENT 4	COMMUNICAT 5.01	INFORMATIO TECHNOLOGY 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	
117	HOME INFUSION	95	1,578	75,703	597		117
118	SUBTOTALS (SUM OF LINES 1-117)	18,385	716,821	8,686,966	400,844	326,722	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5	1,262		1		190
192	PHYSICIANS' PRIVATE OFFICES		83,765	598,057	15		192
193	NONPAID WORKERS	1					193
194	NON REIMBURSABLE-OTHER	62	10,412	107,877	14		194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	91	5,679	30,281	12		194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	18,544	817,939	9,423,181	400,886	326,722	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 DEPARTMENT						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	307,768					5.05
5.06 OTHER ADMIN & GENERAL		2,049,778				5.06
6 MAINTENANCE & REPAIRS		56,257	280,987			6
7 OPERATION OF PLANT		76,219	60,344	2,081,988		7
8 LAUNDRY & LINEN SERVICE		27,432	1,156	62,652	1,076,459	8
9 HOUSEKEEPING		31,113	12,309	14,327	21	9
10 DIETARY		12,640	4,094	52,459	557	10
11 CAFETERIA		10,305	10,914	17,965	1,487	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		37,551	12,456	21,140		13
14 CENTRAL SERVICES & SUPPLY		16,532	13,216	22,497	1,653	14
15 PHARMACY		49,699	1,694	11,397	1,428	15
16 MEDICAL RECORDS & LIBRARY		37,091	427	6,865		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		4,567	1,476	35,530	102	20
21 I&R SERVICES-SALARY & FRINGES APPRVD		47,979				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		4,459	13	70,694	1,857	22
23 PARAMED ED (CLINICAL LAB SCIENCE)		1,003	44	844		23
23.01 PARAMED ED (RESPIRATORY THERAPY)		1,265	849	812		23.01
23.02 PARAMED ED (ENDT)						23.02
23.03 PARAMED ED (PHARMACY)		1,121		1,706		23.03
23.04 PASTORAL CARE EDUCATION		249				23.04
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,519	198,524	29,624	315,076	170,181	30
31 INTENSIVE CARE UNIT	7,697	83,182	9,873	19,103	33,668	31
35 HIGH RISK NEONATAL	5,053	57,340	5,979	42,284	15,831	35
40 SUBPROVIDER - IPF	2,111	23,831	4,357	41,041	10,482	40
43 NURSERY	532	9,704	1,165	11,255	3,768	43
44 SKILLED NURSING FACILITY	1,718	26,802	3,885	43,511	21,261	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	30,932	129,022	24,152	117,455	73,407	50
50.01 GASTRODIAGNOSTIC UNIT	4,480	14,396	2,236	9,490	5,098	50.01
50.02 PAIN MANAGEMENT CENTER	519	3,024	498		904	50.02
51 RECOVERY ROOM	2,933	15,142	1,840	4,157	22,701	51
52 DELIVERY ROOM & LABOR ROOM	2,346	42,295	5,077	49,121	16,443	52
53 ANESTHESIOLOGY	4,973	20,104	6,970	5,181	2,451	53
54 RADIOLOGY-DIAGNOSTIC	14,862	57,095	5,192	40,128	12,932	54
55 RADIOLOGY-THERAPEUTIC	2,021	12,124	987	18,119	923	55
56 RADIOISOTOPE	6,690	17,681	671	7,934	941	56
57 CT SCAN	19,161	12,612	520	2,063		57
58 MRI	3,882	8,806	720	4,624		58
59 CARDIAC CATHETERIZATION	39,749	53,180	9,260	97,531	20,143	59
60 LABORATORY	20,836	104,458	4,788	39,238	198	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	8,524	36,975	9,069	13,770	276	65
66 PHYSICAL THERAPY	9,031	59,837	4,125	41,145	5,253	66
69 ELECTROCARDIOLOGY	13,099	28,942	2,774	71,509	10,030	69
70 ELECTROENCEPHALOGRAPHY	1,546	10,498	2,472	2,556	1,549	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,682	110,595				71
72 IMPL. DEV. CHARGED TO PATIENTS	22,140	209,237				72
73 DRUGS CHARGED TO PATIENTS	31,339	76,763				73
74 RENAL DIALYSIS	691	4,986	267		437	74
76 OTHER ANCILLARY	1,590	17,454	467	1,165	2,200	76
76.97 CARDIAC REHABILITATION	505	5,688	3,427	17,364		76.97
76.98 HYPERBARIC OXYGEN THERAPY	975	7,201	774		4,073	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	13,632	53,573	8,028	34,932	44,546	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY		44,708	2,174	12,230		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE		8,685	89	448		116

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 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	
117 HOME INFUSION		24,164	1,009	3,219	133	117
118 SUBTOTALS (SUM OF LINES 1-117)	307,768	2,004,110	271,461	1,384,537	486,934	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,301	387	4,110		190
192 PHYSICIANS' PRIVATE OFFICES		26,680	7,277	408,743		192
193 NONPAID WORKERS		78				193
194 NON REIMBURSABLE-OTHER		14,702	1,560	284,257	589,525	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT		1,907	302	341		194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	307,768	2,049,778	280,987	2,081,988	1,076,459	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 DEPARTMENT						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	141,825					9
10 DIETARY	706	294,743				10
11 CAFETERIA	1,884		221,540			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	478		5,616	280,108		13
14 CENTRAL SERVICES & SUPPLY	2,274		2,123		722,725	14
15 PHARMACY	478		6,733			15
16 MEDICAL RECORDS & LIBRARY	826		6,374			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	1,416		2,589			20
21 I&R SERVICES-SALARY & FRINGES APPRVD			15,531			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			158			22
23 PARAMED ED (CLINICAL LAB SCIENCE)	239		230			23
23.01 PARAMED ED (RESPIRATORY THERAPY)	239		317			23.01
23.02 PARAMED ED (ENDT)						23.02
23.03 PARAMED ED (PHARMACY)			338			23.03
23.04 PASTORAL CARE EDUCATION			50			23.04
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	47,100	199,065	44,406	91,599		30
31 INTENSIVE CARE UNIT	8,292	17,956	15,402	31,769		31
35 HIGH RISK NEONATAL	2,695		9,684	19,976		35
40 SUBPROVIDER - IPF	10,200	36,647	5,643	11,639		40
43 NURSERY	1,413		1,278	2,636		43
44 SKILLED NURSING FACILITY	10,457	25,526	6,004	12,384		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	13,376		17,506	36,110		50
50.01 GASTRODIAGNOSTIC UNIT	716		1,962	4,047		50.01
50.02 PAIN MANAGEMENT CENTER			226	466		50.02
51 RECOVERY ROOM	682		2,958	6,101		51
52 DELIVERY ROOM & LABOR ROOM	6,165		5,577	11,503		52
53 ANESTHESIOLOGY	682		3,355	6,921		53
54 RADIOLOGY-DIAGNOSTIC	3,928		6,999			54
55 RADIOLOGY-THERAPEUTIC	575		1,006			55
56 RADIOISOTOPE	575		1,110			56
57 CT SCAN	239		1,132			57
58 MRI			607			58
59 CARDIAC CATHETERIZATION	6,357		6,520			59
60 LABORATORY	4,348		12,554			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	813		7,222			65
66 PHYSICAL THERAPY	2,954		6,435			66
69 ELECTROCARDIOLOGY	408		4,746			69
70 ELECTROENCEPHALOGRAPHY	425		729			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					255,577	71
72 IMPL. DEV. CHARGED TO PATIENTS					467,148	72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER ANCILLARY	1,098		3,789	7,815		76
76.97 CARDIAC REHABILITATION	142		1,142			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	8,546	3,158	9,748	20,107		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	520			15,017		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	57			2,018		116

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 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	13	14	
117 HOME INFUSION			1,320			117
118 SUBTOTALS (SUM OF LINES 1-117)	141,303	282,352	219,119	280,108	722,725	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	142		124			190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS			17			193
194 NON REIMBURSABLE-OTHER	380	12,391	1,197			194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT			1,083			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	141,825	294,743	221,540	280,108	722,725	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 DEPARTMENT						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	751,779					15
16 MEDICAL RECORDS & LIBRARY		464,951				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	102		302,071			20
21 I&R SERVICES-SALARY & FRINGES APPRVD				63,510		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					313,431	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
23.04 PASTORAL CARE EDUCATION						23.04
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	24,178	239,797				30
31 INTENSIVE CARE UNIT	10,809	13,501				31
35 HIGH RISK NEONATAL	4,618	6,412				35
40 SUBPROVIDER - IPF	287	15,995				40
43 NURSERY	328	10,597				43
44 SKILLED NURSING FACILITY	1,855	13,331				44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,588					50
50.01 GASTRODIAGNOSTIC UNIT	1,979					50.01
50.02 PAIN MANAGEMENT CENTER	161					50.02
51 RECOVERY ROOM	2,636					51
52 DELIVERY ROOM & LABOR ROOM	1,430					52
53 ANESTHESIOLOGY	22,915					53
54 RADIOLOGY-DIAGNOSTIC	863					54
55 RADIOLOGY-THERAPEUTIC	2					55
56 RADIOISOTOPE	2,330					56
57 CT SCAN	546					57
58 MRI	151					58
59 CARDIAC CATHETERIZATION	8,262					59
60 LABORATORY	1,089					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	89					65
66 PHYSICAL THERAPY	4					66
69 ELECTROCARDIOLOGY	383					69
70 ELECTROENCEPHALOGRAPHY	198					70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS	649,326					73
74 RENAL DIALYSIS	456					74
76 OTHER ANCILLARY	1,279					76
76.97 CARDIAC REHABILITATION	7					76.97
76.98 HYPERBARIC OXYGEN THERAPY	22					76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	8,869	165,318				91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE						116

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	
117 HOME INFUSION						117
118 SUBTOTALS (SUM OF LINES 1-117)	751,762	464,951				118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	17					192
193 NONPAID WORKERS						193
194 NON REIMBURSABLE-OTHER						194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT						194.01
200 CROSS FOOT ADJUSTMENTS			302,071	63,510	313,431	200
201 NEGATIVE COST CENTER			58,748			201
202 TOTAL (SUM OF LINES 118-201)	751,779	464,951	360,819	63,510	313,431	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	PHARMACY RESIDENCY 23.03	PASTORAL EDUCATION 23.04	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 DEPARTMENT						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 SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED (CLINICAL LAB SCIENCE)	5,664					23
23.01 PARAMED ED (RESPIRATORY THERAPY)		16,885				23.01
23.02 PARAMED ED (ENDT)						23.02
23.03 PARAMED ED (PHARMACY)			8,865			23.03
23.04 PASTORAL CARE EDUCATION				303		23.04
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS					4,704,363	30
31 INTENSIVE CARE UNIT					1,150,608	31
35 HIGH RISK NEONATAL					730,193	35
40 SUBPROVIDER - IPF					474,594	40
43 NURSERY					165,811	43
44 SKILLED NURSING FACILITY					506,387	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					3,892,674	50
50.01 GASTRODIAGNOSTIC UNIT					461,156	50.01
50.02 PAIN MANAGEMENT CENTER					155,175	50.02
51 RECOVERY ROOM					186,378	51
52 DELIVERY ROOM & LABOR ROOM					674,237	52
53 ANESTHESIOLOGY					401,820	53
54 RADIOLOGY-DIAGNOSTIC					2,633,518	54
55 RADIOLOGY-THERAPEUTIC					613,826	55
56 RADIOISOTOPE					605,126	56
57 CT SCAN					417,253	57
58 MRI					521,958	58
59 CARDIAC CATHETERIZATION					2,019,036	59
60 LABORATORY					1,370,508	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					507,780	65
66 PHYSICAL THERAPY					1,081,778	66
69 ELECTROCARDIOLOGY					961,748	69
70 ELECTROENCEPHALOGRAPHY					330,695	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					511,599	71
72 IMPL. DEV. CHARGED TO PATIENTS					938,961	72
73 DRUGS CHARGED TO PATIENTS					790,733	73
74 RENAL DIALYSIS					38,677	74
76 OTHER ANCILLARY					98,150	76
76.97 CARDIAC REHABILITATION					150,388	76.97
76.98 HYPERBARIC OXYGEN THERAPY					63,083	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY					1,177,979	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY					567,212	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE					74,953	116

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WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SCHOOL OF CLINICAL LAB SCIENC 23	SCHOOL OF RESPIRATOR THERAPY 23.01	PHARMACY RESIDENCY 23.03	PASTORAL EDUCATION 23.04	SUBTOTAL 24	
117 HOME INFUSION					156,769	117
118 SUBTOTALS (SUM OF LINES 1-117)					29,135,126	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					27,036	190
192 PHYSICIANS' PRIVATE OFFICES					2,770,621	192
193 NONPAID WORKERS					96	193
194 NON REIMBURSABLE-OTHER					1,973,572	194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT					40,831	194.01
200 CROSS FOOT ADJUSTMENTS	5,664	16,885	8,865	303	710,729	200
201 NEGATIVE COST CENTER					58,748	201
202 TOTAL (SUM OF LINES 118-201)	5,664	16,885	8,865	303	34,716,759	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

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 DEPARTMENT			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 SERVICES-SALARY & FRINGES APPRVD			21
22	I&R SERVICES-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
23.04	PASTORAL CARE EDUCATION			23.04
INPATIENT ROUTINE SERV COST CENTERS				
30	ADULTS & PEDIATRICS		4,704,363	30
31	INTENSIVE CARE UNIT		1,150,608	31
35	HIGH RISK NEONATAL		730,193	35
40	SUBPROVIDER - IPF		474,594	40
43	NURSERY		165,811	43
44	SKILLED NURSING FACILITY		506,387	44
ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM		3,892,674	50
50.01	GASTRODIAGNOSTIC UNIT		461,156	50.01
50.02	PAIN MANAGEMENT CENTER		155,175	50.02
51	RECOVERY ROOM		186,378	51
52	DELIVERY ROOM & LABOR ROOM		674,237	52
53	ANESTHESIOLOGY		401,820	53
54	RADIOLOGY-DIAGNOSTIC		2,633,518	54
55	RADIOLOGY-THERAPEUTIC		613,826	55
56	RADIOISOTOPE		605,126	56
57	CT SCAN		417,253	57
58	MRI		521,958	58
59	CARDIAC CATHETERIZATION		2,019,036	59
60	LABORATORY		1,370,508	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65	RESPIRATORY THERAPY		507,780	65
66	PHYSICAL THERAPY		1,081,778	66
69	ELECTROCARDIOLOGY		961,748	69
70	ELECTROENCEPHALOGRAPHY		330,695	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		511,599	71
72	IMPL. DEV. CHARGED TO PATIENTS		938,961	72
73	DRUGS CHARGED TO PATIENTS		790,733	73
74	RENAL DIALYSIS		38,677	74
76	OTHER ANCILLARY		98,150	76
76.97	CARDIAC REHABILITATION		150,388	76.97
76.98	HYPERBARIC OXYGEN THERAPY		63,083	76.98
76.99	LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS				
91	EMERGENCY		1,177,979	91
92	OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS				
94	HOME PROGRAM DIALYSIS			94
101	HOME HEALTH AGENCY		567,212	101
SPECIAL PURPOSE COST CENTERS				
113	INTEREST EXPENSE			113
116	HOSPICE		74,953	116

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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	
117	HOME INFUSION		156,769	117
118	SUBTOTALS (SUM OF LINES 1-117)		29,135,126	118
	NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		27,036	190
192	PHYSICIANS' PRIVATE OFFICES		2,770,621	192
193	NONPAID WORKERS		96	193
194	NON REIMBURSABLE-OTHER		1,973,572	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT		40,831	194.01
200	CROSS FOOT ADJUSTMENTS		710,729	200
201	NEGATIVE COST CENTER		58,748	201
202	TOTAL (SUM OF LINES 118-201)		34,716,759	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 DEPARTMENT 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			15,344,987			2
4 EMPLOYEE BENEFITS DEPARTMENT	3,074		819	131,119,070		4
5.01 COMMUNICATIONS	20,476		423,394	594,323	5,185	5.01
5.02 INFORMATION SYSTEMS	10,445		2,678,881	958,885	111	5.02
5.03 PURCHASING/RECEIVENG/STORES	28,062		9,033	590,243	39	5.03
5.04 ADMITTING	7,959		20,970	1,493,349	117	5.04
5.05 PATIENT ACCOUNTING	10,273		9,179	1,489,420	99	5.05
5.06 OTHER ADMIN & GENERAL	59,665		224,823	11,446,681	498	5.06
6 MAINTENANCE & REPAIRS	12,319		44,231	3,444,580	64	6
7 OPERATION OF PLANT	315,112		64,513	1,474,040	177	7
8 LAUNDRY & LINEN SERVICE	36,204		570,552	1,186,926	18	8
9 HOUSEKEEPING	8,279		1,402	2,464,940	23	9
10 DIETARY	30,314		5,263	591,554	40	10
11 CAFETERIA	10,381		14,038	1,577,676	28	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	12,216		28,952	3,912,178	86	13
14 CENTRAL SERVICES & SUPPLY	13,000		298,462	485,596	29	14
15 PHARMACY	6,586		296,347	4,530,430	79	15
16 MEDICAL RECORDS & LIBRARY	3,967		53,933	2,339,650	88	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		20,531	22,645	1,341,644	47	20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	40,851			124,126	5	22
23 PARAMED ED (CLINICAL LAB SCIENCE)	488			124,129	3	23
23.01 PARAMED ED (RESPIRATORY THERAPY)		469	1,123	156,588	6	23.01
23.02 PARAMED ED (ENDT)						23.02
23.03 PARAMED ED (PHARMACY)	986			119,616		23.03
23.04 PASTORAL CARE EDUCATION				29,618		23.04
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	182,069		633,568	18,815,277	526	30
31 INTENSIVE CARE UNIT	11,039		354,042	7,449,768	212	31
35 HIGH RISK NEONATAL	24,434		201,413	5,232,066	79	35
40 SUBPROVIDER - IPF	23,716		27,650	2,243,914	67	40
43 NURSERY	6,504		30,627	608,406	16	43
44 SKILLED NURSING FACILITY	25,143		43,102	2,588,699	51	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	67,872		2,148,901	8,307,653	296	50
50.01 GASTRODIAGNOSTIC UNIT	5,484		369,822	883,662	25	50.01
50.02 PAIN MANAGEMENT CENTER			46,038	135,467	26	50.02
51 RECOVERY ROOM	2,402		94,394	1,533,841	87	51
52 DELIVERY ROOM & LABOR ROOM	28,385		133,659	2,655,038	72	52
53 ANESTHESIOLOGY	2,994		290,668	821,634	22	53
54 RADIOLOGY-DIAGNOSTIC	23,188		1,702,481	3,385,332	160	54
55 RADIOLOGY-THERAPEUTIC	10,470		430,033	659,938	34	55
56 RADIOISOTOPE	4,585		524,252	698,368	24	56
57 CT SCAN	1,192		295,866	490,244	15	57
58 MRI	2,672		448,260	303,828	13	58
59 CARDIAC CATHETERIZATION	56,359		1,024,684	4,733,861	175	59
60 LABORATORY	22,674		410,211	4,563,078	180	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	7,957		232,379	3,274,372	36	65
66 PHYSICAL THERAPY	23,776		64,788	5,784,635	189	66
69 ELECTROCARDIOLOGY	41,322		352,070	2,163,855	155	69
70 ELECTROENCEPHALOGRAPHY	1,477		106,874	767,469	26	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS			1,076		10	74
76 OTHER ANCILLARY	673		10,310	1,714,606	56	76
76.97 CARDIAC REHABILITATION	10,034		23,806	546,621	11	76.97
76.98 HYPERBARIC OXYGEN THERAPY			5,588		21	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	20,186		242,673	4,008,211	214	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	7,067		3,946	4,001,580	169	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	259		1,811	463,971	10	116

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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 DEPARTMENT GROSS SALARIES	COMMUNICAT TELEPHONES	
		1	1.01	2	4	5.01	
117	HOME INFUSION	1,860		30,125	676,925	10	117
118	SUBTOTALS (SUM OF LINES 1-117)	1,246,450	21,000	15,053,677	129,988,511	4,544	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375		4,966	38,205	8	190
192	PHYSICIANS' PRIVATE OFFICES	236,195		281,900	198	531	192
193	NONPAID WORKERS				9,335		193
194	NON REIMBURSABLE-OTHER	164,260		4,444	439,550	66	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	197			643,271	36	194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	9,506,698	166,811	15,500,996	40,648,146	1,849,383	202
203	UNIT COST MULT-WS B PT I	5.763462	7.943381	1.010167	0.310009	356.679460	203
204	COST TO BE ALLOC PER B PT II				18,544	817,939	204
205	UNIT COST MULT-WS B PT II				0.000141	157.751013	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	INFORMATIO	PURCHASING	ADMITTING	PATIENT	RECON-
	TECHNOLOGY	RECEIVING		ACCOUNTING	CILATION
	PIECES OF	STORES	REVENUE	REVENUE	5A.06
	EQUIPMENT	SUPPLIES	5.04	5.05	
	5.02	5.03			
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS - CON					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 COMMUNICATIONS					5.01
5.02 INFORMATION SYSTEMS	4,979				5.02
5.03 PURCHASING/RECEIVENG/STORES	60	58,277,842			5.03
5.04 ADMITTING	127	93,330	1,288,291,305		5.04
5.05 PATIENT ACCOUNTING	118	19,746		1,288,291,305	5.05
5.06 OTHER ADMIN & GENERAL	394				5.06
6 MAINTENANCE & REPAIRS	52	7,747			6
7 OPERATION OF PLANT	19	4,475			7
8 LAUNDRY & LINEN SERVICE	12	919			8
9 HOUSEKEEPING	16	96,809			9
10 DIETARY	20	1,536			10
11 CAFETERIA	53	4,098			11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	47	21,022			13
14 CENTRAL SERVICES & SUPPLY		1,289,770			14
15 PHARMACY	100	174,522			15
16 MEDICAL RECORDS & LIBRARY	170	10,475			16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL	64	50,576			20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED (CLINICAL LAB SCIENCE)		31			23
23.01 PARAMED ED (RESPIRATORY THERAPY)	4	763			23.01
23.02 PARAMED ED (ENDT)					23.02
23.03 PARAMED ED (PHARMACY)					23.03
23.04 PASTORAL CARE EDUCATION		60			23.04
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	804	1,443,190	77,485,932	77,485,932	30
31 INTENSIVE CARE UNIT	227	843,289	32,205,736	32,205,736	31
35 HIGH RISK NEONATAL	103	367,724	21,141,936	21,141,936	35
40 SUBPROVIDER - IPF	71	35,011	8,832,767	8,832,767	40
43 NURSERY	27	63,317	2,226,059	2,226,059	43
44 SKILLED NURSING FACILITY	74	133,061	7,187,629	7,187,629	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	355	1,628,488	129,423,915	129,423,915	50
50.01 GASTRODIAGNOSTIC UNIT	1	122,168	18,742,854	18,742,854	50.01
50.02 PAIN MANAGEMENT CENTER		50,537	2,170,140	2,170,140	50.02
51 RECOVERY ROOM		141,503	12,273,557	12,273,557	51
52 DELIVERY ROOM & LABOR ROOM	116	276,323	9,816,612	9,816,612	52
53 ANESTHESIOLOGY		1,238,113	20,807,860	20,807,860	53
54 RADIOLOGY-DIAGNOSTIC	186	362,138	62,183,599	62,183,599	54
55 RADIOLOGY-THERAPEUTIC	40	1,846	8,455,829	8,455,829	55
56 RADIOISOTOPE		28,011	27,990,556	27,990,556	56
57 CT SCAN	27	194,409	80,173,185	80,173,185	57
58 MRI	15	49,710	16,242,325	16,242,325	58
59 CARDIAC CATHETERIZATION	168		166,868,221	166,868,221	59
60 LABORATORY	203	318,354	87,179,036	87,179,036	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	71	125,954	35,666,507	35,666,507	65
66 PHYSICAL THERAPY	148	30,000	37,785,140	37,785,140	66
69 ELECTROCARDIOLOGY	104	59,322	54,809,497	54,809,497	69
70 ELECTROENCEPHALOGRAPHY	21	8,316	6,469,642	6,469,642	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,438,266	65,615,269	65,615,269	71
72 IMPL. DEV. CHARGED TO PATIENTS		31,532,442	92,637,673	92,637,673	72
73 DRUGS CHARGED TO PATIENTS			131,124,003	131,124,003	73
74 RENAL DIALYSIS	15	7,606	2,889,868	2,889,868	74
76 OTHER ANCILLARY	19	39,889	6,654,462	6,654,462	76
76.97 CARDIAC REHABILITATION	20	4,852	2,114,709	2,114,709	76.97
76.98 HYPERBARIC OXYGEN THERAPY	21	43,672	4,077,459	4,077,459	76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	207	794,340	57,039,328	57,039,328	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
101 HOME HEALTH AGENCY	220	24,250			101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE	31	3,014			116

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- CILIATION 5A.06	
117	HOME INFUSION	40	86,754				117
118	SUBTOTALS (SUM OF LINES 1-117)	4,590	58,271,748	1,288,291,305	1,288,291,305	-39,377,252	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		107				190
192	PHYSICIANS' PRIVATE OFFICES	316	2,162				192
193	NONPAID WORKERS						193
194	NON REIMBURSABLE-OTHER	57	2,008				194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	16	1,817				194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	25,672,886	1,408,238	2,847,404	3,661,217		202
203	UNIT COST MULT-WS B PT I	5,156.233380	0.024164	0.002210	0.002842		203
204	COST TO BE ALLOC PER B PT II	9,423,181	400,886	326,722	307,768		204
205	UNIT COST MULT-WS B PT II	1,892.585057	0.006879	0.000254	0.000239		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMIN + GENERAL ACCUM COST	MAIN- TENANCE + REPAIRS HOURS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	
	5.06	6	7	8	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 DEPARTMENT						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	320,796,809					5.06
6 MAINTENANCE & REPAIRS	8,803,851	63,208				6
7 OPERATION OF PLANT	11,927,791	13,574	1,203,092			7
8 LAUNDRY & LINEN SERVICE	4,292,893	260	36,204	6,673,942		8
9 HOUSEKEEPING	4,869,057	2,769	8,279	130	153,258	9
10 DIETARY	1,978,019	921	30,314	3,456	763	10
11 CAFETERIA	1,612,704	2,455	10,381	9,217	2,036	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,876,577	2,802	12,216		516	13
14 CENTRAL SERVICES & SUPPLY	2,587,181	2,973	13,000	10,251	2,457	14
15 PHARMACY	7,777,636	381	6,586	8,854	516	15
16 MEDICAL RECORDS & LIBRARY	5,804,597	96	3,967		893	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	714,727	332	20,531	631	1,530	20
21 I&R SERVICES-SALARY & FRINGES APPRVD	7,508,397					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	697,868	3	40,851	11,514		22
23 PARAMED ED (CLINICAL LAB SCIENCE)	156,947	10	488		258	23
23.01 PARAMED ED (RESPIRATORY THERAPY)	197,888	191	469		258	23.01
23.02 PARAMED ED (ENDT)						23.02
23.03 PARAMED ED (PHARMACY)	175,457		986			23.03
23.04 PASTORAL CARE EDUCATION	39,000					23.04
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,067,911	6,664	182,069	1,055,105	50,899	30
31 INTENSIVE CARE UNIT	13,017,524	2,221	11,039	208,737	8,960	31
35 HIGH RISK NEONATAL	8,973,426	1,345	24,434	98,153	2,912	35
40 SUBPROVIDER - IPF	3,729,495	980	23,716	64,986	11,022	40
43 NURSERY	1,518,550	262	6,504	23,360	1,527	43
44 SKILLED NURSING FACILITY	4,194,327	874	25,143	131,813	11,300	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,191,260	5,433	67,872	455,115	14,454	50
50.01 GASTRODIAGNOSTIC UNIT	2,252,857	503	5,484	31,604	774	50.01
50.02 PAIN MANAGEMENT CENTER	473,168	112		5,604		50.02
51 RECOVERY ROOM	2,369,568	414	2,402	140,741	737	51
52 DELIVERY ROOM & LABOR ROOM	6,618,956	1,142	28,385	101,944	6,662	52
53 ANESTHESIOLOGY	3,146,199	1,568	2,994	15,194	737	53
54 RADIOLOGY-DIAGNOSTIC	8,935,069	1,168	23,188	80,178	4,245	54
55 RADIOLOGY-THERAPEUTIC	1,897,266	222	10,470	5,725	621	55
56 RADIOISOTOPE	2,767,034	151	4,585	5,832	621	56
57 CT SCAN	1,973,683	117	1,192		258	57
58 MRI	1,378,142	162	2,672			58
59 CARDIAC CATHETERIZATION	8,322,324	2,083	56,359	124,883	6,870	59
60 LABORATORY	16,347,039	1,077	22,674	1,225	4,698	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,786,437	2,040	7,957	1,712	879	65
66 PHYSICAL THERAPY	9,364,181	928	23,776	32,565	3,192	66
69 ELECTROCARDIOLOGY	4,529,304	624	41,322	62,182	441	69
70 ELECTROENCEPHALOGRAPHY	1,642,943	556	1,477	9,604	459	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,307,561					71
72 IMPL. DEV. CHARGED TO PATIENTS	32,762,411					72
73 DRUGS CHARGED TO PATIENTS	12,013,023					73
74 RENAL DIALYSIS	780,284	60		2,707		74
76 OTHER ANCILLARY	2,731,379	105	673	13,637	1,187	76
76.97 CARDIAC REHABILITATION	890,144	771	10,034		153	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,126,974	174		25,255		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	8,383,825	1,806	20,186	276,180	9,235	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	6,996,512	489	7,067		562	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,359,182	20	259		62	116

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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	
117	HOME INFUSION	3,781,507	227	1,860	823		117
118	SUBTOTALS (SUM OF LINES 1-117)	313,650,055	61,065	800,065	3,018,917	152,694	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	360,028	87	2,375		153	190
192	PHYSICIANS' PRIVATE OFFICES	4,175,343	1,637	236,195			192
193	NONPAID WORKERS	12,229					193
194	NON REIMBURSABLE-OTHER	2,300,759	351	164,260	3,655,025	411	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	298,395	68	197			194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	39,377,252	9,884,506	15,514,612	5,327,369	6,006,609	202
203	UNIT COST MULT-WS B PT I	0.122748	156.380616	12.895616	0.798234	39.192793	203
204	COST TO BE ALLOC PER B PT II	2,049,778	280,987	2,081,988	1,076,459	141,825	204
205	UNIT COST MULT-WS B PT II	0.006390	4.445434	1.730531	0.161293	0.925400	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 DEPARTMENT					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	313,071				10
11 CAFETERIA		178,408			11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		4,523	109,358		13
14 CENTRAL SERVICES & SUPPLY		1,710		48,783,697	14
15 PHARMACY		5,422			15
16 MEDICAL RECORDS & LIBRARY		5,133			16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL		2,085			20
21 I&R SERVICES-SALARY & FRINGES APPRVD		12,507			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		127			22
23 PARAMED ED (CLINICAL LAB SCIENCE)		185			23
23.01 PARAMED ED (RESPIRATORY THERAPY)		255			23.01
23.02 PARAMED ED (ENDT)					23.02
23.03 PARAMED ED (PHARMACY)		272			23.03
23.04 PASTORAL CARE EDUCATION		40			23.04
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	211,444	35,761	35,761		422,983
31 INTENSIVE CARE UNIT	19,073	12,403	12,403		189,099
35 HIGH RISK NEONATAL		7,799	7,799		80,784
40 SUBPROVIDER - IPF	38,926	4,544	4,544		5,026
43 NURSERY		1,029	1,029		5,734
44 SKILLED NURSING FACILITY	27,113	4,835	4,835		32,448
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		14,098	14,098		115,253
50.01 GASTRODIAGNOSTIC UNIT		1,580	1,580		34,616
50.02 PAIN MANAGEMENT CENTER		182	182		2,819
51 RECOVERY ROOM		2,382	2,382		46,121
52 DELIVERY ROOM & LABOR ROOM		4,491	4,491		25,024
53 ANESTHESIOLOGY		2,702	2,702		400,877
54 RADIOLOGY-DIAGNOSTIC		5,636			15,106
55 RADIOLOGY-THERAPEUTIC		810			37
56 RADIOISOTOPE		894			40,757
57 CT SCAN		912			9,559
58 MRI		489			2,637
59 CARDIAC CATHETERIZATION		5,251			144,532
60 LABORATORY		10,110			19,053
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		5,816			1,555
66 PHYSICAL THERAPY		5,182			65
69 ELECTROCARDIOLOGY		3,822			6,708
70 ELECTROENCEPHALOGRAPHY		587			3,458
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				17,251,255	71
72 IMPL. DEV. CHARGED TO PATIENTS				31,532,442	72
73 DRUGS CHARGED TO PATIENTS					11,359,638
74 RENAL DIALYSIS					7,977
76 OTHER ANCILLARY		3,051	3,051		22,381
76.97 CARDIAC REHABILITATION		920			115
76.98 HYPERBARIC OXYGEN THERAPY					377
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	3,354	7,850	7,850		155,153
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
101 HOME HEALTH AGENCY			5,863		101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE			788		116

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	MEALS SERVED 10	MEALS SERVED 11	NUMBER HOUSED 13	SERVICES & SUPPLY COSTED REQUIS. 14	COSTED REQUIS. 15
117 HOME INFUSION		1,063			117
118 SUBTOTALS (SUM OF LINES 1-117)	299,910	176,458	109,358	48,783,697	13,151,669
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		100			190
192 PHYSICIANS' PRIVATE OFFICES					303
193 NONPAID WORKERS		14			193
194 NON REIMBURSABLE-OTHER	13,161	964			194
194.01 NON REIMBURSABLE-FUND DEVELOPMENT		872			194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	2,788,425	2,415,597	7,275,089	3,664,948	8,977,540
203 UNIT COST MULT-WS B PT I	8.906686	13.539735	66.525439	0.075126	0.682600
204 COST TO BE ALLOC PER B PT II	294,743	221,540	280,108	722,725	751,779
205 UNIT COST MULT-WS B PT II	0.941457	1.241760	2.561386	0.014815	0.057161

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 DEPARTMENT					4
5.01 COMMUNICATIONS					5.01
5.02 INFORMATION SYSTEMS					5.02
5.03 PURCHASING/RECEIVENG/STORES					5.03
5.04 ADMITTING					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	32,993				16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL		36,910			20
21 I&R SERVICES-SALARY & FRINGES APPRVD			35,050		21
22 I&R SERVICES-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
23.04 PASTORAL CARE EDUCATION					23.04
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	17,016	17,506	473	473	30
31 INTENSIVE CARE UNIT	958	5,546	2,908	2,908	31
35 HIGH RISK NEONATAL	455	472			35
40 SUBPROVIDER - IPF	1,135	1,304	10,000	10,000	40
43 NURSERY	752	417	164	164	43
44 SKILLED NURSING FACILITY	946	1,780			44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		4,164	9,449	9,449	50
50.01 GASTRODIAGNOSTIC UNIT		208			50.01
50.02 PAIN MANAGEMENT CENTER					50.02
51 RECOVERY ROOM		344			51
52 DELIVERY ROOM & LABOR ROOM		1,821	718	718	52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC		160	10,000	10,000	54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION		232			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 CHARGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 OTHER ANCILLARY		332			76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY		208			76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	11,731	828	1,338	1,338	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
101 HOME HEALTH AGENCY		1,588			101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE					116

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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	
117	HOME INFUSION						117
118	SUBTOTALS (SUM OF LINES 1-117)	32,993	36,910	35,050	35,050	100	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
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	6,687,768	1,209,048	8,599,379	1,321,709	196,686	202
203	UNIT COST MULT-WS B PT I	202.702634	32.756651	245.346049	37.709244	1,966.860000	203
204	COST TO BE ALLOC PER B PT II	464,951	302,071	63,510	313,431	5,664	204
205	UNIT COST MULT-WS B PT II	14.092414	8.183988	1.811983	8.942397	56.640000	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SCHOOL OF RESPIRATOR THERAPY ASSIGNED TIME	PHARMACY RESIDENCY ASSIGNED TIME	PASTORAL EDUCATION TIME	
	23.01	23.03	23.04	
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 DEPARTMENT				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 SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-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)				23.02
23.03 PARAMED ED (PHARMACY)		100		23.03
23.04 PASTORAL CARE EDUCATION			32,635	23.04
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS			11,293	30
31 INTENSIVE CARE UNIT			6,315	31
35 HIGH RISK NEONATAL			3,680	35
40 SUBPROVIDER - IPF			420	40
43 NURSERY			34	43
44 SKILLED NURSING FACILITY			1,990	44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM			135	50
50.01 GASTRODIAGNOSTIC UNIT				50.01
50.02 PAIN MANAGEMENT CENTER				50.02
51 RECOVERY ROOM			535	51
52 DELIVERY ROOM & LABOR ROOM			148	52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC				54
55 RADIOLOGY-THERAPEUTIC				55
56 RADIOISOTOPE				56
57 CT SCAN				57
58 MRI				58
59 CARDIAC CATHETERIZATION			305	59
60 LABORATORY			20	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	100		10	65
66 PHYSICAL THERAPY				66
69 ELECTROCARDIOLOGY				69
70 ELECTROENCEPHALOGRAPHY				70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENTS				72
73 DRUGS CHARGED TO PATIENTS		100		73
74 RENAL DIALYSIS			320	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			7,430	91
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
101 HOME HEALTH AGENCY				101
SPECIAL PURPOSE COST CENTERS				
116 HOSPICE				116

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		SCHOOL OF RESPIRATOR THERAPY ASSIGNED TIME	PHARMACY RESIDENCY ASSIGNED TIME	PASTORAL EDUCATION TIME	
		23.01	23.03	23.04	
117	HOME INFUSION				117
118	SUBTOTALS (SUM OF LINES 1-117)	100	100	32,635	118
	NONREIMBURSABLE COST CENTERS				
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
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	271,660	213,392	44,329	202
203	UNIT COST MULT-WS B PT I	2,716.600000	2,133.920000	1.358327	203
204	COST TO BE ALLOC PER B PT II	16,885	8,865	303	204
205	UNIT COST MULT-WS B PT II	168.850000	88.650000	0.009285	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	50,181,711		50,181,711	40,279	50,221,990	30
31 INTENSIVE CARE UNIT	17,299,302		17,299,302	36,542	17,335,844	31
35 HIGH RISK NEONATAL	11,585,058		11,585,058	293,258	11,878,316	35
40 SUBPROVIDER - IPF	6,117,527		6,117,527	2,511	6,120,038	40
43 NURSERY	2,160,727		2,160,727		2,160,727	43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	6,621,698		6,621,698	4,193	6,625,891	44
50 OPERATING ROOM	26,668,358		26,668,358	133,891	26,802,249	50
50.01 GASTRODIAGNOSTIC UNIT	2,891,277		2,891,277	5,291	2,896,568	50.01
50.02 PAIN MANAGEMENT CENTER	569,732		569,732	6,887	576,619	50.02
51 RECOVERY ROOM	3,131,567		3,131,567		3,131,567	51
52 DELIVERY ROOM & LABOR ROOM	8,755,031		8,755,031		8,755,031	52
53 ANESTHESIOLOGY	4,347,191		4,347,191		4,347,191	53
54 RADIOLOGY-DIAGNOSTIC	10,835,744		10,835,744		10,835,744	54
55 RADIOLOGY-THERAPEUTIC	2,339,786		2,339,786		2,339,786	55
56 RADIOISOTOPE	3,258,341		3,258,341		3,258,341	56
57 CT SCAN	2,278,603		2,278,603		2,278,603	57
58 MRI	1,615,518		1,615,518		1,615,518	58
59 CARDIAC CATHETERIZATION	10,943,107		10,943,107		10,943,107	59
60 LABORATORY	19,346,134		19,346,134		19,346,134	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	7,305,636		7,305,636	507	7,306,143	65
66 PHYSICAL THERAPY	11,186,646		11,186,646	2,789	11,189,435	66
69 ELECTROCARDIOLOGY	5,838,970		5,838,970	545,102	6,384,072	69
70 ELECTROENCEPHALOGRAPHY	1,986,569		1,986,569	14,259	2,000,828	70
71 MEDICAL SUPPLIES CHARGED TO	20,728,047		20,728,047		20,728,047	71
72 IMPL. DEV. CHARGED TO PATIE	39,152,947		39,152,947		39,152,947	72
73 DRUGS CHARGED TO PATIENTS	21,455,085		21,455,085		21,455,085	73
74 RENAL DIALYSIS	893,486		893,486		893,486	74
76 OTHER ANCILLARY	3,419,588		3,419,588		3,419,588	76
76.97 CARDIAC REHABILITATION	1,267,902		1,267,902		1,267,902	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,319,747		1,319,747	17,520	1,337,267	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	13,717,470		13,717,470	38,009	13,755,479	91
92 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS	1,703,657		1,703,657		1,703,657	92
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	8,487,006		8,487,006		8,487,006	101
113 INTEREST EXPENSE						113
116 HOSPICE	1,587,339		1,587,339		1,587,339	116
117 HOME INFUSION	4,320,213		4,320,213		4,320,213	117
200 SUBTOTAL (SEE INSTRUCTIONS)	335,316,720		335,316,720	1,141,038	336,457,758	200
201 LESS OBSERVATION BEDS	1,703,657		1,703,657		1,703,657	201
202 TOTAL (SEE INSTRUCTIONS)	333,613,063		333,613,063		334,754,101	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	74,386,918		74,386,918			30
31 INTENSIVE CARE UNIT	32,183,079		32,183,079			31
35 HIGH RISK NEONATAL	21,141,936		21,141,936			35
40 SUBPROVIDER - IPF	8,832,767		8,832,767			40
43 NURSERY	2,226,059		2,226,059			43
44 SKILLED NURSING FACILITY	7,187,629		7,187,629			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	73,243,839	56,180,076	129,423,915	0.206054	0.206054	0.207089 50
50.01 GASTRODIAGNOSTIC UNIT	3,854,225	14,888,629	18,742,854	0.154260	0.154260	0.154543 50.01
50.02 PAIN MANAGEMENT CENTER		2,170,140	2,170,140	0.262532	0.262532	0.265706 50.02
51 RECOVERY ROOM	5,257,993	7,013,104	12,271,097	0.255199	0.255199	0.255199 51
52 DELIVERY ROOM & LABOR ROOM	8,321,522	1,495,090	9,816,612	0.891859	0.891859	0.891859 52
53 ANESTHESIOLOGY	8,467,317	12,340,543	20,807,860	0.208921	0.208921	0.208921 53
54 RADIOLOGY-DIAGNOSTIC	21,173,871	41,009,728	62,183,599	0.174254	0.174254	0.174254 54
55 RADIOLOGY-THERAPEUTIC	612,785	7,843,044	8,455,829	0.276707	0.276707	0.276707 55
56 RADIOISOTOPE	4,203,846	23,786,710	27,990,556	0.116409	0.116409	0.116409 56
57 CT SCAN	32,654,233	47,518,952	80,173,185	0.028421	0.028421	0.028421 57
58 MRI	7,875,185	8,367,140	16,242,325	0.099463	0.099463	0.099463 58
59 CARDIAC CATHETERIZATION	79,180,961	87,686,432	166,867,393	0.065580	0.065580	0.065580 59
60 LABORATORY	53,678,968	33,500,068	87,179,036	0.221913	0.221913	0.221913 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	33,844,568	1,821,939	35,666,507	0.204832	0.204832	0.204846 65
66 PHYSICAL THERAPY	17,537,398	20,247,742	37,785,140	0.296059	0.296059	0.296133 66
69 ELECTROCARDIOLOGY	23,502,275	31,307,222	54,809,497	0.106532	0.106532	0.116477 69
70 ELECTROENCEPHALOGRAPHY	2,104,364	4,365,278	6,469,642	0.307060	0.307060	0.309264 70
71 MEDICAL SUPPLIES CHARGED TO	43,197,249	22,418,020	65,615,269	0.315903	0.315903	0.315903 71
72 IMPL. DEV. CHARGED TO PATIE	63,108,846	29,528,827	92,637,673	0.422646	0.422646	0.422646 72
73 DRUGS CHARGED TO PATIENTS	99,843,143	31,280,860	131,124,003	0.163624	0.163624	0.163624 73
74 RENAL DIALYSIS	2,662,561	227,307	2,889,868	0.309179	0.309179	0.309179 74
76 OTHER ANCILLARY	445,160	6,209,302	6,654,462	0.513879	0.513879	0.513879 76
76.97 CARDIAC REHABILITATION	890,373	1,224,336	2,114,709	0.599563	0.599563	0.599563 76.97
76.98 HYPERBARIC OXYGEN THERAPY	56,267	4,021,192	4,077,459	0.323669	0.323669	0.327966 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	16,325,320	40,081,336	56,406,656	0.243189	0.243189	0.243863 91
92 OBSERVATION BEDS (NON-DISTI	371,570	3,386,061	3,757,631	0.453386	0.453386	0.453386 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY		5,447,930	5,447,930			101
113 INTEREST EXPENSE						113
116 HOSPICE		2,678,510	2,678,510			116
117 HOME INFUSION		5,145,927	5,145,927			117
200 SUBTOTAL (SEE INSTRUCTIONS)	748,372,227	553,191,445	1,301,563,672			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	748,372,227	553,191,445	1,301,563,672			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,704,363	4,704,363	61,493	76.50	29,685	2,270,903	30
31 INTENSIVE CARE UNIT	1,150,608	1,150,608	12,333	93.30	7,474	697,324	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 HIGH RISK NEONATAL	730,193	730,193	11,279	64.74			35
40 SUBPROVIDER - IPF	474,594	474,594	9,313	50.96	3,976	202,617	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	165,811	165,811	2,738	60.56			43
44 SKILLED NURSING FACILITY	506,387	506,387	11,058	45.79	8,114	371,540	44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	7,731,956	7,731,956	108,214		49,249	3,542,384	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

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	3,892,674	129,423,915	0.030077	36,297,477	1,091,719	50
50.01 GASTRODIAGNOSTIC UNIT	461,156	18,742,854	0.024604	2,229,431	54,853	50.01
50.02 PAIN MANAGEMENT CENTER	155,175	2,170,140	0.071505			50.02
51 RECOVERY ROOM	186,378	12,271,097	0.015188	2,127,386	32,311	51
52 DELIVERY ROOM & LABOR ROOM	674,237	9,816,612	0.068683	81,880	5,624	52
53 ANESTHESIOLOGY	401,820	20,807,860	0.019311	3,411,834	65,886	53
54 RADIOLOGY-DIAGNOSTIC	2,633,518	62,183,599	0.042351	10,996,088	465,695	54
55 RADIOLOGY-THERAPEUTIC	613,826	8,455,829	0.072592	250,346	18,173	55
56 RADIOISOTOPE	605,126	27,990,556	0.021619	2,508,339	54,228	56
57 CT SCAN	417,253	80,173,185	0.005204	16,205,046	84,331	57
58 MRI	521,958	16,242,325	0.032136	3,711,373	119,269	58
59 CARDIAC CATHETERIZATION	2,019,036	166,867,393	0.012100	52,514,501	635,425	59
60 LABORATORY	1,370,508	87,179,036	0.015721	25,908,731	407,311	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	507,780	35,666,507	0.014237	15,662,351	222,985	65
66 PHYSICAL THERAPY	1,081,778	37,785,140	0.028630	7,789,638	223,017	66
69 ELECTROCARDIOLOGY	961,748	54,809,497	0.017547	14,558,792	255,463	69
70 ELECTROENCEPHALOGRAPHY	330,695	6,469,642	0.051115	756,252	38,656	70
71 MEDICAL SUPPLIES CHARGED TO P	511,599	65,615,269	0.007797	23,322,811	181,848	71
72 IMPL. DEV. CHARGED TO PATIENT	938,961	92,637,673	0.010136	38,635,279	391,607	72
73 DRUGS CHARGED TO PATIENTS	790,733	131,124,003	0.006030	42,669,870	257,299	73
74 RENAL DIALYSIS	38,677	2,889,868	0.013384	1,616,784	21,639	74
76 OTHER ANCILLARY	98,150	6,654,462	0.014750	125,472	1,851	76
76.97 CARDIAC REHABILITATION	150,388	2,114,709	0.071115	583,483	41,494	76.97
76.98 HYPERBARIC OXYGEN THERAPY	63,083	4,077,459	0.015471	23,917	370	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,177,979	56,406,656	0.020884	6,987,133	145,919	91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	159,583	3,757,631	0.042469	97,343	4,134	92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	20,763,819	1,142,332,917		309,071,557	4,821,107	200

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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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
	INPAT ROUTINE SERV COST CTRS						
30	ADULTS & PEDIATRICS	573,437	15,340			588,777	30
31	INTENSIVE CARE UNIT	181,668	8,578			190,246	31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	HIGH RISK NEONATAL	15,461	4,999			20,460	35
40	SUBPROVIDER - IPF	42,715	570			43,285	40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY	13,660	46			13,706	43
44	SKILLED NURSING FACILITY	58,307	2,703			61,010	44
45	NURSING FACILITY						45
200	TOTAL (SUM OF LINES 30-199)	885,248	32,236			917,484	200

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/27/2013 13:22

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	PER DIEM	INPATIENT	INPAT PGM	
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU	
	DAYS	COL.6)	DAYS	COSTS	
	6	7	8	(COL.7 x	
				COL.8)	
				9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	61,493	9.57	29,685	284,085	30
31 INTENSIVE CARE UNIT	12,333	15.43	7,474	115,324	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 HIGH RISK NEONATAL	11,279	1.81			35
40 SUBPROVIDER - IPF	9,313	4.65	3,976	18,488	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,738	5.01			43
44 SKILLED NURSING FACILITY	11,058	5.52	8,114	44,789	44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	108,214		49,249	462,686	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		183		136,582	136,582	50
50.01	GASTRODIAGNOSTIC UNIT	136,399			6,813	6,813	50.01
50.02	PAIN MANAGEMENT CENTER	6,813					50.02
51	RECOVERY ROOM	11,268	727		11,995	11,995	51
52	DELIVERY ROOM & LABOR ROOM	59,650	201		59,851	59,851	52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	5,241			5,241	5,241	54
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION	7,600	414		8,014	8,014	59
60	LABORATORY		196,713		196,713	196,713	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY		271,674		271,674	271,674	65
66	PHYSICAL THERAPY						66
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO P						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS		213,392		213,392	213,392	73
74	RENAL DIALYSIS		435		435	435	74
76	OTHER ANCILLARY	10,875			10,875	10,875	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	6,813			6,813	6,813	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	27,123	10,092		37,215	37,215	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	19,452	520		19,972	19,972	92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	291,234	694,351		985,585	985,585	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	129,423,915	0.001055	0.001055	36,297,477	38,294	14,776,798	15,590	50
50.01	GASTRODIAGNOSTIC UNIT	18,742,854	0.000363	0.000363	2,229,431	809	4,777,595	1,734	50.01
50.02	PAIN MANAGEMENT CENTER	2,170,140					741,286		50.02
51	RECOVERY ROOM	12,271,097	0.000978	0.000978	2,127,386	2,081	1,259,265	1,232	51
52	DELIVERY ROOM & LABOR ROOM	9,816,612	0.006097	0.006097	81,880	499	35,761	218	52
53	ANESTHESIOLOGY	20,807,860			3,411,834		2,126,894		53
54	RADIOLOGY-DIAGNOSTIC	62,183,599	0.000084	0.000084	10,996,088	924	9,369,061	787	54
55	RADIOLOGY-THERAPEUTIC	8,455,829			250,346		3,530,825		55
56	RADIOISOTOPE	27,990,556			2,508,339		11,189,477		56
57	CT SCAN	80,173,185			16,205,046		15,165,817		57
58	MRI	16,242,325			3,711,373		1,804,749		58
59	CARDIAC CATHETERIZATION	166,867,393	0.000048	0.000048	52,514,501	2,521	39,265,084	1,885	59
60	LABORATORY	87,179,036	0.002256	0.002256	25,908,731	58,450	2,044,858	4,613	60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
65	RESPIRATORY THERAPY	35,666,507	0.007617	0.007617	15,662,351	119,300	476,215	3,627	65
66	PHYSICAL THERAPY	37,785,140			7,789,638		309,834		66
69	ELECTROCARDIOLOGY	54,809,497			14,558,792		20,073,678		69
70	ELECTROENCEPHALOGRAPHY	6,469,642			756,252		1,145,823		70
71	MEDICAL SUPPLIES CHARGED TO	65,615,269			23,322,811		7,663,923		71
72	IMPL. DEV. CHARGED TO PATIEN	92,637,673			38,635,279		13,867,117		72
73	DRUGS CHARGED TO PATIENTS	131,124,003	0.001627	0.001627	42,669,870	69,424	8,912,555	14,501	73
74	RENAL DIALYSIS	2,889,868	0.000151	0.000151	1,616,784	244	51,282	8	74
76	OTHER ANCILLARY	6,654,462	0.001634	0.001634	125,472	205	1,884,602	3,079	76
76.97	CARDIAC REHABILITATION	2,114,709			583,483		602,749		76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,077,459	0.001671	0.001671	23,917	40	2,524,708	4,219	76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
91	EMERGENCY	56,406,656	0.000660	0.000660	6,987,133	4,612	7,258,061	4,790	91
92	OBSERVATION BEDS (NON-DISTIN	3,757,631	0.005315	0.005315	97,343	517	340,275	1,809	92
OTHER REIMBURSABLE COST CENTERS									
94	HOME PROGRAM DIALYSIS								94
200	TOTAL (SUM OF LINES 50-199)	1,142,332,917			309,071,557	297,920	171,198,292	58,092	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	FROM WKST C, PT I, COL. 9 1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.206054	14,776,798			3,044,818		50
50.01 GASTRODIAGNOSTIC UNIT	0.154260	4,777,595			736,992		50.01
50.02 PAIN MANAGEMENT CENTER	0.262532	741,286			194,611		50.02
51 RECOVERY ROOM	0.255199	1,259,265			321,363		51
52 DELIVERY ROOM & LABOR ROOM	0.891859	35,761			31,894		52
53 ANESTHESIOLOGY	0.208921	2,126,894			444,353		53
54 RADIOLOGY-DIAGNOSTIC	0.174254	9,369,061			1,632,596		54
55 RADIOLOGY-THERAPEUTIC	0.276707	3,530,825			977,004		55
56 RADIOISOTOPE	0.116409	11,189,477			1,302,556		56
57 CT SCAN	0.028421	15,165,817			431,028		57
58 MRI	0.099463	1,804,749			179,506		58
59 CARDIAC CATHETERIZATION	0.065580	39,265,084			2,575,004		59
60 LABORATORY	0.221913	2,044,858	55		453,781	12	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.204832	476,215	2,560		97,544	524	65
66 PHYSICAL THERAPY	0.296059	309,834			91,729		66
69 ELECTROCARDIOLOGY	0.106532	20,073,678			2,138,489		69
70 ELECTROENCEPHALOGRAPHY	0.307060	1,145,823			351,836		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.315903	7,663,923	13,910		2,421,056	4,394	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.422646	13,867,117	37,500		5,860,882	15,849	72
73 DRUGS CHARGED TO PATIENTS	0.163624	8,912,555			1,458,308		34,243 73
74 RENAL DIALYSIS	0.309179	51,282			15,855		74
76 OTHER ANCILLARY	0.513879	1,884,602			968,457		76
76.97 CARDIAC REHABILITATION	0.599563	602,749			361,386		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.323669	2,524,708	893		817,170	289	76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.243189	7,258,061			1,765,081		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.453386	340,275			154,276		92
HOME PROGRAM DIALYSIS							
200 SUBTOTAL (SEE INSTRUCTIONS)		171,198,292	54,918	209,280	28,827,575	21,068	34,243 200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		171,198,292	54,918	209,280	28,827,575	21,068	34,243 202

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	3,892,674	129,423,915	0.030077			50
50.01	GASTRODIAGNOSTIC UNIT	461,156	18,742,854	0.024604	3,102	76	50.01
50.02	PAIN MANAGEMENT CENTER	155,175	2,170,140	0.071505			50.02
51	RECOVERY ROOM	186,378	12,271,097	0.015188	330	5	51
52	DELIVERY ROOM & LABOR ROOM	674,237	9,816,612	0.068683			52
53	ANESTHESIOLOGY	401,820	20,807,860	0.019311	10,894	210	53
54	RADIOLOGY-DIAGNOSTIC	2,633,518	62,183,599	0.042351	91,857	3,890	54
55	RADIOLOGY-THERAPEUTIC	613,826	8,455,829	0.072592			55
56	RADIOISOTOPE	605,126	27,990,556	0.021619	19,241	416	56
57	CT SCAN	417,253	80,173,185	0.005204	161,946	843	57
58	MRI	521,958	16,242,325	0.032136	79,831	2,565	58
59	CARDIAC CATHETERIZATION	2,019,036	166,867,393	0.012100	18,369	222	59
60	LABORATORY	1,370,508	87,179,036	0.015721	588,327	9,249	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	507,780	35,666,507	0.014237	76,514	1,089	65
66	PHYSICAL THERAPY	1,081,778	37,785,140	0.028630	152,332	4,361	66
69	ELECTROCARDIOLOGY	961,748	54,809,497	0.017547	116,870	2,051	69
70	ELECTROENCEPHALOGRAPHY	330,695	6,469,642	0.051115	17,429	891	70
71	MEDICAL SUPPLIES CHARGED TO P	511,599	65,615,269	0.007797	120,110	936	71
72	IMPL. DEV. CHARGED TO PATIENT	938,961	92,637,673	0.010136	434	4	72
73	DRUGS CHARGED TO PATIENTS	790,733	131,124,003	0.006030	976,188	5,886	73
74	RENAL DIALYSIS	38,677	2,889,868	0.013384	32,424	434	74
76	OTHER ANCILLARY	98,150	6,654,462	0.014750	35,623	525	76
76.97	CARDIAC REHABILITATION	150,388	2,114,709	0.071115	191	14	76.97
76.98	HYPERBARIC OXYGEN THERAPY	63,083	4,077,459	0.015471			76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	1,177,979	56,406,656	0.020884	237,269	4,955	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		3,757,631	3,757,631			92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	20,604,236	1,142,332,917		2,739,281	38,622	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				136,582	136,582	50
50.01	GASTRODIAGNOSTIC UNIT	136,399	183		6,813	6,813	50.01
50.02	PAIN MANAGEMENT CENTER	6,813					50.02
51	RECOVERY ROOM	11,268	727		11,995	11,995	51
52	DELIVERY ROOM & LABOR ROOM	59,650	201		59,851	59,851	52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	5,241			5,241	5,241	54
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION	7,600	414		8,014	8,014	59
60	LABORATORY		196,713		196,713	196,713	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY		271,674		271,674	271,674	65
66	PHYSICAL THERAPY						66
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO P						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS			213,392	213,392	213,392	73
74	RENAL DIALYSIS			435	435	435	74
76	OTHER ANCILLARY	10,875			10,875	10,875	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	6,813			6,813	6,813	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	27,123	10,092		37,215	37,215	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	271,782	693,831		965,613	965,613	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	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.206054						50
50.01 GASTRODIAGNOSTIC UNIT	0.154260						50.01
50.02 PAIN MANAGEMENT CENTER	0.262532						50.02
51 RECOVERY ROOM	0.255199						51
52 DELIVERY ROOM & LABOR ROOM	0.891859						52
53 ANESTHESIOLOGY	0.208921						53
54 RADIOLOGY-DIAGNOSTIC	0.174254						54
55 RADIOLOGY-THERAPEUTIC	0.276707						55
56 RADIOISOTOPE	0.116409						56
57 CT SCAN	0.028421		2,097		60		57
58 MRI	0.099463						58
59 CARDIAC CATHETERIZATION	0.065580						59
60 LABORATORY	0.221913						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.204832						65
66 PHYSICAL THERAPY	0.296059						66
69 ELECTROCARDIOLOGY	0.106532						69
70 ELECTROENCEPHALOGRAPHY	0.307060						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.315903		30		9		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.422646						72
73 DRUGS CHARGED TO PATIENTS	0.163624	196			32		73
74 RENAL DIALYSIS	0.309179						74
76 OTHER ANCILLARY	0.513879						76
76.97 CARDIAC REHABILITATION	0.599563						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.323669						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.243189	4,425			1,076		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.453386	1,624			736		92
HOME PROGRAM DIALYSIS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)		8,372			1,913		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		8,372			1,913		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				136,582	136,582	50
50.01	GASTRODIAGNOSTIC UNIT	136,399	183		6,813	6,813	50.01
50.02	PAIN MANAGEMENT CENTER	6,813					50.02
51	RECOVERY ROOM	11,268	727		11,995	11,995	51
52	DELIVERY ROOM & LABOR ROOM	59,650	201		59,851	59,851	52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	5,241			5,241	5,241	54
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION	7,600	414		8,014	8,014	59
60	LABORATORY		196,713		196,713	196,713	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY		271,674		271,674	271,674	65
66	PHYSICAL THERAPY						66
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO P						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS		213,392		213,392	213,392	73
74	RENAL DIALYSIS		435		435	435	74
76	OTHER ANCILLARY	10,875			10,875	10,875	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	6,813			6,813	6,813	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	27,123	10,092		37,215	37,215	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	271,782	693,831		965,613	965,613	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)	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	129,423,915	0.001055	0.001055	4,198	4	50
50.01	GASTRODIAGNOSTIC UNIT	18,742,854	0.000363	0.000363	7,673	3	50.01
50.02	PAIN MANAGEMENT CENTER	2,170,140					50.02
51	RECOVERY ROOM	12,271,097	0.000978	0.000978			51
52	DELIVERY ROOM & LABOR ROOM	9,816,612	0.006097	0.006097			52
53	ANESTHESIOLOGY	20,807,860			7,268		53
54	RADIOLOGY-DIAGNOSTIC	62,183,599	0.000084	0.000084	149,326	13	54
55	RADIOLOGY-THERAPEUTIC	8,455,829					55
56	RADIOISOTOPE	27,990,556			11,381		56
57	CT SCAN	80,173,185			22,170		57
58	MRI	16,242,325			3,363		58
59	CARDIAC CATHETERIZATION	166,867,393	0.000048	0.000048	43,238	2	59
60	LABORATORY	87,179,036	0.002256	0.002256	691,454	1,560	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	35,666,507	0.007617	0.007617	885,423	6,744	65
66	PHYSICAL THERAPY	37,785,140			4,020,199		66
69	ELECTROCARDIOLOGY	54,809,497			64,976		69
70	ELECTROENCEPHALOGRAPHY	6,469,642			2,876		70
71	MEDICAL SUPPLIES CHARGED TO	65,615,269			1,022,274		71
72	IMPL. DEV. CHARGED TO PATIEN	92,637,673			5,660		72
73	DRUGS CHARGED TO PATIENTS	131,124,003	0.001627	0.001627	3,703,039	6,025	73
74	RENAL DIALYSIS	2,889,868	0.000151	0.000151			74
76	OTHER ANCILLARY	6,654,462	0.001634	0.001634	66,383	108	76
76.97	CARDIAC REHABILITATION	2,114,709					76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,077,459	0.001671	0.001671	2,595	4	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	56,406,656	0.000660	0.000660	533		91
92	OBSERVATION BEDS (NON-DISTIN	3,757,631					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	1,142,332,917			10,714,029	14,463	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST SERVICES	COST SVCES NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.206054						50
50.01 GASTRODIAGNOSTIC UNIT	0.154260						50.01
50.02 PAIN MANAGEMENT CENTER	0.262532						50.02
51 RECOVERY ROOM	0.255199						51
52 DELIVERY ROOM & LABOR ROOM	0.891859						52
53 ANESTHESIOLOGY	0.208921						53
54 RADIOLOGY-DIAGNOSTIC	0.174254						54
55 RADIOLOGY-THERAPEUTIC	0.276707						55
56 RADIOISOTOPE	0.116409						56
57 CT SCAN	0.028421						57
58 MRI	0.099463						58
59 CARDIAC CATHETERIZATION	0.065580						59
60 LABORATORY	0.221913						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.204832						65
66 PHYSICAL THERAPY	0.296059						66
69 ELECTROCARDIOLOGY	0.106532						69
70 ELECTROENCEPHALOGRAPHY	0.307060						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.315903						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.422646						72
73 DRUGS CHARGED TO PATIENTS	0.163624			1,774		290	73
74 RENAL DIALYSIS	0.309179						74
76 OTHER ANCILLARY	0.513879						76
76.97 CARDIAC REHABILITATION	0.599563						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.323669						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.243189						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.453386						92
HOME PROGRAM DIALYSIS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)				1,774		290	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)				1,774		290	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)	61,493	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	61,493	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59,407	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)	29,685	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)	50,221,990	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	50,221,990	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)	50,221,990	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 816.71 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 24,244,036 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) 24,244,036 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	17,335,844	12,333	1,405.65	7,474	10,505,828	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 HIGH RISK NEONATAL	11,878,316	11,279	1,053.14			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					62,284,018	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					97,033,882	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 3,367,636 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 5,119,027 51
 52 TOTAL PROGRAM EXCLUDABLE COST 8,486,663 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 88,547,219 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) 2,086 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 816.71 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,703,657 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	4,704,363	50,221,990	0.093671	1,703,657	159,583	90
91 NURSING SCHOOL COST	573,437	50,221,990	0.011418	1,703,657	19,452	91
92 ALLIED HEALTH COST	15,340	50,221,990	0.000305	1,703,657	520	92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,313	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,313	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,313	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)	3,976	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)	6,120,038	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	6,120,038	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)	6,120,038	37

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)	657.15 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,612,828 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)	2,612,828 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	529,339 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,142,167 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	221,105 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	42,350 51
52	TOTAL PROGRAM EXCLUDABLE COST	263,455 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,878,712 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)	11,058	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,058	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,058	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)	8,114	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)	6,625,891	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	6,625,891	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)	6,625,891	37

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/27/2013 13:22

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)	6,625,891	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	599.19	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	4,861,828	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)	4,861,828	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)	4,861,828	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	2,533,860	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	7,395,688	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		36,530,469		30
31 INTENSIVE CARE UNIT		19,451,438		31
35 HIGH RISK NEONATAL				35
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.207089	36,297,477	7,516,808	50
50.01 GASTRODIAGNOSTIC UNIT	0.154543	2,229,431	344,543	50.01
50.02 PAIN MANAGEMENT CENTER	0.265706			50.02
51 RECOVERY ROOM	0.255199	2,127,386	542,907	51
52 DELIVERY ROOM & LABOR ROOM	0.891859	81,880	73,025	52
53 ANESTHESIOLOGY	0.208921	3,411,834	712,804	53
54 RADIOLOGY-DIAGNOSTIC	0.174254	10,996,088	1,916,112	54
55 RADIOLOGY-THERAPEUTIC	0.276707	250,346	69,272	55
56 RADIOISOTOPE	0.116409	2,508,339	291,993	56
57 CT SCAN	0.028421	16,205,046	460,564	57
58 MRI	0.099463	3,711,373	369,144	58
59 CARDIAC CATHETERIZATION	0.065580	52,514,501	3,443,901	59
60 LABORATORY	0.221913	25,908,731	5,749,484	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.204846	15,662,351	3,208,370	65
66 PHYSICAL THERAPY	0.296133	7,789,638	2,306,769	66
69 ELECTROCARDIOLOGY	0.116477	14,558,792	1,695,764	69
70 ELECTROENCEPHALOGRAPHY	0.309264	756,252	233,882	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.315903	23,322,811	7,367,746	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.422646	38,635,279	16,329,046	72
73 DRUGS CHARGED TO PATIENTS	0.163624	42,669,870	6,981,815	73
74 RENAL DIALYSIS	0.309179	1,616,784	499,876	74
76 OTHER ANCILLARY	0.513879	125,472	64,477	76
76.97 CARDIAC REHABILITATION	0.599563	583,483	349,835	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.327966	23,917	7,844	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.243863	6,987,133	1,703,903	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.453386	97,343	44,134	92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		309,071,557	62,284,018	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		309,071,557		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		3,747,099		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.207089			50
50.01 GASTRODIAGNOSTIC UNIT	0.154543	3,102	479	50.01
50.02 PAIN MANAGEMENT CENTER	0.265706			50.02
51 RECOVERY ROOM	0.255199	330	84	51
52 DELIVERY ROOM & LABOR ROOM	0.891859			52
53 ANESTHESIOLOGY	0.208921	10,894	2,276	53
54 RADIOLOGY-DIAGNOSTIC	0.174254	91,857	16,006	54
55 RADIOLOGY-THERAPEUTIC	0.276707			55
56 RADIOISOTOPE	0.116409	19,241	2,240	56
57 CT SCAN	0.028421	161,946	4,603	57
58 MRI	0.099463	79,831	7,940	58
59 CARDIAC CATHETERIZATION	0.065580	18,369	1,205	59
60 LABORATORY	0.221913	588,327	130,557	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.204846	76,514	15,674	65
66 PHYSICAL THERAPY	0.296133	152,332	45,111	66
69 ELECTROCARDIOLOGY	0.116477	116,870	13,613	69
70 ELECTROENCEPHALOGRAPHY	0.309264	17,429	5,390	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.315903	120,110	37,943	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.422646	434	183	72
73 DRUGS CHARGED TO PATIENTS	0.163624	976,188	159,728	73
74 RENAL DIALYSIS	0.309179	32,424	10,025	74
76 OTHER ANCILLARY	0.513879	35,623	18,306	76
76.97 CARDIAC REHABILITATION	0.599563	191	115	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.327966			76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.243863	237,269	57,861	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.453386			92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,739,281	529,339	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,739,281		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input checked="" type="checkbox"/>	SNF (14-5225)	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	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	0.206054	4,198	865	50
50.01 GASTRODIAGNOSTIC UNIT	0.154260	7,673	1,184	50.01
50.02 PAIN MANAGEMENT CENTER	0.262532			50.02
51 RECOVERY ROOM	0.255199			51
52 DELIVERY ROOM & LABOR ROOM	0.891859			52
53 ANESTHESIOLOGY	0.208921	7,268	1,518	53
54 RADIOLOGY-DIAGNOSTIC	0.174254	149,326	26,021	54
55 RADIOLOGY-THERAPEUTIC	0.276707			55
56 RADIOISOTOPE	0.116409	11,381	1,325	56
57 CT SCAN	0.028421	22,170	630	57
58 MRI	0.099463	3,363	334	58
59 CARDIAC CATHETERIZATION	0.065580	43,238	2,836	59
60 LABORATORY	0.221913	691,454	153,443	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.204832	885,423	181,363	65
66 PHYSICAL THERAPY	0.296059	4,020,199	1,190,216	66
69 ELECTROCARDIOLOGY	0.106532	64,976	6,922	69
70 ELECTROENCEPHALOGRAPHY	0.307060	2,876	883	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.315903	1,022,274	322,939	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.422646	5,660	2,392	72
73 DRUGS CHARGED TO PATIENTS	0.163624	3,703,039	605,906	73
74 RENAL DIALYSIS	0.309179			74
76 OTHER ANCILLARY	0.513879	66,383	34,113	76
76.97 CARDIAC REHABILITATION	0.599563			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.323669	2,595	840	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.243189	533	130	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.453386			92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		10,714,029	2,533,860	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		10,714,029		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	73,064,527	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	3,060,741	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	3,254,766	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	344.61	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	98.45	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	59.19	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	59.19	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.18	17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	59.37	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.172282	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.169485	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.169485	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	6,744,641	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)	39.26	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)	6,744,641	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0380	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.2825	31
32	SUM OF LINES 30 AND 31	0.3205	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1566	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	11,441,905	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)	94,311,814	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)	94,311,814	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,929,901	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	1,688,951	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	99,934	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	399,409	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	297,920	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	103,727,929	59
60	PRIMARY PAYER PAYMENTS	83,730	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	103,644,199	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,447,420	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	218,469	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,378,591	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	965,014	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,113,890	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	97,943,324	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)	44,700	68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	-14,595	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-28,216	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	97,855,813	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	489,279	71.01
72	INTERIM PAYMENTS	97,122,530	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	244,004	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	4,237,371	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)	1,910	2
3	PPS PAYMENTS	1,754	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	3	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)	1,757	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	392	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	1,365	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)	1,365	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	1,365	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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	1,365	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	1,365	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	7	40.01
41	INTERIM PAYMENTS	1,335	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	23	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) [XX] SNF (14-5225)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	290	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)	290	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	1,774	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)	1,774	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)	1,774	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	1,484	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)	290	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)	290	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)	290	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	290	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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	290	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	290	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	1	40.01
41	INTERIM PAYMENTS	461	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	-172	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	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		96,284,911		25,809,230
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 02/06/2013	673,410	02/06/2013	48,099
	.02 05/08/2003	164,209		
	PROGRAM .03			3.01
	TO .04			3.02
	PROVIDER .05			3.03
	.06			3.04
	.07			3.05
	.08			3.06
	.09			3.07
	.50	NONE		3.08
	.51		NONE	3.09
	PROVIDER .52			3.50
	TO .53			3.51
	PROGRAM .54			3.52
	.55			3.53
	.56			3.54
	.57			3.55
	.58			3.56
	.59			3.57
	.99			3.58
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		837,619		48,099
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		97,122,530		25,857,329

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	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,770,291		1,335
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE
	.02			3.01
	.03			3.02
	.04			3.03
	.05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.50	NONE		3.09
	.51			3.50
	.52			3.51
	.53			3.52
	.54			3.53
	.55			3.54
	.56			3.55
	.57			3.56
	.58			3.57
	.59			3.58
	.99			3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,770,291		1,335

TO BE COMPLETED BY CONTRACTOR

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

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ 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	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,722,439		461
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE
	.02			3.01
	.03			3.02
	.04			3.03
	.05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.50	NONE		3.09
	.51			3.50
	.52			3.51
	.53			3.52
	.54			3.53
	.55			3.54
	.56			3.55
	.57			3.56
	.58			3.57
	.59			3.58
	.99			3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,722,439		461

TO BE COMPLETED BY CONTRACTOR

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

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

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/27/2013 13:22

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] 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	17,715	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	37,159	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,655	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	83,019	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,301,563,672	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	33,081,637	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)	2,548,742	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)		10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	2,548,742	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)	3,051,499	1
2	NET IPF PPS OUTLIER PAYMENT	10,304	2
3	NET IPF PPS ECT PAYMENT	14,449	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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	3.95	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD 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)	25.515068	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.021778	10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	66,456	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	3,142,708	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	3,142,708	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	3,142,708	18
19	DEDUCTIBLES	269,948	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,872,760	20
21	COINSURANCE	82,534	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,790,226	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	104,006	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	72,804	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	100,827	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,863,030	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)	22,216	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,885,246	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	14,426	31.01
32	INTERIM PAYMENTS	2,770,291	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	100,529	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

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

PROSPECTIVE PAYMENT AMOUNT			
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	3,045,462	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	44,789	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	14,463	3
4	SUBTOTAL (SUM OF LINES 1-3)	3,104,714	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	MEDICAL AND OTHER SERVICES		5
6	DEDUCTIBLES		6
7	COINSURANCE	301,320	7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	15,241	9
10	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	4,572	10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	2,807,966	12
13	INPATIENT PRIMARY PAYER PAYMENTS	6,850	13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	2,801,116	15
15.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	14,006	15.01
16	INTERIM PAYMENTS	2,722,439	16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS 15.01, 16 AND 17)	64,671	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 42 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 AND 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)			102.41 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	48.29	51.17	99.46 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	28.28	29.96	58.24 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	28.28	29.96	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	27.00	31.16	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	27.82	30.30	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	27.70	30.47	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		0.18	16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	27.70	30.65	17
18	PER RESIDENT AMOUNT	79,585.79	79,585.79	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	2,204,526	2,439,304	4,643,830 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)			42.44 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)			4,643,830 25
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	41,135	1,655	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	92,332	92,332	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.445512	0.017924	28
29	PROGRAM DIRECT GME AMOUNT	2,068,882	83,236	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		11,761	30
31	NET PROGRAM DIRECT GME AMOUNT			2,140,357 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)			435 32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			2,889,868 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			0.000151 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)			108,142,591 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)			90,580 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			108,052,011 41
	PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)			28,885,089 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			6,012 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			28,879,077 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			136,931,088 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.789098 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.210902 47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			2,140,357 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,688,951 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			451,406 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	2,201,124			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	120,662,958			4
5	OTHER RECEIVABLES	3,359,230			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-30,661,774			6
7	INVENTORY	10,975,241			7
8	PREPAID EXPENSES	3,607,325			8
9	OTHER CURRENT ASSETS	72,574,510			9
10	DUE FROM OTHER FUNDS	24,692			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	182,743,306			11
FIXED ASSETS					
12	LAND	18,370,002			12
13	LAND IMPROVEMENTS	4,454,987			13
14	ACCUMULATED DEPRECIATION	-3,646,426			14
15	BUILDINGS	439,471,451			15
16	ACCUMULATED DEPRECIATION	-191,931,482			16
17	LEASEHOLD IMPROVEMENTS	3,967,207			17
18	ACCUMULATED AMORTIZATION	-1,527,017			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	241,083,687			23
24	ACCUMULATED DEPRECIATION	-179,129,986			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)	331,112,423			30
OTHER ASSETS					
31	INVESTMENTS	265,765,386			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	4,857,001			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	270,622,387			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	784,478,116			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	12,382,405			37
38	SALARIES, WAGES & FEES PAYABLE	13,281,289			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	72,599,202			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	31,638,442			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	129,901,338			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	155,455,313			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	68,662,591			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	224,117,904			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	354,019,242			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	430,458,874			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)	430,458,874			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	784,478,116			60

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	77,648,969		77,648,969	1
3 SUBPROVIDER IPF	8,866,723		8,866,723	2
4 SUBPROVIDER IRF				3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	7,266,629		7,266,629	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	93,782,321		93,782,321	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	32,296,518		32,296,518	11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
16 HIGH RISK NEONATAL	21,333,693		21,333,693	15
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	53,630,211		53,630,211	16
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	147,412,532		147,412,532	17
19 ANCILLARY SERVICES	596,792,769	517,509,931	1,114,302,700	18
20 OUTPATIENT SERVICES	16,531,867	40,784,022	57,315,889	19
21 RHC				20
22 FQHC				21
23 HOME HEALTH AGENCY		5,447,930	5,447,930	22
24 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER PATIENT REVENUES	374,787	6,132,073	6,506,860	27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	761,111,955	569,873,956	1,330,985,911	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		436,498,315	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 ROUNDING	-1		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-1	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		436,498,314	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,330,985,911	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	928,305,138	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	402,680,773	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	436,498,314	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-33,817,541	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	37,517,936	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	28,170	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	25,115	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	2,248,687	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	228	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	2,017,022	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	415,043	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	3,675,647	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SALE FROM SCRAP)	2,207	24
24.01	OTHER (GRANTS)	2,266,926	24.01
24.02	OTHER (INTERCOMPANY REVENUE)	1,374,173	24.02
24.03	OTHER (NET ASSETS RELEASED FROM RESTRICTED)	2,103,838	24.03
24.04	OTHER (MISCELLANEOUS)	7,814,446	24.04
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	59,489,438	25
26	TOTAL (LINE 5 PLUS LINE 25)	25,671,897	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	25,671,897	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	966,192		205		418,025	1,384,422
6 HHA REIMBURSABLE SERVICES						
7 SKILLED NURSING CARE	1,935,549		176,588			2,112,137
8 PHYSICAL THERAPY	667,258		47,084			714,342
9 OCCUPATIONAL THERAPY	255,814		19,736			275,550
10 SPEECH PATHOLOGY	58,290		6,084			64,374
11 MEDICAL SOCIAL SERVICES	40,610		3,346			43,956
12 HOME HEALTH AIDE	53,934		16,358			70,292
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)	3,977,647		269,401		418,025	4,665,073

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	-156,623	1,227,799	-452	1,227,347	5
6	8,036	2,120,173		2,120,173	6
7		714,342		714,342	7
8		275,550		275,550	8
9		64,374		64,374	9
10		43,956		43,956	10
11		70,292		70,292	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	-148,587	4,516,486	-452	4,516,034	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	1,227,347					1,227,347	1,227,347		5
6		2,120,173				2,120,173	791,253	2,911,426	6
7		714,342				714,342	266,595	980,937	7
8		275,550				275,550	102,836	378,386	8
9		64,374				64,374	24,025	88,399	9
10		43,956				43,956	16,405	60,361	10
11		70,292				70,292	26,233	96,525	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	4,516,034					4,516,034		4,516,034	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					-1,227,347	3,288,687	5
6 SKILLED NURSING CARE						2,120,173	6
7 PHYSICAL THERAPY						714,342	7
8 OCCUPATIONAL THERAPY						275,550	8
9 SPEECH PATHOLOGY						64,374	9
10 MEDICAL SOCIAL SERVICES						43,956	10
11 HOME HEALTH AIDE						70,292	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)					-1,227,347	3,288,687	24
25 COST TO BE ALLOC (PER W/S H)						1,227,347	25
26 UNIT COST MULTIPLIER						0.373203	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	PASTORAL EDUCATION 23.04	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			2,313,649		2,313,649			1
2 SKILLED NURSING CARE			3,997,305		3,997,305	1,498,108	5,495,413	2
3 PHYSICAL THERAPY			1,333,592		1,333,592	499,804	1,833,396	3
4 OCCUPATIONAL THERAPY			513,872		513,872	192,589	706,461	4
5 SPEECH PATHOLOGY			119,538		119,538	44,800	164,338	5
6 MEDICAL SOCIAL SERVICES			81,904		81,904	30,696	112,600	6
7 HOME HEALTH AIDE			127,146		127,146	47,652	174,798	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)			8,487,006		8,487,006	2,313,649	8,487,006	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.						0.374780		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 DEPARTMENT 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	7,067		3,946		982,089	169	220	24,250	1
2 SKILLED NURSING CARE					1,943,585				2
3 PHYSICAL THERAPY					667,258				3
4 OCCUPATIONAL THERAPY					255,814				4
5 SPEECH PATHOLOGY					58,290				5
6 MEDICAL SOCIAL SERVICES					40,610				6
7 HOME HEALTH AIDE					53,934				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)	7,067		3,946		4,001,580	169	220	24,250	20
21 TOTAL COST TO BE ALLOCATED	40,730		3,986		1,240,526	60,279	1,134,371	586	21
22 UNIT COST MULTIPLIER	5.763407		1.010137		0.310009		5,156.231818		22
22 UNIT COST MULTIPLIER						356.680473		0.024165	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				1,544,408	489	7,067		562	1
2 SKILLED NURSING CARE				3,513,956					2
3 PHYSICAL THERAPY				1,187,793					3
4 OCCUPATIONAL THERAPY				457,691					4
5 SPEECH PATHOLOGY				106,469					5
6 MEDICAL SOCIAL SERVICES				72,950					6
7 HOME HEALTH AIDE				113,245					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)				6,996,512	489	7,067		562	20
21 TOTAL COST TO BE ALLOCATED				858,808	76,470	91,133		22,026	21
22 UNIT COST MULTIPLIER					156.380368				22
22 UNIT COST MULTIPLIER				0.122748		12.895571		39.192171	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				5,863					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)				5,863					20
21 TOTAL COST TO BE ALLOCATED				390,039					21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER				66.525499					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		1,588							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)		1,588							20
21 TOTAL COST TO BE ALLOCATED		52,018							21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		32.756927							22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7222

WORKSHEET H-2
PART II

HHA COST CENTER	PASTORAL EDUCATION	TIME
		23.04
1 ADMINISTRATIVE AND GENERAL		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)		20
21 TOTAL COST TO BE ALLOCATED		21
22 UNIT COST MULTIPLIER		22
22 UNIT COST MULTIPLIER		22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7222

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	COSTS (FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS (COLS. 1+2)	VISITS	COST PER VISIT (COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	5,495,413		5,495,413	21,536	255.17	1
2	PHYSICAL THERAPY	3	1,833,396		1,833,396	6,572	278.97	2
3	OCCUPATIONAL THERAPY	4	706,461		706,461	2,581	273.72	3
4	SPEECH PATHOLOGY	5	164,338		164,338	342	480.52	4
5	MEDICAL SOCIAL SERVICES	6	112,600		112,600	249	452.21	5
6	HOME HEALTH AIDE	7	174,798		174,798	1,654	105.68	6
7	TOTAL (SUM OF LINES 1-6)		8,487,006		8,487,006	32,934		7

PATIENT SERVICES

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

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	COSTS (FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS (COLS. 1+2)	CHARGES (FROM HHA RECORD)	(COL.3 ÷ COL.4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		63,017	63,017	235,454	0.267640	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	8,104	3,764		2,067,898	960,460		3,028,358
2 PHYSICAL THERAPY	2,664	1,140		743,176	318,026		1,061,202
3 OCCUPATIONAL THERAPY	1,260	480		344,887	131,386		476,273
4 SPEECH PATHOLOGY	146	60		70,156	28,831		98,987
5 MEDICAL SOCIAL SERVICES	90	44		40,699	19,897		60,596
6 HOME HEALTH AIDE	682	680		72,074	71,862		143,936
7 TOTAL (SUM OF LINES 1-6)	12,946	6,168		3,338,890	1,530,462		4,869,352

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS			
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL
8 SKILLED NURSING CARE	1	16580	41	8	8
8.01 SKILLED NURSING CARE		19500	2,016	646	8.01
8.02 SKILLED NURSING CARE		41180	64	116	8.02
8.03 SKILLED NURSING CARE		44100	5,439	2,755	8.03
8.04 SKILLED NURSING CARE		99914	544	239	8.04
9 PHYSICAL THERAPY	2	16580	31		9
9.01 PHYSICAL THERAPY		19500	890	240	9.01
9.02 PHYSICAL THERAPY		41180	36	29	9.02
9.03 PHYSICAL THERAPY		44100	1,507	704	9.03
9.04 PHYSICAL THERAPY		99914	200	167	9.04
10 OCCUPATIONAL THERAPY	3	16580	26		10
10.01 OCCUPATIONAL THERAPY		19500	597	161	10.01
10.02 OCCUPATIONAL THERAPY		41180	10	8	10.02
10.03 OCCUPATIONAL THERAPY		44100	543	282	10.03
10.04 OCCUPATIONAL THERAPY		99914	84	29	10.04
11 SPEECH PATHOLOGY	4	16580	8		11
11.01 SPEECH PATHOLOGY		19500	21	5	11.01
11.02 SPEECH PATHOLOGY		41180			11.02
11.03 SPEECH PATHOLOGY		44100	92	55	11.03
11.04 SPEECH PATHOLOGY		99914	25		11.04
12 MEDICAL SOCIAL SERVICES		16580	2	2	12
12.01 MEDICAL SOCIAL SERVICES		19500	34	8	12.01
12.02 MEDICAL SOCIAL SERVICES		41180		2	12.02
12.03 MEDICAL SOCIAL SERVICES		44100	50	28	12.03
12.04 MEDICAL SOCIAL SERVICES		99914	4	4	12.04
13 HOME HEALTH AIDE		16580	8	1	13
13.01 HOME HEALTH AIDE		19500	244	233	13.01
13.02 HOME HEALTH AIDE		41180	2	154	13.02
13.03 HOME HEALTH AIDE		44100	397	286	13.03
13.04 HOME HEALTH AIDE		99914	31	6	13.04
14 TOTAL (SUM OF LINES 8-13)			12,946	6,168	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	6			9		
16 COST OF DRUGS						11

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	0.296059			COL 2, LINE 2
2 OCCUPATIONAL THERAPY				COL 2, LINE 3
3 SPEECH PATHOLOGY				COL 2, LINE 4
4 MEDICAL SUPPLIES CHARGED TO PA	0.315903	199,483	63,017	COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	0.163624			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)			2
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		PART B SERVICES	
	1	2	3	4
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)				10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,838,378		898,822	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	37,681		17,814	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	33,184		27,018	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	14,541		2,503	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	22,609		10,183	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)	1,946,393		956,340	22
23 EXCESS REASONABLE COST (FROM LINE 8)				23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	1,946,393		956,340	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)				25
26 NET COST (LINE 24 MINUS LINE 25)	1,946,393		956,340	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)	1,946,393		956,340	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)				30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,946,393		956,340	31
31.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	9,940		4,664	31.01
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,936,453		951,676	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)				33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)				34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, 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		1,936,453		951,676	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)		1,936,453		951,676	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 .01				6.01
	PROVIDER .02				6.02
	TO .01				6.01
	PROGRAM .02				6.02
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) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 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 INPATIENT CARE SERVICE	66,975		41,540		501,994	610,509 6
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE VISITING SERVICES						8
9 PHYSICIAN SERVICES				25,000		25,000 9
10 NURSING CARE	310,293					310,293 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	64,597					64,597 15
16 SPIRITUAL COUNSELING	66,199	16,037				82,236 16
17 DIETARY COUNSELING						17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	23,724					23,724 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)	531,788	16,037	41,540	25,000	501,994	1,116,359 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							66,975	66,975
8	INPATIENT CARE SERVICE								6
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								9
12	PHYSICIAN SERVICES								9
13	NURSING CARE				310,293				310,293
14	NURSING CARE-CONT.HOME CARE								10
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES		64,597						64,597
19	SPIRITUAL COUNSELING							66,199	66,199
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER						23,724		23,724
23	HH AIDE & HMKR-CONT.HME CARE								18
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								20
26	DRUGS, BIOL. & INFUS. THER.								21
27	ANALGESICS								22
28	SEDATIVES / HYPNOTICS								23
29	OTHER - SPECIFY								24
30	DURABLE MED. EQUIP./OXYGEN								25
31	PATIENT TRANSPORTATION								26
32	IMAGING SERVICES								27
33	LABS AND DIAGNOSTICS								28
34	MEDICAL SUPPLIES								29
35	OUTPAT.SERV.(INCL.E/R DEPT.)								30
36	RADIATION THERAPY								31
37	CHEMOTHERAPY								32
38	OTHER								33
39	HOSPICE NONREIMBURSABLE SERVICE								34
40	BEREAVEMENT PROGRAM COSTS								35
41	VOLUNTEER PROGRAM COSTS								36
42	FUNDRAISING								37
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)		64,597		310,293		23,724	133,174	531,788

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

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES							25,000	25,000 9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY								12
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES								15
19	SPIRITUAL COUNSELING								16
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOMEMAKER								19
23	HH AIDE & HMKR-CONT.HME CARE								20
24	OTHER								21
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								22
27	ANALGESICS								23
28	SEDATIVES / HYPNOTICS								24
29	OTHER - SPECIFY								25
30	DURABLE MED. EQUIP./OXYGEN								26
31	PATIENT TRANSPORTATION								27
32	IMAGING SERVICES								28
33	LABS AND DIAGNOSTICS								29
34	MEDICAL SUPPLIES								30
35	OUTPAT.SERV.(INCL.E/R DEPT.)								31
36	RADIATION THERAPY								32
37	CHEMOTHERAPY								33
38	OTHER								34
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								35
41	VOLUNTEER PROGRAM COSTS								36
42	FUNDRAISING								37
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)							25,000	25,000 39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1503

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS	CAP REL BLDG COSTS	CAP REL MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5)	ADMIN & GENERAL	TOTAL (COL.5 ± COL.6)
	0	1	2	3	4	5	5A	6	7	
1	GENERAL SERVICE COST CENTER									1
2	CAP REL COSTS-BLDG AND FIXT.									2
3	CAP REL COSTS-MOVABLE EQUIP.									3
4	PLANT OPERATION & MAINT.									4
5	TRANSPORTATION - STAFF									5
6	VOLUNTEER SERVICE COORD.									6
7	ADMINISTRATIVE AND GENERAL	610,509					610,509	610,509		7
8	INPATIENT CARE SERVICE									8
9	INPATIENT - GENERAL CARE									9
10	INPATIENT - RESPIRE CARE									10
11	VISITING SERVICES									11
12	PHYSICIAN SERVICES	25,000					25,000	34,844	59,844	12
13	NURSING CARE	310,293					310,293	432,471	742,764	13
14	NURSING CARE-CONTINUOUS HOME									14
15	PHYSICAL THERAPY									15
16	OCCUPATIONAL THERAPY									16
17	SPEECH/LANGUAGE PATHOLOGY									17
18	MEDICAL SOCIAL SERVICES	37,929					37,929	52,864	90,793	18
19	SPIRITUAL COUNSELING	41,087					41,087	57,265	98,352	19
20	DIETARY COUNSELING									20
21	COUNSELING - OTHER									21
22	HH AIDE AND HOMEMAKER	23,724					23,724	33,065	56,789	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)	1,048,542					1,048,542		1,048,542	44

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	PASTORAL EDUCATION 23.04	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			271,912		271,912			1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES			67,190		67,190	13,889	81,079	4
5 NURSING CARE			941,936		941,936	194,708	1,136,644	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			115,139		115,139	23,800	138,939	10
11 SPIRITUAL COUNSELING			119,144		119,144	24,628	143,772	11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS			63,760		63,760	13,180	76,940	14
15 HH AIDE & HMKR-CONT. HOME C			8,258		8,258	1,707	9,965	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)			1,587,339		1,587,339		1,587,339	34
35 UNIT COST MULTIPLIER						0.206710		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 DEPARTMENT 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		1,811		66,975	10	40	3,014	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE					310,293				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					37,929				10
11 SPIRITUAL COUNSELING					25,050				11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS									14
15 HH AIDE & HMKR-CONT. HOME C					23,724				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		1,811		463,971	10	40	3,014	34
35 TOTAL COST TO BE ALLOCATED	1,493		1,829		143,835	3,567	159,843	73	35
36 UNIT COST MULTIPLIER	5.764479		1.009939		0.310009	356.7000003	996.07500	0.024220	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				187,568	20	259		62
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES				59,844				4
5 NURSING CARE				838,957				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				102,551				10
11 SPIRITUAL COUNSELING				106,118				11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS				56,789				14
15 HH AIDE & HMKR-CONT. HOME C				7,355				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)				1,359,182	20	259		62
35 TOTAL COST TO BE ALLOCATED				166,837	3,128	3,340		2,430
36 UNIT COST MULTIPLIER				0.122748	156.400000	12.895753		39.193548

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				788				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)				788				34
35 TOTAL COST TO BE ALLOCATED				52,422				35
36 UNIT COST MULTIPLIER				66.525381				36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

HOSPICE NO.: 14-1503

WORKSHEET K-5
PART II

HOSPICE COST CENTER	PASTORAL EDUCATION	
	TIME	
	23.04	
1 ADMINISTRATIVE AND GENERAL		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)		34
35 TOTAL COST TO BE ALLOCATED		35
36 UNIT COST MULTIPLIER		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	0.296059		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68			3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.163624		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.221913		6
7	MEDICAL SUPPLIES	71	0.315903		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55	0.276707		9
10	OTHER ANCILLARY	76	0.513879		10
10.97	CARDIAC REHABILITATION	76.97	0.599563		10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.323669		10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

PROVIDER CCN: 14-0053 ST. JOHN'S HOSPITAL
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/27/2013 13:22

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)				1,587,339	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				9,644	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				164.59	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	8,338				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,372,351				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		398			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		65,507			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)			908		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			149,448		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	5,784,746	1
2	CAPITAL DRG OUTLIER PAYMENTS	320,251	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	230.22	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	59.37	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0755	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	436,748	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0380	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.2825	8
9	SUM OF LINES 7 AND 8	0.3205	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0671	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	388,156	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,929,901	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 DEPARTMENT					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 SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					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
23.04 PASTORAL CARE EDUCATION					23.04
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 CT SCAN					57
58 MRI					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 CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					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 (NON-DISTINCT					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
116 HOSPICE					116

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	
117 HOME INFUSION						117
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
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

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period			
1	Wage index fiscal year ending date	09/30/2015	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	07/01/2011	06/30/2012 2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	01/01/2012	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	07/01/2010	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	07/01/2013	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)			
6	Effective date of pension plan		6
7	First day of the provider cost reporting period containing the pension plan effective date		7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)		8
If this date occurs after the period shown on line 2, stop here and see instructions.			
STEP 3: Average Pension Contributions During the Averaging Period			
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	07/01/2010	9
10	Ending date of averaging period from Line 5	07/01/2013	10
11	Enter provider contributions made during averaging period on Lines 9 & 10		11
11.01		07/01/2010	6,776,456 11.01
11.02		07/01/2011	12,901,825 11.02
11.03		07/01/2012	5,444,855 11.03
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36	12
13	Total contributions made during averaging period	25,123,136	13
14	Average monthly contribution (Line 13 divided by Line 12)	697,865	14
15	Number of months in provider cost reporting period on Line 2	12	15
16	Average pension contributions (Line 14 times Line 15)	8,374,380	16
STEP 4: Total Pension Cost for Wage Index			
17	Annual prefunding installment (SEE INSTRUCTIONS)		17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	8,374,380	19